GUIDELINES:
Issued: Date Issued – March 13, 2002
Revised: Date Revised – December 16, 2013

PURPOSE:
The purpose of this policy is to establish standard procedures for responding to calls for emergency medical service.

The Protective Services Department will follow standard procedures relating to requests for emergency medical treatment.

DEFINITIONS:
Emergency Medical Assistance – First Aid or First Response medical assistance to a sick or injured community member.

PROCESS:
A. Response
A Communications Officer will contact the on-duty EMT-B, if one is available, and dispatch them to any call for injury or sick case. If requested by the EMT-B the Communications Officer will issue an emergency traffic only on the radio.

While the EMT-B is en route, the Communications Officer will attempt to obtain any pertinent information about the patient and their condition. This information will be forwarded to the responding personnel and if necessary, to the St. Louis City Fire Department (SLFD) Dispatcher.

Upon arrival of the EMT-B, a determination should be made as to the need to contact the SLFD for transport to an appropriate Emergency Medical Facility.

The EMT-B should inform the dispatcher of the patient's condition as soon as possible so that the information can be relayed to the SLFD Dispatcher.

EMT-B's will never attempt to give treatment that exceeds their scope of practice.

At no time will an EMT-B relinquish care to someone of lesser training than them. An EMT-B will be in charge of the medical aspects of any call that he/she is dispatched to, not to be superseded by any Officer, Supervisor or Manager.

B. Transporting Patients
No patient that has an obvious life threatening injury should ever be transported by any Protective Services personnel.

If, in the opinion of the responding EMT-B, a patient can be transported to an on campus Emergency Room, they will be transported in a Protective Services Mobile Unit. The EMT-B should always accompany the patient to the Emergency Room. The driver of the vehicle should be someone other than the EMT-B that is providing care to the patient.

If the patient specifically requests to be transported by ambulance, then the SLFD will be contacted and requested to respond to their location.

C. Reporting
If a patient is transported to an Emergency Room or Barnes Care, a Protective Services Report is required. A report is also required if any Officer provides even the smallest form of medical care.
Protective Services report will be written by the Officer assigned to the effected sector in cases of sick calls and/or non-serious injury. In the event of a serious injury or service call that requires the EMT-B to render medical assistance then the EMT-B will complete a report.

D. Equipment
The Protective Services Department will maintain the appropriate equipment for use by the EMT-B’s. The following equipment will be maintained:

- One EMS bag, O2 tank and AED will be maintained in all three mobiles.

EMTs and Response Officers will be responsible for inspecting the equipment before taking the mobile for the beginning of their shift.

A current listing of all required equipment will be kept with the bags.

The contents of the bags should be checked by the EMT-B before beginning his/her shift. Any discrepancies should be forwarded to the appropriate EMT-B via e-mail, so that the situation can be corrected as soon as possible.

AED’s will only be used by EMT-B’s or those with current certification in the use of AED’s. At no time should Protective Services personnel that are not currently certified attempt to use an AED. If a Protective Services Officer attempts to use an AED, and is not certified to do so, he/she will face disciplinary action up to and including termination.

The AED should be inspected prior to the beginning of all shifts to ensure that it is working properly. This is accomplished by looking at the viewing glass of the unit. The unit should have a green blinking light if it is good working order. If there is a problem with the unit it should immediately be taken out of service and the EMT-B in charge of maintaining equipment notified via e-mail.

Oxygen tanks should only be used by the on-duty EMT-B. EMT-B’s are the only personnel that are properly trained to administer oxygen. Oxygen tanks should be inspected prior to shifts to ensure that it contains an appropriate level of oxygen for use. The appropriate level is 2000 psi with a minimum level of 500 psi. The appropriate level is 500 psi. If the level has fallen below the minimum standard, the tank should be taken out of service and the EMT-B in charge of maintaining equipment notified via e-mail.

E. Emergency Medical Technicians
The Protective Services Department will ensure that the Washington University School of Medicine has a Missouri Certified EMT-B on duty during normal business hours, Monday through Friday, 0700 to 1600 hours. One EMT-B is also usually assigned to the Evening and Midnight Shift rotations.

F. First Responders
The Protective Services Department will make every effort to ensure that there is at least one Certified First Responder on duty during non-business hours.

G. Training
All EMT-B’s and First Responders will have completed accredited programs at the expense of the Protective Services Department

All Supervisors, Response Officers and Public Safety Officers are required to maintain current CPR certification. All CPR training will be provided by an EMT-B.
EMT-B's will be responsible for maintaining their certification through the State of Missouri. If at any time an EMT-B loses certification, they will no longer be able to work as an EMT-B at the Washington University School of Medicine and could face disciplinary action.

All continuing education to maintain the State of Missouri EMT-B certification will be paid for by the Protective Services Department and will be compensated just as training given at the St. Louis County & Municipal Police Academy.

H. Eye Exposure
If a chemical or body substance eye exposure occurs, the following procedures should be implemented.

All Eye Injuries are to be transported to Barnes Emergency Room for treatment. Dispatchers need to contact the Eye Injury Hotline, 362-1242, and advise them that we have taken a patient to the BJC Emergency Room for treatment. The Eye Injury Hotline is a paging service for the on-call Ophthalmologist. The on-duty Communications Officer should contact EHSO, who will FAX a MSDS form to the location, where the employee is directed.

After-hours, the injured employee should be transported to the BJC Emergency Room.

I. BSL 3 Medical Emergencies
Lab workers are strongly encouraged to notify someone (Protective Services, lab member, or EH&S) of any after-hours or weekend work (check in and checkout). Lab worker calls 2-HELP to report an injury in the BSL3 lab (MPRB 7230). Lab worker exits the lab (following minimal notice procedure) and lets Protective Services (PS) responders into the clean area. If the lab worker cannot leave the injured person, the lab worker will relay that information to PS dispatcher.

PS dispatcher will call the Responsible Official (314-920-8028) to meet PS responders at the lab to grant access or to provide an emergency access code. A dedicated, secure locker will be provided in the clean room (MPRB7232) for storage of gun belts, etc. that should not be brought into the lab. PS responders don one layer of personal protective equipment (PPE) (Tyvek suit, gloves, head cover) in clean room (MPRB 7232). Any equipment, including EMT bag, must be brought in with the responders. Equipment should be left in the clean room (7232) if possible. PS responders don PAPR in grey room (MPRB 7231). Before removing injured person, spray down with Lysol (spray bottles present in the room).

PS responders remove the injured person from the procedure room (MPRB 7230) to the clean room (MPRB 7232) using the equipment pass-through doors. Responders will need to press the “Emergency Exit” button to override the pass-through door interlocks. Any equipment brought into the lab should be left in the lab for decontamination. In clean room (MPRB 7232), PS responders will don gloves and remove any remaining PPE from the injured person. PS responders will remove their own PPE.

PS responders will treat the injured individual in clean room (MPRB 7232) until the injured person can be transported by PS responders to the Emergency Room or until EMS personnel arrive.

EH&S personnel will enter to correctly dispose of PPE or other waste generated during medical evacuation, decontaminate (if possible) any medical equipment used, and verify inventory records. EH&S personnel will VHP decontaminate the clean room as soon as possible. Any individuals involved in medical evacuation will be placed on prophylactic antiviral medication (oseltamivir or zanamivir, as determined by Infectious Diseases consult).

Contact Information
Protective Services: 362-4357 (2-HELP)
Environmental Health & Safety
Susan Cook: 314-747-0309 (Office); 314-920-8028 (Cell)
Bruce Backus: 314-935-9882 (Office); 314-302-0466 (Cell)

Boon Lab Members:
Jacco Boon: 314-286-0857 (Office); 901-283-9640 (Cell)
Brittany DesRochers: 314-286-1522 (Office); 309-657-5602 (Cell)
BSL3 Lab Phone: