

# LT PREP

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BY: DEPUTY CHIEF TERRANCE MIDDLETON

# THE TEST

- The multiple-choice test will be given at a computer terminal. A score of at least 70% is required to pass this
- Your score on this test will determine 85% of your final score. Your seniority will determine the remaining 15%. You must pass the multiple-choice test to have your seniority credited. Your seniority score will be 70 plus 1/2 point for every three months of completed, permanent, continuous service with an agency
- under the jurisdiction of the Commissioner, Department of Citywide Administrative Services in competitive class titles. Your service will be credited through the date of the test, up to a maximum of 15 years. Time served prior to a break in service of more than one year will not be credited. Once a list has been established, it will typically remain active for four years.

# THE TEST

You may apply for a make-up test if you cannot take the test on the regular test date(s) for any of the following reasons.

1. Compulsory attendance before a public body;
2. On-the-job injury or illness caused by municipal employment where you are an officer or employee of the City;
3. Absence from the test within one week after the death of a spouse, domestic partner, parent, sibling, child or child of a domestic partner where you are an officer or employee of the City;
4. Absence due to ordered military duty;
5. A clear error for which the Department of Citywide Administrative Services or the examining agency is responsible.
6. A temporary disability, pregnancy-related, or child-birth-related condition preventing you from taking the test

To request a make-up test, contact Administration, Customer, and Exam Support by mail at 1 Centre Street, 14th Floor, New York, NY 10007, or by email at [testingaccommodations@dcas.nyc.gov](mailto:testingaccommodations@dcas.nyc.gov), as soon as possible, and include documentation of the special circumstances that caused you to miss your test.



# TIPS

1. Study the OPS Guide.
2. Study BLS Protocols and General OPS.
3. Time and Leave.
4. MCI.
5. Treat it like the State exam.
6. Take your time, read the questions and your answers.
7. Do not study things pertaining to captains and Chiefs.

## GENERAL REGULATIONS

- Answer the telephone promptly, stating command, rank or title, and surname.
- Remain within their assigned Home Atom area during their tour, unless assigned to a call, properly relieved, redeployed, or otherwise authorized by a dispatcher or Officer.
- Make proper entries in FDNY records, in black or blue ink, with a ball/hard point pen.
- Sign FDNY records with rank, full first name, middle initial, surname, and badge number.
- Make corrections on FDNY records by drawing a single line through the incorrect entry. Enter corrections immediately above the deleted entry. Date and initial the change.
- Ensure that no entries are erased, covered by repeated pen or pencil strokes, or otherwise obliterated. The use of correction fluid is prohibited.



- Ensure that no lines are skipped between entries in FDNY records (e.g., Station log) or other official documents. If part of a page is not used, a horizontal line, the width of the page shall be drawn on the next available line. A diagonal line shall be drawn from the left end of the horizontal line to the bottom right-hand corner of the page, with the date, time, name, and badge number of the person making the entry clearly indicated on the diagonal line. Under no circumstances shall the page of a bound logbook be removed or otherwise defaced.
- A Post Office Box is not considered an address.
- Report all absences to the Citywide Medical Leave/Light Duty Desk and their Station Officer at least two hours before their scheduled tour starts.
- Members shall be afforded one-half hour to contact/consult union representation relative to the statement preparation. This time period may be extended to one hour at the discretion of the Officer. FDNY phones shall be made available for this purpose.
- If arrested or issued a desk appearance ticket, notify the Officer on duty at the member's assigned Station, in accordance with Department policy and procedures. If there is no answer at the member's assigned Station, notify the EMS Operations Officer at the Fire Department Operations Center (FDOC). Such notification shall include the nature of the charges, date, time, and location of occurrence.



- Notify the Bureau of Investigations and Trials via telephone, on the next business day following the arrest and/or release from custody.
- Informing a union delegate does not fulfill this obligation.
- If relieved of duty for serious misconduct, report when directed, to the Bureau of Investigations and Trials on the next business day.

MEMBERS OF THE BUREAU, REGARDLESS OF THEIR JOB TITLE OR RANK, SHALL NOT.

- Malinger or feign illness or shirk any lawful assignment.
- Recommend non-REMAC authorized therapy, including over-the-counter medications (e.g., aspirin), to patients or others.
- Photograph any patient(s) or incident(s) for private or commercial use except as authorized by the Deputy Commissioner for Public Information.
- Refuse to give first and last name, title, and work unit to any member of the public with a legitimate interest for requesting said information.
- Knowingly fail to report, in writing, to their Officer within 48 hours of the receipt of a parking summons issued to a Department vehicle, or a moving violation issued during the operation of a Department vehicle.



- Operate any Department vehicle while the subject of any open traffic matter involving the use of a vehicle.
- Accept and/or solicit tips or gifts from patients, visitors, staff persons, or firms having direct or indirect interest in business dealings with the FDNY.
- Offer gifts to an Officer or accept gifts from subordinates.
- Remain on FDNY premises following the completion of their tour, unless authorized by the Officer or other competent authority.
- Leave prior to the end of an assigned tour without authorization from their Officer, or if this is not possible, the EMS Operations Officer at FDOC.
- Ride in any vehicle other than a City vehicle while on duty, except when authorized.
- Wear dangling or protruding earrings, bracelets, necklaces, rings, or any jewelry associated with body piercing, while on duty. These items are easy targets for a patient to grab and are disposed to become entangled in machinery.





## DUTIES AND RESPONSIBILITIES: STATION OFFICER

- Preparation, maintenance, and adjustment of daily rundowns, reporting updates of member and vehicle assignments, as necessary.
- Review the current tour rundown and advise the Division staff of changes **within fifteen (15) minutes after the start of their tour of duty.**
- Formulate all tentative rundowns for the next tour of duty and forward it to the Division staff by facsimile **within one hour** after commencement of their tour of duty.
- When changes occur in either the current or next tour rundown information, **report these status changes within fifteen (15) minutes to the Division staff.**
- Advise the Division staff of any unit that will be **delayed going into service within Fifteen (15) minutes of the tour change**

## FDNY SOCIAL MEDIA POLICY

- **The Department's Office of Public Information (OPI) has been designated as the point of contact for the New York City Department of Information Technology and Telecommunications (DoITT) for the operation of existing Department social media sites.**
- OPI is required to register with DoITT any social media pages, sites, or outlets related to the FDNY that are maintained by Department employees, as directed by the New York City Social Media Policy.
- **OPI will be responsible for the registration of any social media pages, sites, and outlets relating to the Department that are created in the future.** Assigned managers of approved social media will be required to adhere to the New York City Social Media Policy and will be bound by the same rules and standards governing all New York City social media managers.
- No employee is authorized to post social media content on an official FDNY social media platform except those members specifically assigned to that task by OPI.
- All such social media usage will be clearly branded as official Department communication.
- Employees participating in social media are subject to all applicable Department and City policies even when using social media while off duty or not at work.



- FDNY personnel shall not post photographs of themselves in uniform unless the uniform was worn during an event for which a uniform is required.
- Members of the Department are prohibited from taking photographs, videotaping, or recording audio while working unless authorized to do so by OPI.
- Employees should never use their City e-mail addresses when participating in social media. Inasmuch as the FDNY monitors employee Internet use, employees have no right to privacy with respect to any information transmitted, received, created, accessed, obtained, viewed, stored, or otherwise found at any time on the FDNY's computer system.
- Employees – including work units such as Fire companies and EMS stations – are prohibited from posting their own web or other media sites, without prior authorization from the Fire Commissioner and OPI, if such site creates the appearance of being affiliated with or sponsored by the FDNY. Requests for authorization are to be submitted to OPI via the Website/Social Media Registration Form attached to this policy.



## PUBLIC SPEAKING AND PRESS POLICY/REPORTING NEWSWORTHY EVENTS

- No member, except one designated to do so by the Office of Public Information or the Commissioner, may hold himself or herself out as a Fire Department spokesperson or otherwise as expressing the views of the Fire Department or the EMS Command.
- The Incident Commander in charge of the scene of an incident or event is hereby designated to act as the Fire Department's spokesperson during such incident or event.
- Any member receiving an inquiry from the press or other news media should refer the inquiry to his or her immediate supervisor.
- Any member who is invited or intends to make a statement in his or her personal capacity to a governmental agency, private organization or the press, or other news media regarding Department policies or operations, whether in an article, lecture, press interview, or public hearing, shall communicate to his or her audience that  
The statement is not being made in the member's official capacity; the statement expresses only the opinion of the member and does not necessarily represent the position of the Fire Department.
- If no supervisor is present on-scene and if a press inquiry does not interfere with patient care, members may respond to press inquiries for the following non-confidential information. The type of incident or event, Number of patients, if known; and the hospital(s) to which the patient(s) are being transported.



- Any member who responds to a press inquiry described in Section 3.4.3 must notify his or her immediate supervisor as soon as practicable. The supervisor shall notify the Office of Public Information of the press inquiry.
- Any member who is invited or intends to make a statement in his or her personal capacity regarding Department policies or operations, whether in an article, lecture, press interview, or public hearing, is encouraged but not required to contact the Office for Public Information for advice or to request background or other information on the subject matter at issue.



## INSPECTION OF LOCKERS

- When available, members shall maintain a secured locker in a neat, clean, and serviceable condition for the storage of uniforms, clothing, and personal property, placing their name, rank, and shield number on the locker. The locker shall be maintained free of all material (e.g., pictures, stickers, posters, articles, and cartoons).
- **Officers conducting periodic locker inspections shall (1) Issue a notice, at least 24 hours in advance, informing members of the Station and their union representative, of an upcoming locker inspection (2) Ensure that two members assigned to the Station, one preferably being the member whose locker is being inspected, and the other the union representative, are present to witness the inspection of a locker or group of lockers.**
- **Remove or remove all materials on lockers that are not compliant with Department policy and procedures. Any material considered offensive shall be referred to the Equal Employment Opportunity (EEO) office in accordance with the FDNY EEO policy and procedures.**
- The Officer present during an emergency locker inspection by the NYPD, FDNY, or the Bureau of Investigations and Trials shall, (1) When possible, notify members that an emergency existed (e.g., bomb threat, fire, suspected criminal activity) and that their lockers were inspected (2) **Ensure that two members of the Station are present to witness such inspections and document the reason for inspection, and shield number of person(s) inspecting locker, in the Station log.**



- Unauthorized property which is found in lockers that is prohibited by law, criminal procedure, or administrative code (e.g., firearms, narcotics, and dangerous instruments) will not be returned. The Officer is to notify the NYPD and the **Deputy Commissioner of the Bureau of Investigations and Trials**, and the property will be turned over to the appropriate authority.

## TYPES OF DIRECTIVES

- **The Emergency Medical Operations Manual** - issued to each Station, Division, Unit, and Bureau, consisting of the following components.
- **Emergency Medical Service Operating Guide Procedures** - contains detailed policies and procedures for the appropriate actions that members of the Bureau of EMS shall follow.
- **Office of Medical Affairs Directives** - contains medical, clinical, and quality assurance/improvement issues, information, directions, and procedures for all members of the Department. Medical Affairs **Directives are prepared and published with the approval of the Fire Commissioner, Chief of Department, Chief of EMS, and the Office of Medical Affairs.**
- **EMS Operations Orders** - contain orders or details relating to a specific issue or condition that will exist until revoked or revised by the Chief of EMS. **EMS Operations Orders are developed by EMS Operations and are issued with the approval of the Chief of EMS.** EMS Operations Orders do not expire unless the order specifically has an expiration date.



- **EMS Order** - contains general information as well as orders or details relating to a specific issue or condition. EMS Orders, EMS Order Supplements and EMS Order Attachments are developed by **EMS Operations and are issued with the approval of the Fire Commissioner and Chief of Department.**

### CONFLICT RESOLUTION

- if a member believes that a conflict exists between Bureau of EMS documents, complete a Document Conflict Resolution form located on the Department Intranet in the EMS OG Forms link (section 101.08.01). Upon completion, email the form to the Document Control Unit at [EMSDCU@fdny.nyc.gov](mailto:EMSDCU@fdny.nyc.gov). If

### FDNY SMOKING POLICY

- Smoking is prohibited in all Fire Department facilities at any time, without exception.
- Smoking is prohibited in FDNY vehicles and ambulances at any time.
- Smoking is prohibited within **20 feet** of any oxygen cylinders. This includes FDNY vehicles and/or ambulances equipped with oxygen.
- In compliance with the Smoke-Free Air Act, the Department has designated the OSHA Unit to receive and respond to smoking-related complaints.





## EMS GROOMING STANDARDS

- Keep hair tapered to the general shape of the head, not reaching below the collar
- Hair that normally extends below the collar shall be tied up or arranged in a manner which will conform to the general shape of the head and keep hair above the collar. The length of the hair must not hinder the proper fit of Fire Department headgear.
- Hairstyles that preclude the wearing of the safety helmet in the accepted manner are not permitted.
- Moustaches are permitted however the following guidelines must be adhered to. FACIAL HAIR/MOUSTACHES (1) must be closely trimmed (2) They must not extend beyond the corners of the mouth (3) They must not extend below any portion of the upper lip. SIDEBURNS: (1) Shall be kept neatly trimmed and close to the face to avoid any possibility of an improper seal with the air-purified respirator (APR) and/or NIOSH approved respirator (3) Shall not extend below the lower extremity of the ear.
- When the member's violation of grooming standards might impair the full effectiveness of the mask facepiece, (Scott 4.5 for Haz-Tac members, N95 and APR for all members) command discipline or formal charges shall be preferred against the member. The member shall then be given a direct order to conform to the grooming standards.



- If the member refuses the direct order, additional charges shall be preferred against the violator, and the Officer shall relieve such member from duty. In all cases, entries shall be made in the Station logbook of all the facts, including the exact nature of the violation.
- Officers are responsible for the enforcement of these standards. Where violations are detected and the investigation reveals that subordinate officers have tolerated violations of these standards, disciplinary actions including charges shall be taken for failure to properly supervise.

## **UNIFORM SPECIFICATIONS**

- Members shall comply with the following schedule for wearing winter uniforms from **November 1 to April 30**.
- Members shall comply with the following schedule for wearing summer uniforms from **May 1 to October 31**.
- Full-duty members permanently assigned to off-line positions are authorized to wear Department-issued work shoes when working in their administrative position. EMS Officers are authorized to wear work shoes when working in an administrative position at a Station (e.g., Station Officer or captain performing administrative work).

- All members operating in the field are required to wear Department-issued work boots at all times. EMS Officers assigned to a Station operating under the Battalion-based model who are performing both administrative and field duty during a tour, or EMS Officers assigned to field operations as a Conditions Car or a Battalion Car, **are required to wear Department-issued work boots at all times during the tour.**
- Members shall wear solid white or navy blue T-shirts under an open-neck work/duty shirt. Chief Officers shall wear solid white T-shirts under an open-neck work/duty shirt. Members shall wear only solid white T-shirts under a dress shirt. T-shirts shall have no lettering, logos, or graphics visible through the uniform shirt.
- When promoted, members shall procure the dress uniform for their new rank from the FDNY Quartermaster **within 30 days after the date of promotion.**
- When directed, members shall replace department-issued uniforms or parts that become ill-fitting, soiled, or worn **within 30 days.**
- Members shall wear the bunker-style PPE over their work-duty uniform and shall don their **PPE prior to responding to an assignment.**

#### LIGHT DUTY/MODIFIED/RESTRICTED

- Pregnant members shall modify their uniform attire as follows: Business appropriate attire, FDNY identification card conspicuously displayed on the outermost garment.



- All members restricted from patient care, regardless of rank or title, shall wear civilian attire appropriate to the restricted assignment, with the FDNY identification card conspicuously displayed on the outermost garment.

## UNIFORM REPLACEMENT FOR RUINED GARMENTS

- When a member requires replacement of an issued article of clothing, and the article is **not contaminated (e.g., clothing ripped, worn from age)**, the member shall personally report, off-duty, to the FDNY Quartermaster with the damaged or ruined article. The article shall be presented and if appropriate, a replacement garment shall be issued.
- When a clothing article gets contaminated with a substance other than a bloodborne pathogen (BBP) agent if, in the opinion of the Officer, the garment must be destroyed or replaced, the member shall be presented with a Uniform Replacement Authorization form, and instructed to complete the form. **It is the responsibility of the Station Officer to ensure that the affected garment is disposed of in an appropriate manner.** The affected article of clothing shall not be forwarded to the Uniform FDNY Quartermaster.
- Upon completion of the form, the Station Officer shall endorse the form and forward it to the respective Division Commander for endorsement. After the form is endorsed at the Division level, the form shall be forwarded to EMS Operations for final endorsement. Once completed, the form will be returned to the member, who shall report, off-duty, to the Uniform FDNY Quartermaster with the completed form, for a replacement garment.



## PERSONAL PROTECTIVE ENSEMBLE STORAGE

- At the end of a tour, members shall remove their PPE and inspect the garments for contamination. If the PPE is relatively clean and dry, it can be stored in the member's locker after being covered with a clear plastic bag.
- Before placing their PPE in the locker, members shall place their PPE on a hanger, make a small opening in the bottom center of a clear plastic bag, and turn the clear plastic bag upside down and pull it over the PPE with the hook on the hanger passing through the small opening in the bottom of the bag. The employee shall procure a clear plastic bag from the storeroom and cover the trousers and the jacket with the bag.
- Boots worn while on duty shall be placed in a small clear plastic bag and stored in the locker.

## CORRECTIVE LENSES FOR GOGGLE SPECTACLE KITS

Any member who wishes to use corrective lenses with his/her ESS Cairns S550 goggles shall fully complete a **Spectacle Kit/Corrective Lens for Goggles Request** and a **copy of the corrective lens prescription directly to EMS Operations**. The forms are available on the Department Intranet, within the EMS Administrative Forms section. Members may wear contact lenses with their ESS Cairns S550 goggles. **Members shall submit a corrective lens prescription that is less than one (1) year old and that contains their pupillary distance (PD) measurement.**



## **DUTIES AND RESPONSIBILITIES HOSPITAL TRACKING OFFICER**

- When assigned as a Hospital Tracking Officer (HTO), EMS Officers designated as an HTO, shall obtain and report updated information on patient count and information from scenes of MCIs
- **HTOs shall not respond to the scene of the assignment.**
- Utilize the Patient Tracking Form to document all patients brought in by EMS Units from the specific assignment. HTOs shall ensure to include the hospital, name and number, transporting unit, each patient's name, gender, age, triage tag number and category, patient class (e.g. Civilian, Military, Police, Fire, etc.) and the type of the injury. Include any additional noteworthy information (e.g. Tourists from other countries, elected officials, special needs persons, etc.)
- Inquire with Hospital Staff and document any patients who arrived at the hospital from the incident who were not transported by a 911 ambulance resource. Try to obtain how the patient got to the hospital, the patient's name, gender, age, triage category, patient class (e.g. Civilian, Military, Police, Fire, etc.) and the type of injury. Include any additional noteworthy information (e.g. Tourists from other countries, elected officials, special needs persons, etc.)
- **Update the FDOC via telephone every 10 minutes with all assignment patient-related information**



## LEAVE BEHIND NALOXONE PROGRAM

- Leave Behind Naloxone kits can be requested by family or friends of a patient treated with Naloxone for a suspected opioid overdose. If a family member or friend requests an LBN kit, **obtain the home zip code of that person along with any relevant patient information to be used for tracking purposes**
- Naloxone kits shall **not be provided to patients or family members of calls where Naloxone was not utilized during the call.** Kits shall not be provided to members of the public who request them.
- When replacement Naloxone kits fall below par, send an email to [Pharmacy\\_Users@fdny.nyc.gov](mailto:Pharmacy_Users@fdny.nyc.gov) and request for kits to be restocked.
- **If a Naloxone kit is reported lost or stolen, generate an Incident Situation Report (ISR)** along with an email to [Pharmacy\\_Users@fdny.nyc.gov](mailto:Pharmacy_Users@fdny.nyc.gov) requesting a replacement.

## TOUR CHANGE

- Tour Changes will consist of roll call, unit assignments and exchange of unit-assigned equipment with the Station Officer.
- EMTs, Paramedics, Lieutenants and Captains are **not permitted to perform any work-related tasks pre- or post-shift unless pre-approved**. All post-shift overtime accrued in accordance with this policy is considered pre-approved.
- Off-going units shall return to their station on an available basis fifteen (15) minutes before the end of the tour to prepare for tour change,
- Off-going members are to return unit assigned equipment (e.g., keys, radios, meters, tablets) **directly to the Station Officer at the end of their tour. Members shall not exchange equipment with oncoming members.**
- **Units must be signed on within 15 minutes following the beginning of the shift. If unable to give an available signal, immediately notify the Station Officer**
- Off-going members shall: ensure their vehicle is Part 800 compliant and the mid-tour vehicle checklist is left for the on-coming crew.





## UNUSUAL OCCURRENCE

- Investigating Officers shall immediately respond to the scene upon being advised of incident/situation or when so requested by a competent authority.
- Conduct a thorough investigation of the incident/situation, including the following elements: Scene observation, Witness and participant interviews, Evidence gathering.
- After assessing the situation and developing a general synopsis of the incident, immediately notify an on-duty FDNY EMS Deputy Chief to determine the appropriate report.
- **Forward the completed Unusual Occurrence Report via email to EMSUOR@fdny.nyc.gov, the Station Commanding Officer, Resource Chief, and Division Commander by the end of the tour.**

Allegation of theft by a member, A New York State Department of Health (DOH) vehicle inspection failure,

Any abandoned infant regardless of whether the criteria as outlined in the Abandoned Infant Protection Act was followed by the parent(s) or caretaker(s).

## INCIDENT/SITUATION REPORT

- After assessing the situation and developing a general synopsis of the incident, immediately notify an on-duty EMS Deputy Chief to determine the appropriate report.
- **Endorse the ISR and email the completed report and all associated documents (e.g. employee statements, police report) to EMSISR@fdny.nyc.gov, the Station Commanding Officer, Resource Chief, and Division Commander by the end of the tour**
- Prepare a Patient Care Report in the usual manner, **with no reference to the incident/situation.**
- If a Conditions Officer is not available to respond, upon completion of the assignment, immediately notify their Station Officer of the incident/situation and return to their Station on an **available status, unless otherwise directed**

## COMMUNITY-BASED (VOLUNTEER

- **The community-based ambulance units MUST contact the Division RCC at the end of their tour when they are going out of service.**



## MEMBER OF THE EMS COMMAND ARRESTED

- When a member of the EMS Command is arrested or issued a desk appearance ticket, the member shall:
- Notify the supervisor on duty at the member's assigned Station. If there is no answer at the member's assigned Station, **notify the Resource Coordination Supervisor**. Such notification shall include the nature of the charges, date, time, and location of the occurrence.
- **This obligation is not fulfilled by informing a union delegate.**
- Complete an Arrest of Member form (BP-66 04/91) (Appendix 5.1) and a Bureau of Investigations and Trials (BITs) Update Agreement (Appendix 5.2) on the member's next tour of duty or next return date at the Bureau of Health Services following the arrest and/or release from custody.
- **Forward originals to BITs and copies to the Chief of EMS Command, and the respective EMS Division Commander Notify the Bureau of Investigations and Trials (BITs) via telephone, on the next business day following the arrest and/or release from custody.**
- The Supervisor receiving the notification from the member arrested shall Notify the **Resource Coordination Supervisor** that a member has been arrested and complete an Unusual Occurrence Report.



## REPORTING THE LOSS OR THEFT OF DEPARTMENT PROPERTY

- File a police report at the police precinct of occurrence if The item(s) include a FDNY portable radio, work uniform/PPE, automated external defibrillator (AED), monitor/defibrillator, chest compression, device, CO-oximeter, medication insert/bag, narcotics, FDNY identification card or shield, vehicle keys (including New York City Transit [NYCT] High Exit-Entry Turnstiles [HEETs] Gate Key), electronic Patient Care Report (ePCR) tablet and department-issued cellular phones. Theft is suspected.
- Station Officers shall: Make an entry in the Station Log concerning the loss/theft of Department property
- If a Controlled Substance Key is lost or stolen, notify the **Division ALS Coordinator**
- **If an identification card or shield is among the items lost or stolen, email an electronic copy of the Loss and Theft Report to the Office of the Chief Fire Marshal.** immediately upon completion of the Investigation/Findings section. Officers shall not delay the report to the Chief Fire Marshal for the Commanding Officer's recommendation, or the Division Commander's determination. **Within 48 hours email the original loss and theft to the station captain**
- If an FDNY-issued uniform and/or Personal Protection Equipment (PPE) is among the items lost or stolen, ensure a copy of the Loss and Theft Report is emailed to the Station Commanding Officer, Division Commander and respective Deputy Assistant Chief prior to the end of the tour.



## RECOGNITION OF MERITORIOUS ACTS AND PREHOSPITAL SAVES

- When a member performs a meritorious act or deserves recognition for outstanding performance or contribution, the Medical Branch Director or the member's Station Officer (if the act occurred when an EMS Officer was not present) shall complete and submit a **Recognition Request Form within 72 hours of initial notification.**

## MUTUAL SCHEDULE EXCHANGE

- Obtain approval of the Supervisor at least **48 hours** prior to the start of the first mutual exchange tour
- Mutual Exchange restrictions shall be noted on the member's Absence and Tardiness Calendar.

## PREPARATION AND REVIEW OF PREHOSPITAL CARE REPORTS

- Prehospital Care Reports (PCRs) must be completed and exported as soon as possible but no later than the end of the tour. Crews shall not wait in the Emergency Department until the hospital receives a paper or electronic copy of the report.

## FEEDBACK FROM FIELD UNITS

- When a problem or concern that affects field operations is identified, personnel shall complete a Field Feedback Form. Completed Fields Feedback Forms should be forwarded to the station if the problem is resolved, forward a letterhead report and the Field Feedback Form to the Station Commanding Officer detailing the corrective action. A copy of the letterhead report shall be forwarded to the member who submitted the Field Feedback Form.



## PERFORMANCE AND SAFETY ACCOUNTABILITY SYSTEM (PSA)

- For EMS, there are three sets of indicators—Response (Log on to Avail & Travel Time), Cardiac Arrest Success, and Safety.

### EQUITABLE DISTRIBUTION OF OVERTIME /PRE-SCHEDULED OVERTIME

- Members volunteering for pre-scheduled overtime should expect to work a **minimum of six (6) hours** of overtime per tour. Members requesting time off shall ensure that leave is submitted in city-time for consideration by no later than the **15th calendar day of the month** prior to the month during which the affected time occurs.
- The number of prescheduled overtime tours required is based on a number of factors, including but not limited to, the EMS Citywide medical leave usage. **The Department reserves the right to increase or decrease the number of overtime tours required**

## Voluntary Hospital Vehicle Inspections

- FDNY EMS Command Officers may inspect at any time, without prior notification,
- Inspections shall be conducted with the unit in an **available status**.
- If a deficiency is discovered which would require placing the unit out of service (e.g. bald tires, no on-board oxygen, etc.) **the inspecting officer shall notify the appropriate dispatcher to place the unit out of service. The RCC supervisor shall be notified to determine if unit redeployment is necessary**
- The inspecting officer must immediately consult with an EMS Chief Officer to determine appropriate corrective action.
- If the vehicle is placed out of service for safety problems, it may not be placed back into service until completely inspected by an **EMS Chief Officer**.

## OBSERVER REQUESTS

- Applicants may not request a specific unit and will not be authorized to observe during Tour One (2200 through 0500 hours). **Applicants are not authorized to observe on a unit on which a relative is working issue the observer a complete isolation kit and obtain the observer's signature in the logbook, acknowledging receipt.**



## **ABANDONED INFANT PROTECTION ACT**

- Under this law, a mother or father of an infant could avoid criminal prosecution if they deliver the infant, not abused and **not more than thirty (30) days old**, to a suitable location making the infant safe from physical injury and promptly notifying an appropriate person of the infant's location
- When a parent approaches an EMS unit or voluntary hospital unit in the field and informs a member that they wish to abandon their infant, the member being approached shall: Immediately notify the borough dispatcher that they have been flagged down, Request the response of a Conditions Officer to the receiving hospital.
- EMS Officers shall immediately complete an Unusual Occurrence Report making notifications through the chain of command.

## **REPORTING ILLNESS WHILE ON DUTY (NON - WORK RELATED)**

- Members who are unable to complete their tour of duty due to illness and wish to see a private physician in lieu of BHS or closest emergency department, shall first obtain approval from their supervisor. Upon return to duty, the member shall submit medical documentation substantiating the absence
- **Extended Leave Benefits - Medical Documentation Form (for use only if the member is being seen by their personal physician). Ensure that the entire Worker's Compensation package is faxed to the Civilian Compensation Unit and the LODI Unit prior to the end of the tour.**





- It is against policy and procedure for the BHS or Emergency Department physician to sign a member off duty for more than the remainder of the tour. Additional sick time shall only be granted by the member's supervisor, upon receipt of medical documentation from BHS or the member's private physician.
- Supervisors shall : when advised by a member of an illness (non-work related), issue the member BHS Referral, if requested.

### **LINE OF DUTY INJURY**

- Members are required to report work-related injuries prior to the end of the tour in which the member was injured. Members shall complete a Worker's Compensation Package within 24 hours of when the injury occurred.
- Members on LODI or Worker's Compensation accrue annual and sick leave hours during the first six months of leave. Members accrue annual and sick leave time beyond the initial six-month period only if they are working in a LODI limited duty assignment members who fail to follow LODI Procedures Two (2) times. shall result in the loss of LODI benefits and the member may be subject to disciplinary action.



- Members must submit related original documentation to the LODI Unit for all approved non-LODI related absences from their place of recuperation, within ten (10) business days following the date of absence.
- forward the original completed Worker's Compensation package and all associated forms to the Civilian Compensation Unit, BHS no later than 24 hours from the end of the tour or the next business day

### **EMS COMMAND PASS IT ON PROGRAM**

- Whenever a member of the EMS Command deems it appropriate, they should utilize this program to identify an incident where the lessons learned or reinforced may be beneficial to all.

### **SICK LEAVE**

- Sick Leave Instance is one-half of a day or more consecutive days of undocumented sick leave.
- Sick Leave Period is a six-month period, from January 1st through June 30th and from July 1st through December 31st.
- Three sick leave days per year may be used for a sick family member.
- A member is required to submit medical documentation if the absence is more than three consecutive days.
- If the member has been on non-service-connected medical leave more than five (5) days, the member is required to report to BHS to be cleared for duty, prior to returning to work. Members are responsible for making appointments with BHS.
- Avoid assigning overtime to members with unsatisfactory attendance records.
- **Notify the Civilian Personnel Manager immediately when a member reaches *Sanction Status*,**



- At the supervisor's discretion, a member may be referred to the Bureau of Health Services for a physical evaluation prior to the member returning to duty.
- Upon receiving notification that a member has reported sick, the Station Officer shall make a log entry documenting the member's name and time of the call, make the appropriate changes to the master schedule and rundown, and make an entry on the member's Absence and Tardiness Calendar.

### **ANNUAL LEAVE**

- Seniority is based on the effective date of entry into the current title/within each Station. **In the event that title/level entry dates are the same, granting of annual leave will be based on the member's city start date, followed by the last five digits of the member's social security number, with the lower five digits having the seniority.**
- All requests for annual leave in amounts of at least five consecutive work days or tours falling during the summer peak vacation period, June 1st through September 30th, must be submitted by April 1st and shall be approved/disapproved by May 1st.
- Any annual leave balances to the member's credit on April 30th that is over the two-year allowance will be automatically converted to sick leave unless the agency authorizes it to be carried over to the following year.”
- Ensure that all members have had the opportunity to have one annual leave vacation pick prior to approving a second annual leave vacation pick for a more senior member.



## BEREAVEMENT LEAVE

- Members are allowed **four days** leave in the case of death in the immediate family or domestic partnership relationship. **The four days must immediately follow the death.**
- **Immediate Family** - shall be defined for this purpose as spouse; natural, foster, or step-parent, child, brother or sister; father-in-law; mother-in-law; or any relative residing in the household.
- **Domestic Partnership** - Executive Order No. 123, dated August 7, 1989, established Bereavement Leave for City employees in the event of the death of a domestic partner, or the death of a parent or child of such domestic partner, or the death of a relative of such domestic partner **residing in the household.**
- Bereavement Leave, **domestic partners are two people, both of whom are 18 years of age or older and neither of whom is married**, who have a close and committed personal relationship including shared responsibilities, **who have lived together for a period of one year or more** on a continuous basis.

## COMPENSATION HEARING

- Scheduled appearances before the New York State Compensation Board and the NYC Law Department Workers' Compensation Section hearings shall be charged to the member's leave balances as follows: Sick, A/L, Compensatory time, Without pay.

## LACTATION POLICY

1

- Employees shall submit the completed request form to the EEO Office as soon as practicable, but no later than fourteen (14) days before they plan to begin expressing milk in the workplace.
- When making a request, applicable employees must specify whether they plan to use unpaid break time; paid break time, if entitled; mealtime; or a combination thereof. **Where applicable, unpaid break time used to express breast milk shall be charged against annual leave or compensatory time balances on a minute-for-minute basis. Applicable members with no accrued annual leave or compensatory time balances may apply for advanced annual leave to be charged against future annual leave accruals**
- The time required to express breast milk will include the time for the member to reach and return from the designated location.
- The partner of the member expressing breast milk shall be utilized by the Station Officer as needed during the time the employee is expressing breast milk.



## LATENESS MANAGEMENT

- If a member is late because of a significant delay on public transportation, they are responsible for obtaining a verification letter from the Transit Authority.
- Lateness caused by a verified major failure of public transportation such as a widespread or total power failure of significant duration or other extraordinary event of similar severity shall be excused.
- Completed Lateness forms are sent to the Bureau of Personnel for inclusion in the member's personnel folder, a copy is retained by the supervisor and a copy is sent to the Bureau of Investigations and Trials –Absence Control Unit **First Warning** - Upon the **fourth** occurrence **Second Warning** - Upon the **fifth** occurrence **Third Warning** - Upon the **sixth** occurrence.

## PRE-AND-POST SHIFT WORK RELATED TASKS

- EMTs, Paramedics, Lieutenants, and Captains are not permitted to perform any work-related tasks pre or post-shift unless such work-related tasks have been pre-approved by an Officer in accordance with EMS Operating Guide Procedures.
- If an Officer observes, or otherwise becomes aware of, any member performing a pre-or post-shift work-related task without prior authorization, the Officer shall Immediately order the member to stop working and ensure they comply.

## **CONTINUOUS OVERTIME POLICY**

- For purposes of the policy, two or more hours between assignments will be considered a break in the continuous workday.
- if that station is 45 minutes or less away from the station where he/she performs his/her original tour.
- This travel time shall not exceed 45 minutes without approval from the Station Officer.

## **AMBULANCE DIVERSION/REDIRECTION**

- Hospital Grouping -A cluster of hospitals in a defined geographic area.
- Each diversion shall not exceed four (4) hours. At the hours of 0800, 1600 and 2400.

## **SEXUAL ASSAULT FORENSIC EXAMINER (SAFE)**

- Upon identification of a stable adult (12 years old or older) sexual assault patient.
- Member shall transport to the nearest SAFE facility. Members shall provide a SAFE Program Information Card. Member shall be compensated as follows: One-hour maximum for traveling to the location and One-hour maximum from the location.



## LEGAL APPEARANCES OF FIRE DEPARTMENT EMPLOYEES

- If the employee will not be returning to duty before the required date of appearance, the supervisor who receives the Notice shall contact the employee at home to inform the employee of the appearance. The supervisor shall make a diligent effort to reach the employee directly but may leave a message with an adult at the employee's home **(not with a minor child) or on an answering machine**. The message should indicate that the employee is to contact.
- if the supervisor ascertains that the requested employee is unavailable, due to annual or medical leave, or other valid reason, or the supervisor, after undertaking a diligent effort, is unable to confirm an appearance by personally speaking with an employee, the supervisor shall immediately notify the Bureau of Legal Affairs' Court Desk and Litigation Support Unit (CDLS) by telephone and shall complete the bottom portion of the Notice of Appearance Form (BL-1) and fax it to CDLS.
- For appearances within the City of New York, the employee shall be reimbursed for the use of public transportation to the appearance location through submission of a Personal Expense Form (Comptroller's A-24 Form). For appearances outside of the City of New York, the employee shall be reimbursed for reasonable and documented costs.
- Member shall transport to the nearest SAFE facility. Members shall provide a SAFE Program Information Card. Member shall be compensated as follows: One hour maximum for traveling to the location and one-hour maximum from the location.





## SUBSTANCE POLICY: DRUGS/ALCOHOL

- The following members shall be tested for the presence of illegal drugs, marijuana and/or alcohol
- Every member who has been arrested off-duty for any reason.
- Every Emergency Medical Technician, Paramedic, Lieutenant, Captain, Deputy Chief, Division Chief, Deputy Assistant Chief, Assistant Chief, and Chief of EMS shall be subject to random drug testing.
- After the start of the tour, Testing Unit personnel will verify that the selected member is working. The member is not to be notified until the tester arrives.
- Using random-number-generating computer software, personnel from the **Management Analysis and Planning (“MAP”) Unit shall generate a list of 50 names** (numbered from 1 to 50) for each day of testing (“printout”). This selection process will be observed and certified by a member of FDNY’s Compliance Unit. The MAP staff member and the Compliance Unit member present shall sign the printout. The printouts will provide the work location and tour information for each of the individuals selected.
- **The Deputy Commissioner** or his or her designee within the Bureau of Legal Affairs must designate the work tour (Tour 1 - Night, Tour 2 - Day or Tour 3 - Evening), prior to being aware of the EMS members selected for a particular day.
- The member listed on the printout will be deemed unavailable due to exigent circumstances if the member’s unit is on assignment and does not transmit a 10-89, 10-97 or 10-98 signal **within 90 minutes after the Testing Unit’s arrival at the testing location.**



- **Level of alcohol that elicits a positive test result:** .05 of one percent or more by blood alcohol content as shown by chemical analysis of blood or if testing is by urine analysis, at a level of 50 mg/dl or higher.
- **Levels of illegal drugs that elicit a positive test result:** Methadone 300 ng/ml , Opiates 2000 ng/ml, 6MAM (Heroin) 10 ng/ml, Cocaine 300 n/g ml, Amphetamines 1000 n/g ml
- Use, positive test result, possession, attempted possession, sale, transport or delivery of any *illegal drug* as defined in Section 4 while on-duty or off-duty, or while in uniform, or while in any Department premises, property or vehicle(s), except as otherwise provided in Section 5.
- **Every member (who is on-duty or is off-duty and present in any Department premises, property or vehicle) who reasonably suspects or knows of a violation of this policy is required to report the violation *immediately* to the Officer on-duty at the location of the violation or, if appropriate, to the next level Officer. **Any member who fails to report a suspected or known violation of this policy shall be subject to disciplinary action.****
- An Unusual Occurrence Report (UOR) shall be completed for any instance where a member has a suspected or known violation of this policy; or is involved in an event mandating testing (triggering event).
- Details of the triggering event should include all observations (positive or negative) of the member's appearance, behavior, speech, performance indicators, or body odors, and the name and rank of the Officer/supervisor ordering testing.



## **PARKING SUMMONS**

- Summonses for all other parking violations, including the following, are not eligible for OBD and must either be paid or submitted through the regular PVB adjudication process

NO STOPPING NO STANDING NO STANDING (BUS LANE) NO STANDING (BUS STOP) FIRE HYDRANT  
NO PARKING (TAXI STAND) OBSTRUCT, TRAFFIC (SPECIFY) DOUBLE PARKING CROSSWALK SIDEWALK  
ANGLE PARKING WRONG WAY

- All violations in the lower Manhattan "NO PERMIT" zone are not eligible for OBD. Illegal parking by either a Department vehicle or a privately owned vehicle for ordinary pickup and deliveries, meetings, and commuting are also not eligible for OBD adjudications.

If a summons is eligible for OBD, the driver must submit an affidavit (PVB-1) and direct all inquiries to their Bureau Head/Division Commander. Fleet Services Division 55-30 58th St Room 124, Attention Summons Control



## **NOTIFICATIONS TO THE INSPECTOR GENERAL & THE BUREAU OF INVESTIGATIONS AND TRIALS**

- Every officer and employee shall have the affirmative obligation to report, directly and without delay, to the Inspector General any and all information concerning conduct involving corruption, other criminal activity, conflicts of interest, misconduct and mismanagement.
- The failure by any employee to report as required above shall constitute cause for removal from office or employment or other appropriate penalty.“
- BITS is responsible for enforcing Department and procedures.
- IG is responsible for crimes.
- **In the event that an employee cannot determine which office must be notified, he or she should contact the Inspector General.**



# CONFLICTS OF INTEREST WAIVERS FOR OUTSIDE EMPLOYMENT WITH NEW YORK CITY HOSPITALS

Fire Department personnel may not be employed by or on behalf of a New York City hospital unless a waiver has been obtained from the COIB.

**Emergency Medical Technicians, Paramedics, EMS Lieutenants** may work as hospital ambulance personnel (911 System or non-911 System) when the hospital is:

- A. Not located within the *normal area of operation* of the EMS station, or the *administrative district* to which the member is assigned; **and**
- B. Not a hospital with which the member regularly interacts in the course of his or her Fire Department duties; **and**
- C. Not employing the member in a managerial capacity or in any position in which he or she manages the hospital's 911 System ambulance operations or Emergency Department operations.



## **WORKPLACE VIOLENCE PREVENTION POLICY**

- The Fire Department strongly encourages that any Order of Protection secured by a Fire Department employee be submitted to the Bureau of Fire Investigation, especially where the person from whom protection is sought is a Fire Department employee and/or is likely to seek entry to the protected employee's work location Bureau of Fire Investigation, 16 Hooper Street, 4th Floor, Brooklyn, New York 11211.
- Fire Department personnel shall report circumstances that they believe present a potential for physical violence (assaults and homicides), attempted assaults, threats reasonably perceived to result in physical violence, or other conduct that would be reasonably expected to lead to an assault or a homicide. The employee shall submit a Workplace Violence Report (WPV-1), which is available on the Department Intranet, in hard copy format, to his/her immediate supervisor.
- Fire Department employees who have been the victim of domestic violence, a sexual offense or stalking are strongly encouraged to report such incident(s) to the Equal Employment Opportunity Office.
- If an employee reasonably believes in good faith that submitting a Workplace Violence Prevention Report to a supervisor would not result in corrective action, the employee may submit the Workplace Violence Report directly to the Workplace Violence Prevention Coordinator. (See Section 12, below, for further information on the Workplace Violence Prevention Coordinator.



## **EMERGENCY POWER AND LIGHTING KITS**

- EPKs are provided to EMS facilities that are not equipped with permanently installed emergency generators. The EPK provides a source of electrical power and lighting during public utility service interruptions. The operational readiness of the EPK is dependent upon periodic inspection, servicing, maintenance and familiarization with the unit's operations.
- Make notification to the EMS Operations Officer at the Fire Department Operations Center (FDOC) that a power disruption has occurred and the EPK is being deployed.

## **EMS COMMAND FACILITY INSPECTIONS**

- Station Officers shall conduct periodic security, cleanliness and safety inspections of the facility during the course of the tour.



## BUILDING REPAIRS

- **Routine/Non-Emergency** - Shall be reported using the RC-5 form available on the FDNY Intranet under EMS Administrative Forms.
- **Emergency** - Shall be reported to the Resource Center by calling **917-722-3251** 24 hours a day/7 days a week. **The following are classified as emergency calls:**

4.2.1 Apparatus door stuck open or closed, or not operating properly

4.2.2 Major structural failure

4.2.3 Nederman exhaust system out of service

4.2.4 **No heat (entire facility or major portion)**

4.2.5 **No central A/C - (Window/Wall A/C unit issues, shall be reported via the RC-5 form)**

4.2.6 Major fuel spill inside quarters

4.2.7 Major water leak

4.2.8 Natural Gas Leak

4.2.9 No Power (entire facility or major portion)

4.2.10 Sewer back-up (Street main, building main, yard drain, apparatus floor drain, roof drain, cesspool or kitchen drain)

4.2.11 OSHA (Safety and Health) Emergencies - Hazardous Material Exposure



## CRITICAL INCIDENT STRESS MANAGEMENT

**Mandatory Notification** - The following shall be considered **mandatory** notifications to the CSU:

4.2.1 Line of duty death of a Bureau of EMS member or another rescuer.

4.2.2 Suicide of a Bureau of EMS Member.

4.2.3 Large-scale MCI with fatalities (e.g., airplane crash, building collapse, natural disaster).

4.3 The following shall require on-scene assessment by a member (point-person) of the CSU's Peer team:

4.3.1 A request directly from a Bureau of EMS Chief Officer.

4.3.2 The need for psychological triage.

4.3.3 Incidents deemed serious enough to cause functional disruption in Bureau of EMS operations.

4.3.4 Situations that include serious illness, injury to, or death of a Bureau of EMS member.

4.3.5 A sudden event that causes extreme loss or grief to members.

4.4 Services shall be provided at any Bureau of EMS location or at the Counseling Services Unit office.

4.5 Confidentiality shall be maintained as required by law.

4.6 The CSU professional staff will assess members for return to work following critical incidents and may recommend leave, as clinically necessary

If the call is not answered within fifteen minutes, re-contact (212) 570-1693.

If the call is not answered within the next fifteen minutes, contact FDOC and request that the FDOC Officer contact a CSU supervisor.



## LINE OF DUTY INJURY LIMITED DUTY PROCEDURE

- Members on limited duty assignments shall:

Be assigned to a mutually agreeable D platoon or a modified D platoon schedule on any tour, as directed by the Battalion Commanding Officer, or designee.

4.1.4 Not work overtime.

4.1.5 Members are required to report to work as scheduled. Members shall notify the Supervisor at the limited duty assignment, in advance, of any scheduled physician appointments, medical treatments, and/or therapy.

- Members shall make every effort to schedule LODI-related medical appointments at times that will not interfere with the member's limited duty assignment
- Members shall be coded LODI for this release time, provided the appropriate documentation is provided upon return.
- Appropriate documentation shall consist of a letter stating the medical facility/provider's name, address and telephone number, date and time of treatment/therapy
- When notified by the Light Duty Desk personnel, schedule the limited duty member on a D or modified D platoon. **Make a log entry recording the member's name, reporting date and time, schedule, and limitations.**



## EQUAL EMPLOYMENT OPPORTUNITY COMPLAINT PROCESS

- A complaint must be filed with the Fire Department's EEO Officer within one (1) year from the date the alleged discrimination or harassment occurred.
- Upon notification to an Officer/Supervisor by a member of an incident, the Officer/Supervisor shall inform the member of available filing options.
- The officer/Supervisor is then required to complete a Confidential EEO Incident Report.
- Company Journal/Log Entries shall not be entered with regard to any EEO Complaints.

## EMPLOYEE DISABILITY REASONABLE ACCOMMODATION POLICY

- The accommodation requested is reasonable and will not impose an undue hardship on any operation of the Fire Department. An accommodation may not be deemed reasonable if it is unduly costly or disruptive or presents significant difficulties or a direct threat to public safety by preventing or hampering the provision of critical Fire Department services or operations.
- Any Fire Department supervisor who is informed by an employee, or otherwise becomes aware, that the employee has a condition or disability and may require an accommodation, shall advise the employee to submit a written request to the EEO Office for a reasonable accommodation pursuant to this policy. **In addition, the supervisor must immediately forward a Reasonable Accommodation Referral Form (EEO-9) to the EEO Office advising the EEO Office of the relevant circumstances. Fire Department supervisors should not inquire into the medical condition of an employee who requests a disability-related accommodation.**



# ANTI-NEPOTISM POLICY

## DEFINITION OF A CLOSE RELATIVE

“Close relative” is defined as an employee’s parent, spouse, domestic partner, child, sibling, niece, nephew, aunt, uncle, grandparent, any person related to an employee’s spouse or domestic partner, and any person residing in an employee’s household. This definition applies whether the relationship is by blood, adoption, or is created by the marriage of a parent, child, or sibling.

- Simply put, employees cannot hire or supervise anyone closely related to them. Specifically. No employee shall be involved in any way in the recruiting, interviewing, hiring, processing, evaluating, or promoting of a close relative to work as an employee, consultant, intern, or independent contractor for the Department
- No employee shall be involved with investigating, disciplining, or terminating a close relative who works as an employee, consultant, intern or independent contractor for the Department.
- No employee shall submit a close relative’s resume to Department employees or discuss a relative’s application with anyone in the Department.
- Employees may inform a relative about a publicly posted position, but shall not otherwise assist with them obtaining the job.
- No employee shall supervise or manage directly or indirectly a close relative or member of the same household. For the purposes of this policy, supervising or managing shall include, but not be limited to: giving, furnishing, or overseeing work assignments; evaluating or approving performance evaluations or tasks and standards; recommending or approving a discretionary act regarding working conditions, salary, promotion, time and leave, etc.
- 



## SABBATH / RELIGIOUS HOLIDAY OBSERVANCE ACCOMMODATION

- Whenever possible, the Department will grant reasonable accommodations for members to engage in sabbath/religious holiday observation provided that such accommodation does not impose an undue hardship on the Department. General Requests for Religious Observance Accommodations (e.g., religious headwear/clothing) **must** be forwarded directly to the Equal Employment Opportunity (EEO) office.
- Member shall be responsible for covering absences from work due to sabbath/religious holiday observance in one of the following ways:
  - 4.3.1 Mutual exchange of tour with another member within the Battalion and/or Division
  - 4.3.2 Annual leave
  - 4.3.3 Compensatory time (time due)
  - 4.3.4 Leave without pay
  - 4.3.5 Advanced annual leave
- **If leave for sabbath/religious holiday accommodation is denied as a result of an undue hardship on the Department (e.g., insufficient staffing levels), the member must report for duty on their regularly scheduled day and time. Members failing to report for duty are Absent Without Leave (AWOL) and subject to disciplinary action.**

## RADIO UNAVAILABILITY

- *In cases where a unit is placed off service for no radio response, appropriate documentation shall be forwarded within 24 hours.*
- Extended No Radio Response - when a unit has been placed off service for no response, and has not answered the radio for a period of 15 minutes.
- Supervisors shall:
  - 5.2.1 Monitor the appropriate radio frequency(s) at all times.
  - 5.2.2 Immediately acknowledge the unsuccessful attempt of a dispatcher to contact a unit on the radio
  - 5.2.3 Initiate action to determine why the unit did not respond. Action may include:
    - A. Attempting to raise the unit on the air
    - B. Responding to the last known location of the unit
    - C. Responding to the unit's Home Atom
    - D. Responding to the unit's assigned Station

## EMD NOTIFICATION DESK

When no patient's next of kin or police officer is present at the scene of an assignment, members shall:

- Immediately request the response of the Police Department to any assignment for which There is reason to believe that a crime may have been committed, or the patient is the victim of a crime, including all suspected cases of child abuse.
- Obtain the name, telephone number, and address of the patient's next of kin (if possible) and document said information in the area indicated on the Ambulance Call Report (ACR). If next of kin information is not available, document same on the ACR.
- Enter the notification information into the NOTIFY mask in the Mobile Data Terminal (MDT).

*NOTE: Members are not authorized to search a person or a person's property in order to find either personal identification information or next of kin information.*



## RADIO CODES

1

### DEFINITIONS

**Atom** – The smallest geographic area utilized by Computer Assisted Dispatch (CAD) to determine unit recommendations.

**Home Atom** – The atom assigned to each unit where they shall remain when not on assignment. To be considered in their home atom, a unit's signal in CAD must show 10-89.

**Center Street Location (CSL)** – The intersection closest to the geographic center of the units' home atom.

**No Signal Status (NS)** – Initial status for units when logged into CAD.

**Suggested Unit String** – The ordered list of atoms CAD searches to determine the closest appropriate unit for any given atom.

**10-20 Proceed at Reduced Speed** - Responding units are to proceed at reduced speed. **No warning devices are to be used and all traffic regulations are to be observed**

**10-66 Missing/Trapped FDNY Member** – the pre-determined resource commitment above the current alarm assignment to be sent when there is a report of a missing and/or trapped FDNY member.

**10-82A Enroute to the Hospital (ALS)** - Unit is physically transporting the patient to the hospital and ALS treatment was provided, ALS was necessary and not available, or BLS usage of the AED or medication administration was provided to the patient by the unit transmitting the disposition.

Signal 10-45 shall not be used to indicate a fatality or injury to an on-duty FDNY member.





**10-98 Available Distant to Home Atom** – The unit is available for assignment by radio greater than 10 minutes from their home atom and the unit's CAD status signal shows 10-98.

**10-99 Available at Station/Facility** – The unit is available for assignment by radio and is physically at a station/facility.

**10-100 Request for Use of the Facilities** – The unit is available for assignment by radio while using facilities.

**10-93A Refused Medical Aid Lacking Decisional Capacity** - A patient who lacks decisional capacity and the OLMC physician determines that there is a low index of suspicion for requiring treatment and/or transport of the patient and the patient is in, or will be in, a safe environment.

## **PROTOCOL FOR FIRE/EMS COMMUNICATIONS**

The EMS member assigned to the technician or patient care provider position shall, while in route, switch their portable radio to Fire HT Channel 1.



## RADIO AND MOBILE DATA TERMINAL PROCEDURES

- All radio frequencies (voice and data) are subject to federal regulations set forth by the Federal Communications Commission (FCC).
- In extreme circumstances where all FDNY communications efforts have been exhausted, and where the presenting condition is an emergency and/or crime in progress, personnel may transmit on NYPD frequencies. Members shall use the local precinct frequency, identify themselves as EMS and their unit designation (e.g., EMS 23 Charlie, EMS Conditions 18). The NYPD citywide frequency shall be used only if the local precinct frequency is not known or in an emergency.
- Deviation from this policy, or the use of unauthorized personal portable radios or radios not authorized for use by the New York City Fire Department, including NYPD portable radios, is strictly prohibited.
- When assigned to administrative duties at the Station office, Station Officers shall use the radio identifier system "**Station XX**",
- Members shall notify the dispatcher if they are closer to a Segment 1-3 assignment given to another unit and provide an estimated time of arrival (ETA). The ETA should be the specific longest amount of time taking into account weather, time of day and response routes (e.g., 30 Adam we are 8 minutes from the assignment).



- If an Officer determines that a unit is closer to a Segment 1-3 assignment, the Officer shall direct the dispatcher to assign the closer unit. The dispatcher shall comply and document appropriately.
- Units assigned to Multiple Casualty Incidents (MCIs) shall give a 10-63 signal to the appropriate borough dispatcher. The unit shall switch to the appropriate frequency (e.g. Citywide, Tactical, other borough frequency), as directed, and **maintain radio silence** unless the unit is the first EMS unit on-scene and is required to give a Situation Report.
- Units are not to verbally transmit 10-82 or 10-81 signals if their vehicle has a working MDT.
- Officers responding to a location to determine if a unit is on-scene shall not transmit a 10-84 for themselves and enter a note using the miscellaneous command (e.g., M, on-scene with 14D going to check on unit)

## SITUATION REPORTS

Preliminary:

within **two (2) minutes** after arriving on the scene with the following information: Confirmation, nature and scope of the incident/situation. Location of the primary staging area with access and egress information

Progress Reports:

shall be transmitted **5 minutes following the arrival of the first EMS Officer** (if a preliminary report was given), and at **15-minute intervals unless changing conditions dictate more frequent reports**. Progress reports shall contain new or updated information such as:

When sending MDT messages, they shall be directed to a specific unit or group of units using the designations listed. **No MDT messages are to be sent to “ALAL” or “FFFF” under any circumstances**



## HOSPITAL NOTIFICATIONS

- Hospital notification shall be made through the notification frequency for the following patients *even for patients with stable vital signs*: Patients with a high fever and new rash, Out-of-hospital newborn delivery.
- **Hospital notifications should not be preceded by the term “priority message”. The term “priority message” should only be announced for an imminent hazard or danger, or for an urgent need of additional resources.**
- When the EMS Officer is on scene and operationally feasible, the responsibility shall be with the Officer to perform the hospital notification. This does not apply to notifications that must occur through OLMC, such as STEMI or LVO stroke.
- After a notification has been given, if a unit needs to divert to a different hospital the units shall:  
Using the Notifications Frequency shall re-contact the Notifications Dispatcher.  
Advise the Notifications Dispatcher which hospital they are diverting to and any additional information the unit may need to add to the notification.

## LANGUAGE INTERPRETIVE SERVICES

- The Department has implemented a link with Language Line Services to provide immediate over-the-phone interpretive services for more than 150 languages, 24 hours a day, 7 days a week.
- Voluntary Hospitals **are required** to supply and maintain their ambulances operating within the 911 system with some form of Medical Visual Language Translator



## **POST RADIOS**

- At the beginning of their tour of duty, officers shall secure and sign for a post radio authorized for use on FDNY-maintained radio frequencies.
- The use of the post radio is dependent on the needs of the operation. Consider using the radio at any incident where its capabilities would be operationally beneficial. It should however be given strong consideration for use when operating at high-rise incidents, tunnels and subways, in remote areas, or a marine environment. The weight is 17 ½ pounds.
- Due to the radio frequency radiation hazard, members shall not be within 2 feet of a transmitting Post Radio. In addition, due to its high transmission wattage, the Post Radio may cause interference with electrical equipment.

## **USE OF THE EMS CITYWIDE SUBWAY FREQUENCY**

On the scene of all underground subway assignments, FDNY EMS and Voluntary Hospital units shall:

- The Vehicle operator shall remain on the dispatched borough frequency.
- The member assigned to the technician/patient care provider position shall switch to the CW Subway Frequency



## USE OF THE EMS CITYWIDE SUBWAY FREQUENCY

On the scene of all underground subway assignments, FDNY EMS and Voluntary Hospital units shall:

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Members who are unable to reach the dispatcher shall:

- Utilize Fire, NYPD and Transit resources to relay information through their dispatcher.
- Move to a location where members are able to make radio contact with the dispatcher.
- Phone the Bureau of Communications (347) 250-6334 or a 911 operator.
- **Note:** *Members shall monitor premise history information, which will advise of Subway frequency functionality in the subway station involved in the assignment.*



## **BYSTANDER REQUEST FOR PATIENT DESTINATION**

- EMS members should inform patients of the planned transport destination prior to departure. The patient may share that information with whomever they choose (e.g., a neighbor, or doorman).
- Patients may verbally authorize the responding EMS members to share the information with others at the scene. EMS providers must be sure not to disclose any additional patient health information.
- EMS members should not provide transport destination information without direct authorization from the patient, and should direct all other individuals to call 311 for such inquiries.

### **Medical Alert Companies**

- FDNY will provide destination information to Medical Alert Companies that have previously demonstrated that their patients/subscribers have authorized the companies to contact FDNY EMD on their behalf for the purpose of obtaining transport destination information.

## NYC WELL

- NYC Well is New York City's free, confidential support, crisis intervention, and information and referral service for anyone seeking help for mental health and/or substance misuse concerns, available 24 hours a day, 7 days a week, 365 days a year. NYC Well is operated by Vibrant Emotional Health on behalf of the NYC Department of Health and Mental Hygiene. FDNY will provide transport destination information to NYC Well when the NYC Well representative provides: CAD number; and Call location.

When EMS Officers are contacted with a request for information on any patient, the Officer shall refer all inquiries to 311.

## CELLULAR PHONES FOR EMS PERSONNEL

- Cellular phones issued to members are for Department business only.
- Overtime is not compensable or authorized for use off duty unless specifically pre-approved.
- Members may make limited personal use of FDNY cellular phones if needed, but shall reimburse the FDNY for all calls, fees, or charges as determined by the Department.
- If a Department cellular phone is lost or stolen, all existing policies and procedures for loss of Department property shall be followed. In addition, immediate notifications by the Station Officer shall be made to the BTDS HelpDesk at (718) 999-2611 with an email sent to [Lostmobiledevice@fdny.nyc.gov](mailto:Lostmobiledevice@fdny.nyc.gov). Email notifications shall include the phone number of the lost or stolen cellular phone and the assigned member



## STORAGE AND DISTRIBUTION OF ALS EQUIPMENT

Station Officers shall:

- Perform a daily check of the ALSEP and the spare set of ALS equipment. Complete all appropriate logs.
- Remove medications and equipment when the unit is off-service during temperature extremes (both low and high) and the ambulance can not be parked in a climate-controlled area.
- Spare Set Of ALS Equipment - A set of ALS equipment, *completely stocked and assembled*. This spare set of ALS equipment is to be maintained in a secure location at each station *separate* from the ALSEP.

## MEDICATION INSERTS

1

Station Officers shall:

- Audit the Medication Insert Cabinet on each tour. If the number of stocked inserts is insufficient, contact the Citywide Medication Coordinator immediately.
- Ensure that the paramedics secure the black-tagged insert in the cabinet and documents accordingly.



## CONTROLLED SUBSTANCE DIVERSION POLICY 1

- **Diversion of a Controlled Substance** - Manufacture, possession, delivery or use of a controlled substance by a person or in a manner not authorized by law
- 
- IF a member who becomes aware of a situation involving a diversion or abuse shall:  
Immediately notify the Station Officer.  
Together with the Station Officer, secure any suspect controlled substances and any applicable equipment in a security pouch and place the sealed pouch into the Controlled Substance Restock Locker.
- In the event that a controlled substance is stolen or believed to have been stolen, the member discovering the theft shall: Immediately notify the Station Officer, Complete an Employee Statement form, Complete a Report of Controlled Substance Loss/Waste form, Immediately report the theft to the appropriate law enforcement agency (Department of Investigation) and obtain appropriate

- The Station Officer, upon receiving notification of a diversion, or theft of a controlled substance shall:

Direct the member reporting the diversion to complete an Employee Statement form.

If the location of the diversion is known, restrict access to the area and ensure that any remaining suspect controlled substances or other potential evidence is secured.

Notify the Fire Department Operations Center (FDOC) EMS Officer of the incident and request the Major Response Chief and NYS Department of Health Bureau of Narcotic Enforcement and NYS Bureau of EMS (NYS DOH) be notified.

Complete an Unusual Occurrence Report (UOR).

- Make appropriate log notations of all transactions in the Station Logbook and the Paramedic Controlled Substance Restock Log.



# CONTROLLED SUBSTANCE KEY OR ELECTRONIC ID ACCESS CARD SECURITY SYSTEM

## DEFINITIONS

**3.1 Paramedic Controlled Substance Key** - A key issued to non-officer Bureau of EMS Paramedics to access a controlled substance locker.

**3.2 Officer Controlled Substance Key** - A key issued to each EMS ALS Station to access a controlled substance locker.

**3.3 Electronic ID access card** – Both Officer and Paramedic`s Department-issued ID cards can act as an electronic ID access card when programmed. Electronic ID access cards can be used at any facility that has the new technology and is not limited to a Station or Division. Use of access cards requires biometric confirmation *The Bureau of Fire Investigation arranges the installation, maintenance and database of the Electronic ID access card Controlled Substance Lockers. In the event of a problem with the Electronic ID access card Controlled Substance Lockers, contact the Bureau of Fire Investigation through the EMS FDOC Officer.*

Paramedics shall Surrender their Controlled Substance key to the Division ALS Coordinator when reassigned from the Division, promoted, demoted, commencing a leave greater than 30 days, or resigning from the Department.



- Report lost or stolen keys immediately to the Station Officer and Division ALS Coordinator. Obtain a Police report and complete an Employee Statement form.
- Upon reporting for duty, receive the Officer's Controlled Substance Key from the Officer going off-duty, and document the receipt of the key in the Station Log. Safeguard the Officer's Controlled Substance Key *on their person* at all times.
- If any issued Controlled Substance key is lost or stolen, immediately notify the Station Commanding Officer and the Division ALS Coordinator. Complete an Incident Situation Report (ISR) and a Loss / Theft Report. Obtain a Police report and completed Employee Statement from the Paramedic reporting the loss/theft.

### **CONTROLLED SUBSTANCES AT LOCATIONS WITHOUT 24 HOUR ACCESS**

At facilities without a Controlled Substance Restock Supply, page the Citywide ALS Coordinator as soon as possible after controlled substances are used, to arrange for restocking of Controlled Substances.



## **CONTROLLED SUBSTANCES FOR USE AT WEAPONS OF MASS DESTRUCTION INCIDENTS**

**Weapons of Mass Destruction (WMD) Depot Locker** - A large cabinet constructed of substantial steel and securely anchored to the wall and/or floor. Each locker is equipped with either two locks with different keys; or with an electronic card reader(s) that requires two separate cards, issued to individual EMS personnel. The locker shall be sealed with a uniquely numbered integrity seal. Access to this cabinet **requires two people: a Paramedic and a Supervisor to utilize their respective WMD Depot key. A Weapons of Mass Destruction (WMD) Controlled Substance Distribution Log shall be in an envelope affixed to the inside of the door.**

**Paramedic WMD Depot Key** - An issued instrument for opening and closing a WMD Depot Locker lock, utilized by non-supervisory Paramedics. This key shall be secured in the Station **Controlled Substance Restock Locke**



## EQUIPMENT SERVICE REQUESTS

- If the item has an expiration date that is due to expire, indicate "PM DUE" in the space captioned "Nature of Defect".
- If the item has been contaminated by patient contact, indicate "CONTAMINATED" in the space captioned "Nature of Defect"
- *The Service Tag may be directly affixed to large items. Smaller items shall be placed inside an envelope, with the Service Tag stapled to the outside of the envelope.*
- *The use of adhesive tapes or glues of any kind is strictly prohibited on oxygen-related devices. Service*

## MEDICAL EQUIPMENT UNIT NOTIFICATION TAGS

**Equipment Non-Compliant-** A **red tag** attached to equipment that is non-compliant with New York State Department of Health (NYS DOH) Part 800 standards and **MUST** be sent to MEU for repair (Photo 1).

**Equipment Needs Service-** A **yellow tag** attached to equipment that is compliant with New York State Department of Health (NYS DOH) Part 800 standards but should be sent to MEU for maintenance.



## **EQUIPMENT RETRIEVAL**

- All members shall make reasonable attempts to retrieve non-disposable equipment (e.g., backboards, KEDs, blankets), left with patients in an emergency department or other ambulance destination.
- Replace the CFR-D Company's piece of non-disposable equipment (e.g., blanket, backboard and/or KED) with the unit's corresponding piece of equipment, when possible.
- **On each Monday, the tour one EMS Station Supervisor shall**

Ensure that each vehicle assigned to the station has its assigned complement of nondisposable equipment (i.e. 2 longboards for each ambulance).

Complete an audit of the non-disposable equipment stored at the Station and ensure consistency with the established par lev

Complete a Medical Equipment Exchange/Transfer Voucher

## **METROCARDS FOR ACCESS TO THE TRANSIT SYSTEM**

When a MetroCard issued to an FDNY unit is damaged, the card shall be returned to the EMS Operations Fleet Liaison, 9 MetroTech Center 7<sup>th</sup> Floor. When a MetroCard issued to a Voluntary unit is damaged, the Voluntary Hospital Ambulance Administrators shall forward the MetroCard to the Voluntary Hospital Liaison through their respective EMS Division.





## **GASALERT EXTREME CARBON MONOXIDE MONITOR**

- A visual and low audible warning with a **slow** vibration is given if the concentration of CO in the atmosphere exceeds 35 PPM.
- A visual and high audible warning with a **fast** vibration is given if the concentration of CO in the atmosphere exceeds 100 PPM.

Members are required to wear the GasAlert Extreme CO monitor on the radio strap in the chest region outside their outermost garment. Members shall avoid wearing monitor near radio antenna which may cause a false activation.

## **USE OF THE RAD-57 PULSE CO-OXIMETER**

All patients and uninjured occupants who have been evaluated with the RAD – 57 PulseCO-Oximeter shall be given a copy of the Carbon Monoxide Information Sheet

## **INFECTIOUS CONTROL ENSEMBLE (ICE) EMS STATION SPARE STOCK**

Each EMS Station shall maintain a bin with the contents listed below to replace members' ICE PPE as needed:



## RADEYE GF-10-EX GAMMA SURVEY METER

- At the beginning of each tour, Officers and Ambulance members designated as the Technician shall be issued a dosimeter with a carry case along with a portable radio. The dosimeter shall be attached to either the portable radio strap or the member's belt.

## DRÄGER PAC 6500 CARBON MONOXIDE MONITOR

- When the concentration of CO in the atmosphere is between **35 PPM and 99 PPM**, the meter will signal the following alarm: *A slow tone (every 1 second), with slow flashing red lights (every 1 second), and a slow vibration (every 1 second).*
- When the concentration of CO in the atmosphere is **100 PPM or greater**, the meter will signal the following alarm: *A fast modulating tone (every ½ second) with fast flashing red lights and fast vibration (every ½ second).*
- CO meters will display readings up to 2000 PPM. **When readings exceed 2000 PPM**, the CO meter will display “**Γ Γ Γ**”, indicating concentration is too high to measure.

Identify the readings of concentration of CO in the atmosphere. Confirm any readings with a partner, if possible.



## OPERATION OF DEPARTMENT VEHICLES

- Never use a personal (non-Department issued) cellular telephone or other electronic device (e.g., satellite radio, MP3 player, DVD player) while operating a Department vehicle.
- When operating with a second unit that is transporting the patient, the vehicle which does not have the patient shall operate in Non-Emergency Mode without any emergency lights activated and obey traffic controls, posted speed limits and all other traffic regulations.
- When it becomes necessary to travel in the oncoming traffic lanes, the maximum speed is **twenty miles per**
- No fewer than two emergency vehicles should operate at an incident on an express highway or other potentially dangerous roadway.
- Under no circumstances shall flares be placed downhill, down-wind, or on a roadside near spilled gasoline or other flammable, or unidentified liquid.
- Second vehicle shall be placed at least 50 feet behind the operating vehicle to create a safe working area.
- Each vehicle shall carry a minimum of 6 flares.



## HIGH VISIBILITY SAFETY VESTS

- Department policy requires all members to wear high visibility safety vests over their PPE when operating on all highways at all times, day or night.
- Members shall don their PPE coat and vest prior to leaving the vehicle or in an area that is blocked by an apparatus and protected from vehicle traffic.

## DONNING PERSONAL PROTECTIVE CLOTHING (PPC)

- All members shall don their PPC **prior** to boarding the apparatus/vehicle when a response is received requiring PPC.
- This includes responding from quarters or while on outdoor activities (BISP, Hydrants, etc.).
- If a response occurs requiring the use of PPC while the apparatus/vehicle is in motion; the apparatus/vehicle shall be stopped immediately at the nearest safe location to allow all members to don their PPC prior to resuming response

## APPARATUS/VEHICLE SECURITY DECALS

- EMS personnel observing a marked FDNY apparatus/vehicle or voluntary hospital ambulance that is part of the 911 system that does not have a vehicle security decal shall report the number, type, and location of the vehicle to the **Citywide Dispatcher**, after requesting a **mixer-off** message.
- If a decal on an **ambulance** becomes damaged, the vehicle shall be placed **out of service** until a replacement decal is received.
- All remnants of damaged decals shall be recovered and preserved.

## DEPARTMENT APPARATUS COLLISION REPORTS

The original *New York State Report of Motor Vehicle Accident* (MV-104 revised 5/11) must be completed and sent NYS Department of Motor Vehicles within 10 days, and a copy must be sent to the Safety Command-Collision Recording Unit within 96 hours of a collision resulting in death, personal injury, damage over \$1,000 to the property of any one person, or if a dollar amount cannot be estimated. This is the express responsibility of the vehicle operator involved in the col

## MAJOR EMERGENCY RESPONSE VEHICLE

- At the scene of a MCI, the MERV will generally be assigned to the Treatment Sector.
- This vehicle can be specially called and utilized to shelter patients, and for members to rehabilitate during extreme temperature conditions. The temperature range that would trigger a response would be below **thirty-two (32) degrees Fahrenheit** and above **eighty-five (85) degrees Fahrenheit**.

## FUELING OF DEPARTMENT VEHICLES AND FUEL ORDERING

- If a member is at a gas station and cannot locate, has forgotten their issued PIN or the WEX fuel card will not swipe; call the following customer service toll free number (866)-549-1597, found on the back of the WEX fuel card. Follow the voice prompts to reach the correct operator. The member will need to have the WEX fuel card in hand during this call to verify the account information.
- Members of the Bureau of EMS shall fuel emergency response vehicles (e.g., Ambulances, Command Cars, etc.) on an available status. Vehicles shall be fueled when tank has reached half capacity.



## **MOBILE RESPIRATORY TREATMENT UNIT**

- **(MRTU)**- A specially configured patient care vehicle that, when properly staffed, can provide oxygen therapy for up to thirty (30) seated patients. The MRTU can be used to transport up to twenty-eight (28) seated patients.
- This vehicle can be specially called and utilized to shelter patients, and for members to rehabilitate during extreme temperature conditions. The temperature range that would trigger a response would be below forty (40) degrees Fahrenheit and above eighty-five (85) degrees Fahrenheit.

## **NYS – DOH VEHICLE INSPECTION**

- Notify the dispatcher when an NYS-DOH representative approaches the vehicle for the purpose of inspecting said vehicle. The unit shall not be placed out of service during the inspection, except as directed by the NYS-DOH representative.

If the vehicle failed inspection: Contact the Fleet Services Planner and obtain an out-of-service control number which will be included in the Unusual Occurrence Report and the Station Log

Prepare an Unusual Occurrence Report, including a copy of the NYS DOH, Inspection Report for Certified Ambulance Vehicles, the NYS-DOH Notice of, Violation (completed as indicated in paragraph J below), Ambulance Checklist, unit history printout and all Ambulance Checklists completed for, that vehicle within the last ten days, and forward the package to the Commanding Officer.



## MEDICAL EVACUATION TRANSPORTATION UNIT

- **Medical Evacuation Transportation Unit (METU)** A specially configured patient care vehicle that, when properly staffed, can provide transportation for up to twenty-four (24) non-ambulatory patients, Three 3 supine, four up to thirty-two 32 seated.
- The METU can be used to provide safe transport of up to ten (10) stable wheelchair chair-bound patients involved in Mass Causality Incidents.

## SPARE AMBULANCE FLEET

- When a vehicle is scheduled to be released for preventive maintenance (PM), the Station Officer shall check the level of spare vehicles at the station. If the station does not have a spare vehicle to accommodate releasing the vehicle, the Officer shall contact the Division RCC office and ascertain if there are available spare ambulances within the Division. If there are no available spare ambulances and/or releasing the vehicle for PM will cause a negative impact on operations, The Officer on duty shall not release the vehicle for preventive maintenance.



## **GAINING ACCESS TO PATIENT OR CALL LOCATION**

- **While en route to the assignment review call history by utilizing the “MR” MDT command.** Review information for verification as well as additional details that may help in gaining access to the patient/location.
- **Sound the vehicle siren (or other audible warning device) twice at 30-second intervals for a minimum of two minutes.**
- **The ranking Fire Officer has the authority to force entry, continue the search, or terminate the operation.** The decision to continue/terminate the operation is by the authority of the ranking Fire Officer and shall be adhered to by all EMSC command members

## **ON-SCENE OPERATIONS GENERAL REGULATIONS**

- **When transporting a person with a disability, ensure that any prostheses, and equipment (e.g., wheelchairs, walkers, durable medical equipment, and assistive technology or other aids) are transported to the medical facility along with the patient. Service animals may accompany the patient during transport.**
- **Any patient’s personal property that is carried outside the patient’s clothes shall be turned over to the appropriate receiving hospital authority and documented as such in the comments of the Electronic Prehospital Care Report (ePCR).**



## REFUSAL OF MEDICAL AID (RMA)

- Patient Qualified to Request an RMA – A patient qualified to request an must be at least eighteen years of age, or if younger than 18 years of age must be one of the following:
  1. A patient who is married.
  2. A patient who is pregnant (for purposes of consenting to medical, dental, health, and hospital services related to prenatal care).
  3. A patient who is a parent.
  5. A patient who is seeking treatment for HIV or a sexually transmitted disease.
  6. A patient who is in the military.
  7. Anyone who has left home and is self-supporting
- **If transport time to the requested 911 ambulance destination is expected to be between 10 and 20 additional minutes travel time beyond that required to reach the closest 911 ambulance destination, an on-scene EMS Officer may approve such transport request.** In the absence of an on-scene Officer, OLMC contact and approval is required.
- **if transport time to the requested 911 ambulance destination is expected to exceed 20 minutes additional travel time beyond that required to reach the closest 911 ambulance destination, permission for such transport must be requested from OLMC. Permission will only be granted by OLMC** if it is determined that the patient's present medical complaint or condition

- A patient qualified to RMA with decisional capacity, OR the parent or guardian of a minor patient **who is 6 years of age or older** when following an assessment by EMS personnel it is determined that ALL of the following are present:
  - A. There is a low index of suspicion that immediate medical treatment and/or transport is required
  - B. There has been no administration of medication
  - C. The patient is in a safe environment.

## RMA DISPOSITIONS

- 10-93 - The patient has the decisional capacity to refuse emergency medical treatment and/or transport and the patient continues to refuse treatment and/or transport.
- 10-93A - A patient who lacks decisional capacity and the OLMC physician determines that there is a low index of suspicion for requiring treatment and/or transport of the patient and the patient is in, or will be in, a safe environment.



# TREATMENT & TRANSPORT OF A MINOR FROM THE SCENE OF AN ASSIGNMENT

## DEFINITIONS

3.1 Minor - For the purpose of this and related operating procedures, an individual under 18 years of age who is not emancipated or mature minor.

3.2 Emancipated Minors - Those minors, who live apart from and are not supported by their parents may consent to treatment on their own behalf.

3.3 Mature Minors – Any person who is a minor who has married, is pregnant, or is a parent, may consent to treatment on their own behalf.

If the medical problem or injury is life-threatening and the parent or guardian refuses to consent, and it is apparent that a delay, even if minimal, will jeopardize the life of the minor, or significantly jeopardize the health of the minor patient,

**Treat and transport the patient to the closest appropriate facility without delay.**

1) Notify the parent or guardian to which medical facility the patient is being transported.

2) If Police Officers are not present on the scene, request the dispatcher to notify the Police Department as to which medical facility the minor is being removed.

3) Advise the dispatcher to notify the **Citywide Dispatch Supervisor** of the circumstances regarding the assignment.



## OPERATIONS AT PUBLIC SAFETY INCIDENTS

- The **senior member** of the first responding unit shall assume command of the medical Branch, utilizing the radio designation **Medical Branch**
- The first situation report shall be transmitted to the dispatcher within two (2) minutes after arriving on the scene. Subsequent situation reports shall be sequentially numbered and transmitted at 10-minute intervals or more frequently if necessary.

### PATIENT OR PRIMARY LOCATION OF CALL UNABLE TO BE LOCATED

At intersecting highway or bridge assignments, a member of the responding unit will access Fire HT Channel-1 on their portable radio, ensuring communication with operating Department resources to determine the location of the patient.

Highways must be checked from the exit before to the exit after the reported intersection of the highways, including all service roads. If no further information is available, sound the vehicle's siren at least twice at **30-second intervals for a minimum of two minutes.**



## REMOVAL OF THE DECEASED FROM THE SCENE OF AN ASSIGNMENT

**EMS units will not remove the deceased from any location, except when ordered by an on-duty EMS Deputy Chief following authorization from the Office of the Chief Medical Examiner or when the deceased is in public view at a transportation facility and the Office of the Chief Medical Examiner has requested transport of the decedent by FDNY to an OCME facility.** with the exception of decomposed bodies, which shall only be removed by mortuary units.

Prior to removal of the deceased from the scene of an assignment, members shall: Confirm that a NYPD Identification Tag (PD 317-091) has been affixed to the body. When confirmed the body shall be placed in a disposable body bag and delivered directly to the Medical Examiner's Morgue, with the receiving location directed by the OCME

Bodies shall not be removed from the scene without a NYPD ID Tag unless specifically **directed by the Office of the Chief Medical Examiner.**

The NYPD ID Tag shall be signed by the accompanying police officer upon arrival at the morgue. If there is no NYPD officer accompanying the body, the section on the tag for "Member of Service Delivering Body to Authorized Person" shall remain blank. **At no time should FDNY members sign the NYPD ID tag.**



## CRIME SCENE OPERATIONS

- In the absence of proper authority at the scene, attempt to limit the access of bystanders, family members, and witnesses. Members shall not restrain, eject or otherwise, physically restrict the movements of anyone at the scene, but should be aware that allowing unnecessary persons into the scene may impede the investigation of the crime
- After establishing a presumptive diagnosis of death, refrain from otherwise moving or disturbing the body. In addition, no obviously dead victim of a hanging shall be cut down, nor any bound body be untied, following the determination of death.
- Any time that personnel provide care to a patient who is subsequently terminated on scene under the direction of medical control, all ET tubes, IV lines, defibrillation electrodes, and other expendable patient care equipment utilized in support of therapeutic interventions will remain in place post-pronouncement. This practice will assist in the reconstruction of forensic medical evidence and limit the potential compromise of medical-legal postmortem examination practices.
- Refrain from covering any corpse, except in cases of public view.



## NON – SOLICITED MEDICAL INTERVENTION

- Online or direct medical control may only be delegated, or relinquished, to a Physician who conforms with the procedure as outlined herein.
- With the exception of MCIs, under no circumstances shall medical control be delegated, or relinquished, to independently licensed nurses or physician assistants
- When a Physician offers to assist or wishes to assume responsibility for directing patient care at the scene of any EMS Command assignment, the responsible EMS Command member shall:
  - 1) Ensure that pre-hospital care is not interrupted to respond to the physician.
  - 2) Present the physician with a Non-Solicited Medical Intervention Protocol Card.

NOTE: This does not include FDNY Medical Officers.

NOTE: **Members shall maintain a supply of these cards at all times**

Obtain the address and phone number of the physician's office and document same in the Comments section of the ACR, for possible future contact. Request and document the physician's name and New York State physician's license number and request the physician's signature on the back of the hospital patient record.





If the physician insists on performing any non-REMAC protocol intervention, advise the physician that it is not possible to assist in or utilize FDNY equipment for non-REMAC protocol intervention and:

- A. Advise the physician that he/she must accompany the patient(s) to the hospital, even if in the physician's office or medical facility.
- B. B. Request the response of an EMS Command Conditions Supervisor to the scene

### ON-SCENE TRIAGE PROCEDURE

if a member encounters a person whom he/she feels does not require medical care or transportation to a medical facility by an emergency ambulance, the member shall: Obtain at least two sets of vital signs for the patient and record the times that they were obtained in the appropriately. contact the On-Line Medical Control Physician via landline.

if, for any reason, an On-Line Medical Control Physician is unavailable to answer the call, or if contact with the online medical Control Physician cannot be made **within five minutes** transport the patient to a 911 ambulance destination.



- if the On-Line Medical Control Physician denies the patient's request for ambulance Transportation to a medical facility.
- If the patient still desires to go to a medical facility, encourage the patient to seek alternative means of transportation (e.g., private car, public transportation, taxi, private ambulance).
- If the patient insists that the members provide transportation to a medical facility, the patient shall be allowed to speak directly with the On-Line Medical Control Physician.
- After the members and/or patient have conferred with the On-Line Medical Control Physician and transportation has been denied, request that the patient sign the **10-95 ACKNOWLEDGMENT section**, on the back of the Hospital Patient Record This signature requires a witness. Station supervisors shall: Collate all Hospital Patient Record copies of ACRs received for 10-95 dispositions, recording the ACR numbers of these copies in the Station log. Forward these copies, including accompanying documentation to the Quality Assessment and Improvement Unit, by the end of the tour.



## ON-SCENE TRIAGE OF PATIENTS IN LAW ENFORCEMENT CUSTODY

- if transport is significantly delayed awaiting for NPYD escort (greater than 20 minutes from the time of patient contact), contact OLMC to request release from the scene of the assignment.
- if the OLMC physician determines that the patient is stable and allows the release of the ambulance crew from the scene
- Verbally transmit a **disposition 10-95**, and return to an available status.

## DO NOT RESUSCITATE (DNR) POLICY

- **if a valid DNR Order is presented after resuscitative efforts have been initiated, discontinue resuscitative efforts.** This includes resuscitative efforts initiated by pre-hospital providers, bystander witnesses, and hospital or nursing home staff; and includes chest compressions, bag valve mask ventilations, defibrillation, endotracheal intubation, and/or the administration of medications. Document the time that resuscitative efforts were discontinued and all other pertinent information.
- In the event that a DNR Order has been disregarded:
  - A. Direct the crew to return to the Station and prepare Employee Statements.
  - B. Complete an Incident Situation Report (ISR).
  - C. Forward a copy of the ISR to the Office of Medical Affairs



- EMS personnel shall not contact On-Line Medical Control (OLMC) to terminate CPR while en route to the hospital except if the patient has a valid DNR Order or MOLST form.
- If a patient with a valid DNR Order or MOLST form experiences cardiac or respiratory arrest while en route to the hospital, members shall withhold CPR, including chest compressions, ventilation, defibrillation, endotracheal intubation and the administration of medications. **Members shall then contact OLMC to inform them that a DNR was honored while en route to the hospital.**
- Members shall continue transport to the hospital in **non-emergency mode** and present the deceased patient and the DNR Order or MOLST form to the Emergency Department (ED). OLMC shall contact the receiving hospital to inform the ED that a patient in cardiac or respiratory arrest with a valid DNR order or MOLST form will be delivered to the ED without CPR in progress

### **MCI FLAG KIT DEPLOYMENT**

- The MCI Flag Kit contains four (4) flags, four (4) stands and four (4) water ballast bags. These flags are color-coordinated to reflect triage categories (Green = Minor, Yellow = Delayed, Orange = Urgent, Red = Immediate)
- The Green Treatment Unit flag may be set up at the safe area(s) where the Triage Unit has directed ambulatory patients.

### **TREATMENT UNIT TENTS**

- Treatment Unit Leaders shall determine the need for tents as early as possible.



## **RAPID RESPONSE KIT (TARPS) DEPLOYMENT**

- Tarps shall be used in conjunction with the MCI Flag Kit to aid in the identification of the treatment areas

## **RESCUE TASK FORCE (RTF) WARM ZONE TRIAGE**

- RTF Medical Protocols are to be used by members of a dedicated RTF Team who are operating in the warm zone at the scene of an MCI signal 10-50

## **REMOVAL FROM SERVICE OF VOLUNTARY HOSPITAL AMBULANCES**

- Upon a determination by an EMS Command Officer that a Voluntary Hospital ambulance has met any of the following criteria, such ambulance shall be immediately removed from service in the 911 System:
  - 1) Personnel unfit for duty.
  - 2) Continued operation of an ambulance would be unsafe or imminently hazardous to the public or a patient.
  - 3) Ambulance is not NYS DOH Part 800 compliant or would not pass an NYS Department of Motor Vehicles inspection.
- If, during the course of their duties, a Voluntary Hospital ambulance is identified that meets the criteria for being placed out of service, request the response of a Chief Officer.



## MUTUAL AID

- Mutual aid may be requested in the following situations:
  - 1) Planned Event – When during planning for a special event, the anticipated resource commitment is beyond the capabilities of the NYC 911 System.
  - 2) Supplement 911 Operations – Whenever resource availability for 911 assignments falls below 25% for a sustained period and excessively high call volume is being experienced.
  - 3) Major Incident / Incident Specific – Whenever an incident would require a sustained commitment of **60 ambulance resources for greater than 24 hours or whenever a static incident requires the commitment of 50 ambulance resources.**
  - 4) When directed by either the Chief of EMS Command, the EMS Deputy Assistant Chief for Field Services, or the EMS Deputy Assistant Chief for Administrative Services.

## CLUTTER

- The term "Clutter" shall be used to describe an accumulation of material that may impact operations. The severity of the clutter shall be communicated by using one of the following:
    - "Light Clutter"
    - "Medium Clutter"
    - "Heavy Clutter"
- Note: The term “Collyer’s Mansion” shall no longer be used

## **TRANSPORTING PATIENTS WHILE IN THE CUSTODY OF LAW ENFORCEMENT**

If law enforcement on scene finds it necessary to utilize restraining equipment:

A. Ensure that the patient is positioned in such a way that will facilitate CPR, should it become necessary. At no time is a restrained patient to be transported in a prone position.

B. Ensure that at least one law enforcement officer accompanies the patient in the back of the ambulance. A law enforcement officer must ride in the patient compartment of the ambulance whenever a patient is restrained or handcuffed with the ability to release the restraints (handcuff key) when required.

C. When the patient is an adult in the custody of law enforcement, ensure that only the patient, law enforcement, and EMS members are in the ambulance.

D. Unless otherwise directed by a competent authority on scene, when pediatric patients are in the custody of law enforcement, the patient's parent or legal guardian shall be permitted to ride in the patient compartment of the ambulance while in route to the hospital along with law enforcement and EMS members



## DONNING THE PERSONAL PROTECTIVE ENSEMBLE

- **Upon receiving an assignment, all EMS members are to give a 10-63 signal and respond promptly to all 911 assignments.**
- Upon arrival at an assignment (10-84), members are to perform a survey of the scene for situations requiring the use of
- Personal Protective Ensemble (PPE). Members shall then don their issued PPE as needed.
- Members are to wear their Personal Protective Ensemble (PPE) over their work duty uniform.
- PPE includes issued helmets that shall be secured with the chin strap when worn.

In addition to the reflective vests, any assignment on a roadway where the reflectorized and highly visible material of the PPE enhances member safety (i.e., low light levels)





## UPDATE OF PERSONAL INFORMATION AND INSPECTION OF EQUIPMENT

- When a change is made in a member's personal status, that member is required to notify the Assistant Commissioner of Human Resources through the chain of command.
- Whenever there is a change in personal information, members shall advise the officer on duty, and: Complete the NYCAPS Personal Data Update Form and an Emergency Notification Information Form and attach the appropriate supporting documentation.
- Distribute the NYCAPS Personal Data Update Form and the associated documentation as follows.
  - A. Original to the Assistant Commissioner of Human Resources
  - B. One copy to the EMS Operations.
  - C. One copy to the member's Division Commander
  - E. One copy to the member's Station file

## PERFORMANCE EVALUATIONS OF NON-MANAGERIAL MEMBERS

Employee	Supervisor (Evaluator)	Reviewer
EMT/Paramedic	Lieutenant	Captain
Lieutenant	Captain	Deputy Chief
Captain	Deputy Chief	Division Commander
Deputy Chief	Division Commander	Deputy Assistant Chief

**Transfers / Reassignments - The performance evaluation period for the transfer starts with the effective date of the transfer and ends in December of that year, regardless of how long the period is. The second evaluation period starts on January 1st.**

- Members who disagree with the Officer's ratings or the recommendations on the final performance evaluation have the following options:
  - A. The member may request a meeting with the Officer and the Reviewer to discuss the evaluation.
  - B. The member may make an informal appeal to the Reviewer.
  - C. The member may submit an appeal to the Agency Employee Service Board, for evaluations that are good or less than good. Appeals will not be accepted for ratings of very good or outstanding.



## MEMBER FAILURE TO REPORT

- If there is no discrepancy between the tour rundown and the master schedule, the Duty Officer shall contact the member checking phone numbers listed on the absence and tardiness calendar card no more than **30 minutes after the member's scheduled report time. If no contact has been made within three (3) hours of the member's scheduled report time, the On Duty Officer shall:**
- Contact FDOC to notify the Fire Marshalls with the actions taken by the EMS Officer and members' contact information.
- Complete UOR and continue attempts to contact members.

## COMMAND DISCIPLINE

- Informal – The resolution of disciplinary problems at the unit station level by treating them as non-adversary, fact-finding, internal administrative proceedings rather than as formal adversary proceedings.
- Formal Charges – This indicates that the Commanding Officer has investigated and considered the complaint and has determined that it is suitable for formal proceedings, or that the member refused the findings or the penalty Command Discipline, or that the member requests formal charges.
- Within **seven calendar days** of the alleged misconduct: interviews and investigation must be complete, and the member informed of the proposed penalty.
- Within **five days** of notification of the proposed penalty: member must indicate acceptance or rejection on the FDNY Bureau of EMS Complaint Report.

Within **two days** of the member's election: the required reports must be submitted, and the penalty initiated

