

**THE BILL BLACKWOOD
LAW ENFORCEMENT MANAGEMENT INSTITUTE OF TEXAS**

**Development of Policies and Procedures For A Student-Staffed
Emergency Medical Services Organization**

**A Policy Research Project
Submitted in Partial Fulfillment of the
Requirements for the Professional Designation
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ABSTRACT

Depending upon the size of the university, the population of the campus community can easily rival that of a small town or even a small city. Most universities, in fact, do resemble towns with their own police, fire, safety, power and maintenance departments. Many universities have stores, a bank, a hospital or clinic, bars, restaurants, single-family homes and multi-unit housing. On days when special events are taking place, a university can increase the number of visitors to its community by fifty thousand or more. The demands of a university community can at times be overwhelming, even in a large city.

Due to various constraints, many governmental entities are unable to provide the kind or quantity of service which a university desires. Therefore, it benefits the university and the larger community when the university can service many of these demands on its own. Most universities already have their own police departments. Some have their own campus fire departments and medical clinics. A major university can easily have more police, firefighters, and a larger population than the city in which it is located. A growing trend seems to be that many universities are now opting to begin their own Emergency Medical Services (EMS) units. These units may be as basic as volunteer Emergency Medical Technicians (EMT) serving as first-response units, to extensive units complete with full-service ambulances.

The addition of an EMS, however, requires defining the working relationship between the EMS unit and other departments already in existence. This paper concerns the formation of a policy and procedures governing the relationship between a new campus-based EMS unit and the university police with which they serve.

Introduction

On September 4, 1996, The Rice University Police Department (RUPD) announced it was beginning a student-led campus Emergency Medical Services program. Inasmuch as this is the first time Rice University has attempted a program of this type, there is an enormous amount of foundational work to be done. The program will be financed by the University and staffed by students; oversight for the organization has been placed in the hands of the University Police Department.

The scope of this paper is to recommend to the Chief of Police a policy for the Rice Emergency Medical Services (REMS) unit outlining how it will interact with the police department. Additionally, some procedures will be recommended for the REMS unit in matters which directly relate to departmental concerns. Among these concerns are such areas as the use of police department equipment by the REMS unit and the working relationship between police personnel and the REMS unit personnel. All policies and procedures relating to internal organizational and medical procedures of the REMS unit have been recommended by the REMS unit chief to the appropriate administrators. Therefore, they will not be addressed in this paper unless it directly relates to the interaction between the REMS unit and the RUPD.

The reason for the omission of specific internal or medical EMS policies and procedures is twofold. First, I reviewed the Standard Operating Procedures of a number of other university EMS organizations. Having done so, it became obvious that an attempt to include the internal organizational and medical policies and procedures would be beyond the parameters set for this paper. Second, I have little knowledge concerning

emergency medical procedures. The department's responsibility is for general oversight only and not with specific emergency procedures. The founding Chief of REMS is a certified and practicing paramedic, consequently, it seemed wise to leave internal organizational and medical policy and procedures to him.

A search of the literature has revealed few pertinent books on the subject of university campus-based EMS units either from the perspective of formation or policy and procedure. A few magazine articles have been located. The stated purpose of this paper is to recommend a workable policy and procedures manual for the REMS unit as it relates to the RUPD. Little hard scholarly references seem to exist for this subject, I propose to concentrate the bulk of my research on the policy and procedure manuals of other university EMS units.

The ultimate goal is to present Rice University's Police Chief with an acceptable policy and procedure recommendation which may be implemented by our department.

Historical and Theoretical Context

Between September 1, 1994, and September 1, 1996, the Rice University Police Department has responded to two hundred twenty-seven calls for medical assistance. The police department has subsequently transported, or had transported via Houston Fire Department (HFD) ambulances, one hundred eighty-one people to local hospitals or clinics. Many of these incidents have been identified as relatively minor or non-life threatening in nature. Some, however, have been far more serious, including some life threatening situations.

The city of Houston has an excellent public ambulance service. Nevertheless, like any major metropolitan area, their services are, at peak times, in high demand and response time is correspondingly slower than desired by either HFD or the university community. Brian Herrick, the founder and staff advisor of the Villanova University EMS, identifies response time as a major factor in implementing a campus-based EMS program (Herrick, 1996).

While reduced response time is a significant factor in the decision to implement a campus-based EMS unit at Rice University, it is not the only reason. A second major consideration was the number of medical emergency calls to which police officers are being dispatched. The university has stringent requirements for its police officers and hires highly experienced officers with a variety of police backgrounds. While a few of our officers have either Houston Fire Department EMS or voluntary EMS experience, it is not a job requirement. As a result, the majority of our officers are not qualified to make judgments on medical emergencies. It would be exceedingly beneficial to the police department to have ready access to an experienced emergency medical care person at the scene of medical emergency calls.

A third incentive for a campus-based EMS unit is to have an experienced EMS person on the scene. He/she would then differentiate between more serious medical emergencies, which necessitate calling for HFD ambulance service response, and less serious calls requiring attention and/or transport, but not requiring the assistance of HFD. This will relieve the HFD of the burden of responding to less critical calls for service at the university.

A fourth impetus in favor of a campus-based EMS unit on the Rice University campus, as in many university settings, is the overall effect on the student participants themselves. "A successful program is oftentimes linked to a high level of morale, which results from students realizing that they have the ability to utilize professional skills to make a positive impact upon the campus community" (Herrick, 1996).

A final important aspect in favor of implementing a campus-based EMS unit is the effect on both the campus community and the community at large. Herrick states that while the primary goal is the response to medical emergencies, a secondary aspect, yet one of equal importance considering the university environment, is education. This education not only includes the students involved in the program, but also the whole community, as an effective unit can provide training classes in basic first-aid and CPR. (Herrick, 1996).

This community education service provides a vital link between the university community and the community at large in a positive way. Often the relations between the university community and the community at large become strained due to various minor irritations such as loud parties, loud concerts, loud athletic events, packed roadways, etc. "Academic presidents, provosts and deans are constantly looking for ways to improve town/gown relations" (Herrick, 1996).

The idea of a campus-based EMS program is not new. As early as 1963, the Cedarville College in Cedarville, Ohio began a campus-based EMS unit, which is still in existence (Burdette, 1996).

"Some institutions such as Georgetown, Penn State, Virginia Tech, Texas A&M, and the University of Minnesota all have student-staffed, campus-based transporting ambulances, while other smaller schools

only have student-based quick response services to provide immediate care until the local ambulances arrive" (Savett, 1996).

After having contacted many campus EMS units either by e-mail or through their unit's web sites, it seems that campus-based EMS programs have been on the rise since the 1980's. In response to this growth and an "apparent need for an information exchange among these groups, the National Collegiate Emergency Medical Services Foundation (NCEMSF) was established" (NCEMSF web site). The NCEMSF currently lists one hundred sixty-one colleges and universities with campus-based EMS programs.

Review of the Practice

A review of literature from the several libraries revealed abundant resources on emergency medical services. These included, Rice University, University of Houston, Texas A&M University and University of Texas-Medical Branch. However, no resources were located specifically dealing with campus-based EMS units.

There are numerous web sites on the World Wide Web dealing with campus EMS units. Most of these are individual campus unit web sites promoting individual school units. These web sites have provided some help in relating the history of campus-based EMS units, identifying various types of units, detailing common problems, and outlining policies and procedures.

Again, the stated purpose of this paper is to recommend to the Rice University Chief of Police policies and procedures for the police department recommending how the RUPD will interact with the REMS unit. Given the fact that there is little written on the subject of campus-based EMS units, a

review of policies and procedures from other campus-based EMS units seems the most practical and prudent.

I sent an e-mail message to all the campus law enforcement agencies which are affiliated with the International Association of Campus Law Enforcement Agencies (IACLEA). The message read,

"We have recently been tasked with and given a student volunteer EMS program. If your campus has a campus-based EMS unit, we would appreciate any and all of your policies and procedures in dealing with them. Please forward hard copy to Sgt. Phil Hassell at below address or e-mail him directly at hassell@rice.edu."

Of the three to four hundred University Police Departments on the IACLEA e-mail list, I received responses from sixteen. At the time of writing, I have received policies and procedures from only five universities. An additional four policies and procedures were located on individual campus EMS web sites and one was received from the Houston Fire Department. These policies range in size from two and one half pages for the most succinct, to one hundred seven pages for another.

All ten of the policies and procedures I reviewed addressed, at least once, the EMS unit's and police (or security, in two cases) department's relationship. I classified these policies into twelve categories based on similarity. I will deal with them in order of most to least number of departments having policies in each category.

Seven of the nine universities have some type of policy dealing with the police dispatch in various ways because the EMS units are dispatched by the police dispatcher. Five of the universities have made it mandatory for their EMS staff to sign on and off with the dispatcher. The dispatcher is required to keep a log of types of calls, time dispatched, time arrived, and

time back in, units dispatched, disposition of calls, etc. Two of the policies specifically give authority over amount of time on the radio to the dispatcher.

Six of the university policy statements dictate that in the case of a hostile environment to which the university EMS is called, the EMS unit is required to request the police to be present on the scene. Further, the EMS units are required to evacuate their personnel from the scene until the hostile environment is eliminated or controlled.

Five of the universities have explicit policies concerning placing subjects under protective custody for their own welfare. Each requires that the police be called to the scene. The decision to place a subject under protective custody remains with the ranking police officer on the scene. If the officer chooses to take the subject into protective custody, the officer is responsible for the decision to transport via ambulance or police vehicle.

Four of the universities require the EMS units to check out at least some of their equipment from the police department. Generally the equipment consists of radios, keys, and/or vehicles. Those same four universities also either expressly identify the campus EMS as a division of the police department or states that the police department shall exercise oversight over the EMS unit.

Only two universities deal in their policy and procedure statements with what I consider one of two major issues between any EMS unit and the police department with which it serves. Rice University and the University of Rochester alone address the issue of a "dead on arrival" (DOA). Both require the police be notified. Rice policy goes on to require the EMS unit on the scene cover any "obviously dead body" (as defined by RUPD policy) in

"plain view".

The other major issue involves patient confidentiality. Rice University, St. Lawrence University, and the HFD have the only policy statements which address confidentiality. All three policies require patient confidentiality. Rice policy, however, agrees with the Houston Fire Department's policy in allowing the EMS units to share patient information relating to an official investigation with the police. St. Lawrence, on the other hand, categorically forbids divulging patient information even to the police. St. Lawrence is located in New York State.

Tufts and St. Lawrence Universities have a requirement to contact the police department in the case of an EMS vehicle mechanical failure. St. Lawrence University dictates how to resolve situations involving friction between police and EMS personnel and require a police presence at all scenes. Only Rice has a policy requiring the EMS unit to preserve crime scene evidence until police arrive.

Discussion of the Relevant Issues

As stated earlier, the purpose of this paper is to recommend to the Rice University Chief of Police a policy addressing the working relationship between the REMS and the RUPD. On the whole, the medical procedures followed by the REMS are irrelevant to this purpose. The concern of this paper is only with those issues which influence police operation.

There are two key issues which must be taken into consideration as we look to adopt a working draft of a policy for an on-campus EMS unit. First, we must take into consideration that this unit is being primarily restricted to emergency first-response only. In this role, the REMS will

serve to help determine if the situation is of a serious enough nature that HFD should respond. Second, it must be remembered that the REMS is a student volunteer organization.

These two key elements are accompanied by several constraints. First, we must consider that the main purpose of the REMS is to act as a first-response unit. Many of the policies reviewed address issues which are outside the scope of REMS. Many of the above mentioned departments function in ways which the REMS is not intended to function (i.e., they run several ambulances, service areas off campus, service campuses with medical clinics on site, etc).

Second, as a volunteer student organization, final authority over the REMS resides in the hands of the Vice-President for Student Affairs. The police department is vested with oversight. Therefore, any policy must be tempered with the reality that there will be tension between REMS as a division of the Rice police department and as a student organization.

While there are at least two constraints in a relationship with a REMS unit, there are also several convincing positive opportunities for a campus-based student EMS unit. Paramount among these is, I believe, the positive relationship which will inevitably arise between the students and the police department. The nature of police work too often means that the students' dealings with police are often in a negative light. We give them a ticket, tell them to move on, to hold down the noise, to pour out the beer, etc. It would be positive for students to get to know us and see us as we really are: decent, friendly, hard-working people with, oftentimes, an unpleasant job to do.

A second bonus of an on-campus EMS unit, is a more effective

deployment of personnel. At present, when a call is received for a medical emergency, at least one officer is dispatched to the scene. Upon arrival, the officer will seek to determine if the injury is sufficient to dispatch an HFD ambulance. If it is not, the officer will offer a transport to a local hospital or to the victim's residence. If an HFD ambulance is requested, an additional officer is called to escort the ambulance to the scene. Because Rice University police officers are not specifically trained EMS personnel, any doubts concerning the extent of injury or illness, generally results in the officer requesting an ambulance. When an ambulance is requested, usually at least two RUPD officers, an HFD pumper truck with a minimum of four firefighters cross-trained as EMTs, and an ambulance crew with two personnel respond. Sometimes the ambulance proves to be unnecessary. However, when there is a doubt, the officers will always choose to err on the side of being overly cautious.

By having a REMS unit available to respond immediately, the responding police officer will have the benefit of a trained EMT on the scene assessing the extent of injury and subsequent need for an ambulance. If the injury is deemed minor enough, the officer could return to service and REMS technicians could be left to care for the victim. This could prevent an ambulance being dispatched unnecessarily, thus leaving at least two RUPD officers in service and at least six HFD firefighters in service.

A third benefit is the sense of well being on the part of the victim in knowing that a person trained for medical emergencies is present and attending to them. This contrasts with a police officer who, for all his/her sincere concern and empathy, is not trained in this field.

The cost of such a program would be negligible compared to the

possible benefits. The program is being funded by and has already been approved by the Vice President for Student Affairs, therefore, budget need not be our concern.

Conclusions and Recommendations

As stated earlier, the purpose of this paper is to propose policies and procedures for a working relationship between the RUPD and the REMS unit. The relevancy of this proposal is self-evident considering that the REMS unit has already been approved, funded, and established. There are adjustments to be made as we seek to incorporate a new program into our department. These adjustments are exacerbated by the fact that our department does not have unimpaired authority over the new unit, but instead shares this with the Vice President for Student Affairs. In addition, the department is being asked to forge a working relationship between paid police personnel and student volunteers. Taking into consideration the quality of police personnel and leadership of the REMS unit, these issues should be easily resolved.

I believe the key elements of the policy can be limited to two broad divisions; defining the organization and delineating the responsibilities. The inter-division procedures, considering our limited range of service, can be dealt with fairly succinctly. It is my contention that each of the twelve categories identified in the policies and procedures of the universities referenced, may be addressed through one of these broad divisions.

Therefore, I respectfully submit for your perusal the following recommendation for addition to the RUPD Policy and Procedure Manual.

Appendix

**Rice University
Police Department**

Subject **General Directive: 28**

Rice University EMS **Effective: 10/14/96**

I. Definitions

A. Rice Emergency Medical Services (REMS) Program

The Rice Emergency Medical Services (REMS) Program is a student volunteer program composed of state-certified Emergency Medical Technicians and Paramedics, organized to assist the Rice University Police Department in responding to reports of illness/injury, or campus emergencies when personal injury could result.

B. Organization

The REMS Program is a student organization under the umbrella of the Vice President for Student Affairs. The day to day activities and oversight will be under the purview of the Shift Sergeant to the Assistant Chief and Chief of Police.

II. Responsibilities

A. The REMS Program, being under the umbrella of the Vice President for Student Affairs, is ultimately responsible to the Vice President or his designee.

B. The Rice University Police Department (RUPD) will provide day-to-day oversight and monitoring of the REMS organization.

C. The shift supervisor will be responsible for the overall on-scene coordination with REMS regarding patient care, keeping in mind that the victim has the right to accept or refuse medical treatment. In cases where

the victim is physically or mentally impaired and unable to make that decision, the supervisor, after consultation with REMS, will be responsible for making any decisions authorizing further emergency treatment.

D. Dispatch of REMS calls shall be the responsibility of the RUPD dispatcher.

E. Only the person designated as the REMS supervisor may accept calls and is responsible to respond to the scene personally. The REMS supervisor may designate any member of the organization to respond with them at their discretion.

III. Procedures

A. Dispatch

1. When reports of medical emergencies are reported to the police dispatcher, the dispatcher is responsible for eliciting and documenting appropriate basic information regarding the nature of the medical emergency.

2. After the dispatcher has evaluated the information received, a police officer shall be dispatched to the patient's location.

3. The responding officer will instruct the dispatcher, depending on the nature of the medical emergency, to either contact the Houston Fire Department (HFD) or the REMS unit. If an ambulance is deemed necessary, the dispatcher shall notify HFD prior to contacting REMS. *(REMS is not intended to replace ambulance calls but to answer the types of minor calls that do not require an ambulance or when one is not requested. If an ambulance is requested by anyone or deemed needed by the officer at the scene, HFD is to be requested immediately. REMS is only to provide interim first-response until HFD arrives.)*

B. Ambulance Service

1. If an ambulance is deemed necessary, but declined by the victim, both the RUPD officer in charge of the scene and the REMS supervisor on the scene shall consult with the victim. If further medical attention is needed, the victim may indicate how he/she wants to proceed in securing the service.

2. If transportation to a medical facility is deemed necessary and the victim requests transport via police vehicle rather than ambulance, the REMS supervisor will advise the ranking RUPD officer if the injury may be aggravated by movement. If the REMS supervisor advises against transporting via police vehicle, the victim will be advised why RUPD will not transport and advise an ambulance SHALL be called. Should the victim decline HFD ambulance service, HFD will be called and a refusal/waiver slip filed by them.

3. If an ambulance is requested, both a RUPD officer and a REMS member shall offer aid and comfort to the victim until an ambulance arrives.

4. If possible, RUPD dispatch shall have an officer meet the ambulance and provide escort to the scene. Once HFD arrives on the scene, they shall be deemed in control of medical treatment for the victim. RUPD shall, if conditions dictate, remain on the scene and in charge of the security of the scene and safety of those present.

C. Documentation Both RUPD and REMS shall maintain complete and accurate records of all calls, including but not limited to, victim, reportee, action taken by all parties, and notifications made.

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