Standard Operating Guidelines for Vassar College EMS

Section 1: Purpose

1. Vassar College Emergency Medical Services (VCEMS) is a student-run organization that is part of the Vassar Student Association (VSA) and is overseen by the Vassar College Office of Health Services. VCEMS serves all members of the Vassar College (VC) community and visitors to the campus during the academic year. VCEMS is also committed to providing health education to the Vassar College community through activities. VCEMS operates on weeknights from 5PM until 8AM, and provides 24-hour coverage from Friday at 5PM until Monday morning at 8AM. VCEMS also provides extra coverage during large-scale campus events.

Section 2: Administration

1. Staff Administration
   a. Medical Director
      i. The Medical Director as named in Bylaws or their designee will be responsible for all medical direction for VCEMS.
   b. Development Coordinator
      i. The Development Coordinator as named in the Bylaws will serve as a liaison between Health Services and VCEMS, and will work to integrate the goals of both organizations.
      ii. The Development Coordinator will offer administrative guidance and support to VCEMS.
      iii. The Development Coordinator will meet with VCEMS Captain as needed.

2. Officers
   a. Captain
      i. The Captain will be responsible for the direct leadership, organization and VSA programming of VCEMS.
      ii. The Captain will be the contact person for VCEMS and will promptly handle all questions, problems and concerns that may arise about the organization.
         1. When resolving problems or concerns, the Development Coordinator should be made aware of the communiqués.
      iii. The Captain will work closely with the Medical Director, the Development Coordinator, Safety & Security, and Arlington Fire District (AFD).
      iv. The Captain will strive to organize, in collaboration with Training Officer(s), at least 8 in-services each academic year on EMS topics important for an organization that serves a community consisting primarily of 18-24-year-old students. A list of possible topics is found in the Bylaws.
      v. The Assistant Captain will act as the Treasurer of VCEMS. To that end, the Captain will work with the Development Coordinator or another
vi. The Captain, if electing the position for student employment, will co-lead weekend training sessions with Training Officer(s).

vii. The Captain will review all Patient Care Reports (PCRs) and submit any comments to the Training Officer responsible for PCRs.

viii. The Captain will be responsible for confirming and keeping records of the EMS credentials of all members.

ix. The Captain will maintain and publish statistics for each semester on: call volume, call type, and patient disposition.
   1. The Captain will maintain separate statistics for each month on: call volume and call type.

x. The Captain will be a student who is elected annually in accordance with the procedures specified in the Bylaws.

b. Assistant Captain

i. The Assistant Captain (Asst. Captain) will assist the Captain in all duties.

ii. The Asst. Captain will handle recruitment duties, maintain the membership list, perform treasury duties, set up the duty schedule on a monthly basis, and as needed for large campus events.

iii. The Asst. Captain will act as the Secretary of VCEMS.
   1. Asst. Captain will send an email to all members of VCEMS at least 3 days before the General Body Meeting. This email will include a reminder about the upcoming General Body Meeting.
   2. Asst. Captain will send an email to all members of VCEMS following each General Body Meeting. This email will include an overview of announcements and information from the meeting.

iv. The Asst. Captain, if electing the position for student employment, will assist with weekend training sessions.
   1. Asst. Captain must be an EMS1 for this to be applicable.

v. The Asst. Captain will act as Treasurer of VCEMS.
   1. Asst. Captain will attend Treasurer Training at the beginning of each academic year to become familiar with the VSA’s policies and expectations.
   2. Asst. Captain will work closely with VSA VP of finance to maintain VCEMS VSA budget.
   3. Asst. Captain will keep detailed records of the organization’s financial transactions and submit them as needed to the VSA.
   4. Asst. Captain will work with the CPR coordinator to purchase CPR cards as needed.
   5. Asst. Captain will work with Captain to apply for the next year’s budget at the end of each academic year.

vi. The Asst. Captain will be a student who is elected annually in accordance with the procedures specified in the Bylaws.
c. Training Officer(s)
   
i. The Training Officer(s) will oversee the training of VCEMS active
   members. This includes the training of EMS1s.
   1. Training Officer(s) will organize in-service activities.
   2. Training Officer(s) will lead in-service activities or designate a
      qualified instructor (e.g. AFD representative).
   
i. The Training Officer(s) will provide information about CMEs offered by
   local EMS agencies.
   
iii. The Training Officer(s) should nominate members for changes in status
   (i.e. EMS1, EMS2, EMS3).
   1. Status changes will be conducted in accordance with Section 3, b, v, 1 of the Bylaws.
   
iv. The Training Officer(s) will organize training sessions on PCR writing. An
   in-serviced dedicated to PCR writing will be offered at least once each
   year during a General Body Meeting and must be attended by all active
   EMS1 and EMS2 members.
   1. Make-up sessions will be offered by the Training Officer(s) during
      the following month’s weekend training hours
   
v. The Training Officer(s) will be responsible for reviewing all PCRs.
   1. The Training Officer(s) will confirm that appropriate and legal
      medical care was provided by the EMS crew.
   2. The Training Officer(s) will give positive and negative feedback to
      the writers of all PCRs about writing style, legibility, organization
      and other pertinent critiques.
   3. The Training Officer(s) will monitor the average call response time
      to confirm that they are within appropriate time limits.
      a. In accordance with Section 4, 4, b, i and Section 4, 6, b, ii.
   
vi. The Training Officer will co-lead weekend training session with the
    Captain.
   
vii. Depending on current needs of the organization, the role of Training
    Officer can be divided among two students:
    1. One student will be primarily responsible for in-service activities
    2. One student will be primarily responsible for reviewing PCRs
    3. All Training Officers will assist with weekend trainings.
   
   viii. The Training Officer will be a student who is elected annually in
        accordance with the procedures specified in the Bylaws.

    d. Equipment Officer
      
i. The Equipment Officer will be responsible for overseeing care and
         maintenance of the radios, vehicle, jump bags, and other equipment used
         by VCEMS.
      
ii. The Equipment Officer will be responsible for objectively evaluating all
    EMS operations with regard to efficiency, cost-effectiveness, and ease of
    use of equipment.

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iii. The Equipment Officer will be responsible for ensuring that vehicle is supplied with equipment required for an Emergency Ambulance Service Vehicle as outline by NYS Department of Health (see Appendix I for equipment checklists).

iv. The Equipment Officer will be responsible for keeping track of supplies and submitting a list of supplies needed to the Captain as necessary.

v. The Equipment Officer will maintain up-to-date checklists for the contents of the jump bags and the EMS vehicle.

vi. The Equipment Officer, if electing the position for student employment, will assist with EMS training sessions if additional work hours are needed.
   1. Equipment Officer must be an EMS1 for this to be applicable

vii. The Equipment Officer will be a student who is elected annually in accordance with the procedures specified in the Bylaws.

e. Public Relations Officer
   i. Public Relations Officer
      1. "Public Relations Officer" will maintain and publish statistics for each semester: on call volume, call type, and patient disposition, "the Captain".
      2. The Public Relations Officer will maintain the VCEMS website and other means of publication such as social media page(s)
      3. The Public Relations Officer will help facilitate VCEMS relations within the Vassar College community through communications with individual students, student groups, and administrative departments.
      4. The Public Relations Officer will be responsible for organizing VCEMS participation in campus events including, but not limited to, blood drives, fundraisers, and relays.
      5. The Public Relations Officer will help facilitate VCEMS relations with the greater Poughkeepsie community, excluding communications with Arlington Fire District (AFD) and the senior administration.
      6. The Public Relations Officer will be responsible for organizing VCEMS participation in off campus events.
      7. The Public Relations Officer will advertise events to the student body, including, but not limited to, CPR courses, blood drives, fundraisers, and relays.
      8. The Public Relations Officer will be a student who is elected annually in accordance with the procedure specified in the Bylaws.

d. CPR Coordinator
   i. The CPR Coordinator will be responsible for communicating between VCEMS and CPR Instructors sponsored by VCEMS.
   ii. The CPR Coordinator will be responsible for all administrative, logistical, and financial aspects of the CPR Program.

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iii. The CPR Coordinator will have the status of an officer position but may also be elected to another position on the Student Administration and/or serve as a VCEMS CPR Instructor. Should the CPR Coordinator have an additional position on the Student Administration, the Coordinator will still have only one vote.

iv. The CPR Coordinator is encouraged to communicate and cooperate with different officers of VCEMS to fulfill the responsibilities mandated by this position.

### Section 3: Membership

1. All students at Vassar College will be eligible for membership of VCEMS.
2. Membership will be defined by being on the email list and roster, which will be maintained by the Assistant Captain with assistance of the Captain.
3. Members will be designated as crew chiefs (EMS1), regular EMT-B members (EMS2), regular CPR only members (EMS3), or probationary members (EMS3).
   a. **Active Members**
      i. Active members must be currently certified by a nationally accredited organization in Healthcare Provider CPR & AED program.
      ii. Active members may also be certified by the New York State Department of Health as an Emergency Medical Technician-Basic (EMT-B) or First Responder (FR).
      iii. Active members must attend three Quality Improvement (QI) activities per year:
          1. Mandatory annual attendance at OSHA and MCI in-services
          2. One additional QI activity. Approved activities include:
             a. VCEMS in-service training (exclusion OSHA and MCI)
             b. VCEMS 2 hour weekend training session
   
   b. **Member Status**
      i. **EMS1 - Crew Chief**
         1. EMS1s must be certified by State of New York (NYS) as EMT-Bs.
         2. EMS1s must serve on a duty crew at least 8 times during each semester, with the exception of approved semesters as defined in Section 3, 3, b, iv.
            a. EMS1s may also serve on a duty crew as EMS2 or EMS3. These shifts will count towards the 8-shift minimum.
         3. EMS1s will strive to come together as a group with the Development Coordinator (or a designated proxy) in a biweekly meeting to review EMS calls and PCRs to promote QI.
         4. Candidates for the position of EMS1 must:
            a. Be current EMS2s.
            b. Be nominated by the Training Officer or a current EMS1 who has been present for at least two calls with candidate.
c. Have completed requirements for promotion as outlined in VCEMS Promotion Guidelines (see Appendix 2).

5. After promotions, candidates will act as an EMS1-in-Training for a minimum of 1 to 2 months.
   a. The Captain will promote an EMS1 in training to full EMS1 status after their successful completion of EMS1 training (see Appendix 2).

ii. EMS2 — Regular EMT-B Member
   1. EMS2s must be NYS-certified EMT-Bs.
   2. EMS2s should strive to serve on a duty crew at least 6 times during each semester, with the exception of approved semesters as defined in Section 3, 3, b, iv.
      a. EMS2s may also serve on a duty crew as an EMS3. These shifts will count towards the suggested 6-shift minimum.

3. Candidates for the position of EMS2 must:
   a. Be current EMS3s.
   b. Have completed promotion requirements as outlined in VCEMS Promotion Guidelines (see Appendix 2).

iii. EMS3 — Regular ‘CPR Only’ Member or Probationary Member
   1. EMS3s must be certified in CPR for the Healthcare Provider as defined in Section 3, a, i.
   2. EMS3s should strive to serve on a crew at least 2 times during each semester, with the exception of approved semesters as defined in Section 3, 3, b, iv.

iv. Approved semesters are those:
   1. In which the member was promoted to present status.
   2. Spent abroad (JYA).
   3. Taken as a leave of absence (LOA) from Vassar College.
   4. During which the member has spent more than three weeks on Disability as granted by Baldwin Medical Services.

v. Changes in member status will follow the procedures outlined in this document and in the Bylaws.

vi. All members that do not fulfill requirements for either active member designation or their specific member status will be demoted or suspended from duty as deemed necessary by the Student Administration.

Section 4: Operations

1. Duty Crews
   a. Duty crews will be on duty from 5PM until 8AM on the following day during weekday shifts: Sunday, Monday, Tuesday, Wednesday, and Thursday. On weekend shifts (Friday and Saturday), the duty crew will be on duty from 5PM until 5PM on the following day.

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b. Each duty crew should be comprised of one EMS1 and one EMS2. If available, there will also be one EMS3. No crew will contain more than three people, except in special circumstances approved by the Captain before sign-on of the duty crew.

c. Under extenuating circumstances, a crew may be comprised of one EMS1. The Captain or Asst. Captain must give advanced approval for such crews to run. A crew consisting of one EMS1 must adhere to the following requirements:
   i. At sign in, the EMS1 must inform CRC of the reduced crew. CRC must dispatch a security officer to every call while this reduced crew is in operation.
   ii. After responding to tones, the EMS1 must confirm via radio with CRC that a Security Officer has been dispatched to the scene.
   iii. The Security Officer may not leave the scene until an RMA has been signed, the patient has been moved to the EMS vehicle, or the patient has been transferred to a higher level of care.

d. If possible, each crew will be comprised of both male and female EMTs.

e. All duty crew members will respond to all calls during the shift. No member of VCEMS who is not part of the duty crew will respond to calls as VCEMS without the prior consent of the EMS1 on duty.
   i. Those VCEMS members already present at calls are permitted to stay on scene and expected to provide assistance to the EMS1 if requested.

f. The EMS1 and EMS2 will be obligated to perform all functions of a NYS EMT-B on calls.
   i. EMS1 and EMS2 will adhere to NYS EMT-B BLS treatment protocols.
   ii. The EMS1 will be the senior EMT and will be responsible for making operational decisions during the call unless medical control needs to be contacted.
   iii. The attending on-call medical provider at the Student Health Service is ultimately responsible for the actions and guidance of EMS and can be contacted during the call for any complicated or questioned medical decision on the part of the EMS1.

g. The EMS3 will only perform up to the level of his or her NYS or national certification (i.e. if EMS3 is only certified in CPR, they will not act as an EMT).

2. Member Conduct and Responsibilities
   a. Members are required to act in a manner that is respectful and professional at all times when interacting with patients or any responder to the scene including but not limited to Vassar Safety and Security, Police, Administrator on call (AOC), and/or Counselor on Call (COC).
   b. Members will not drink, smoke, or consume any intoxicating substance 12 hours before signing on duty, while on duty, or while wearing clothing identifying the member as a member of VCEMS.
      i. Doing so will result in disciplinary action in accordance with Section 5, 1.

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c. Members will be presentable and clearly identified as a member of VCEMS while on duty, as described in Section 4, 3.

d. Prior to going on duty, members must have signed the VCEMS confidentiality agreement, abuse reporting agreement, and constitutional agreement forms.
   i. Forms are available online and in the VCEMS office in Baldwin.
   ii. Forms may be signed at check-in during a member’s first shift, but must be completed before sign on time. Failure to complete forms prior to sign on will result in disciplinary action as outlined in Section 5, 1, c.

e. Members will show up for all shifts for which they have been scheduled.
   i. If conflicts arise after the scheduling has been completed and announced, members are ultimately responsible for finding coverage for their shift.
   ii. It is unacceptable to announce a conflict, not find a replacement, and also not show up for a shift.
      1. Doing so will result in disciplinary action in accordance with Section 5, 1, b.
   iii. Members may only cover shifts for which they are eligible (i.e. an EMS2 may not cover the shift of an EMS1).
      1. An exception exists for EMS2 shifts available 24hr prior to sign-in. In such cases, an EMS3 may cover the shift if they first contact and gain permission from the EMS1 assigned to the shift.

f. Members are not normally permitted to be on call for more than two consecutive weekday shifts, immediately after a consecutive weekday and weekend shift, or immediately following a weekend shift.
   i. Additional consecutive shifts may only be added with the prior permission of the Captain. If the member is an EMS2 or EMS3, additional permission must be granted by EMS1s on duty for all of consecutive shifts. Permissions must be obtained 24hrs prior to the start of the first shift.
   ii. Except under extreme circumstances, members are prohibited from being on call for two consecutive weekend shifts. Members must have advanced approval from the Captain (and, if applicable, EMS1s on duty) 24hrs prior to the start of first shift.

g. Disciplinary action will be taken in response to any actions deemed to be irresponsible or otherwise indicative of wrongdoing in accordance with Section 5, 1, c.

3. Uniforms
   a. Duty crew members will appear neat and presentable at all times.
   b. Duty crew members will wear a VCEMS-labeled item as their outer layer of clothing.
   c. The normal duty uniform will include:
      i. VCEMS polo shirt;
      ii. Jeans or other heavy-duty long pants with a belt;
      iii. Sturdy closed-toe shoes with socks;
      iv. A VCEMS jacket, if necessary;
v. A VCEMS fleece (EMS1s and 2s only), if necessary;
vi. A watch with a second hand or other method of counting short intervals;
vii. All current credentials, including but not restricted to: driver’s license, EMT, CPR, and FR certification cards.
d. The VCEMS polo shirt will only be worn when on duty and within 12hrs of duty. The VCEMS jacket or fleece may be worn by active members without restriction.
e. Any article of clothing that has been contaminated with bodily fluids will be wrapped in a red Biohazard bag and brought to Baldwin for decontamination.
   i. Replacement uniforms will be provided as needed at the discretion of the EMS1 on call.

4. Sign-on Procedure
   a. All members of the duty crew will meet at Baldwin Health Services at or before 4:45pm.
      i. Any arrival after 4:45pm will be noted by the Crew Chief and the individual may be subject to disciplinary action as detailed in Section 5, 1, b.
   b. Sign-on will take place as close to 5pm as possible.
      i. Inquiries will be made if a crew signs on later than 5:30pm.
   c. The EMS1 will complete a checklist for the contents of the VCEMS vehicle. See Appendix 1 for more detail.
      i. The oxygen tank will be replaced with a full tank from Baldwin if it contains less than 750 psi oxygen.
      ii. The VCEMS vehicle will be refueled by the EMS1 if the gas gauge reads less than a quarter tank.
      iii. EMS1 will notify Safety & Security prior to departing from campus to refuel vehicle.
   d. EMS1 will notify Safety & Security upon return to campus from refueling the vehicle.
   e. Each member of the duty crew will be issued a radio.
   f. Each member of the duty crew will enter their name, radio number, and an alternate method of contact (e.g. cell phone number) in the VCEMS Sign In Form.
      i. VCEMS Sign In is found on the VCEMS website in the Current Members Section under the sub-heading “Google Forms”
   g. One member of the duty crew will call the Campus Response Center (CRC), to give them the duty crew members’ names and their alternate methods of contact, and ask for a test page.
   h. The crew will wait together at Baldwin until a test page is received, unless other instructions are explicitly given by the EMS1.
      i. The test page procedure (Section 4, 5, j) will be carried out.

5. Radio Procedures
   a. Radios and batteries will only be selected for use during a shift if they are known to be working and fully charged.

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i. If it is not clear whether a radio is fully charged, that radio will not be used for the shift and the Equipment Officer will be notified.
b. Each member of the duty crew will keep their radio on and on their person for the entirety of the shift.
c. Radios that malfunction during a shift will be switched for new radios immediately and a test page will be requested from CRC in accordance with Section 4, 5, d. Malfunctioning radios will be reported to the Equipment Officer.
d. If a radio is turned off or switched with another radio at any point during the shift, a test page will be requested from CRC for that individual and the individual crew member will be considered out of service until the test page has been completed.
e. Radios will be monitored on Channel 1 for the entirety of the shift.
   i. During a call, it is acceptable for one member of the duty crew to switch their radio to channel 4 to communicate with AFD.
f. Each duty crew member will remain responsible for monitoring the alternate contact method that he/she/they have provided to CRC.
g. Radio users will not use personal names or provide identifying patient information over the radio.
   i. Rules for patient confidentiality are described in The Confidentiality Agreement.
h. Radio users will refer to other radio users by their duty crew status (i.e. EMS1, EMS2, CRC) while speaking on the radio.
i. Non-members of VCEMS will not be allowed to use, carry, or handle VCEMS radios.
j. Test Page Procedure
   i. The tones for the test page will be received on Channel 1.
   ii. The EMS1 will confirm radio transmission volume and clarity with CRC.
   iii. The EMS2 will confirm radio transmission volume and clarity with CRC.
   iv. The EMS3 will confirm radio transmission volume and clarity with CRC.
   v. The EMS1 will report to CRC that EMS is in service.
   vi. If any radio user does not hear any part of the test page sequence, a new radio will be selected and the test page will be re-initiated.
   vii. If no radio users hear the test page within 15 minutes of calling CRC, CRC will be called again.
k. Call Procedure
   i. Tones indicating a call will be received on Channel 1.
   ii. CRC will inform the crew of the location and nature of the call.
   iii. EMS1 will inform CRC of the location from which they are responding.
   iv. EMS2 will inform CRC of the location from which they are responding.
   v. EMS3 will inform CRC of the location from which they are responding.
   vi. If any duty crew member does not acknowledge the call on the radio, CRC will send out the tones again, and contact that member via their alternate method of contact.
vii. Once CRC has completed transmission of call information, the members of the duty crew may use their radios to gain clarification, coordinate transportation, or facilitate patient care.

viii. CRC will be informed and record the time that the following events occur:

1. When the first EMT has arrived on scene.
2. If AFD is needed,
   a. When AFD is requested.
   b. When AFD arrives.
   c. When AFD leaves.
3. If the patient will be transported to Baldwin,
   a. When transport is initiated.
   b. When the patient has arrived at Baldwin.
4. If the patient fills out an RMA.
5. When the call is completed and EMS is back in service.

6. Call Response
   a. Members must be ready to respond to a call at all times while on duty.
      i. Duty crew members will keep their radios, jump bags, and other necessary equipment on their persons or in an easy-to-reach location.
      ii. Duty crew members will remain within 500 meters of campus.
      iii. If attending a play or other large event, duty crew members will be aware of exit locations, stay close to an exit at all times, and wear an earpiece so as to not to disturb the play or event.
      iv. Duty crew members will be aware of their location and the speed at which they can access other areas of the campus. Helmets should be worn when riding a bicycle. Personal cars may also be used to aid in transportation efficiency. Parking passes are available for personal vehicles.
   b. Response time will be defined as the time between when the tones are heard over the radio to the time when the first crew member arrives on scene.
      i. All duty crews will strive for a response time of 5 minutes or less.
      ii. With the exception of extenuating circumstances, a response time of over 10 minutes will be considered unacceptable.
   c. Patient disposition should not be prolonged or delayed for any reason. If the EMS1 feels that disposition is uncertain, then they are to dispatch an ALS provider or contact medical control.

7. Contacting Medical Control
   a. In the event that the duty crew requires medical control, a duty crew member will be put in contact with the designated medical attending provider, through Vassar’s Campus Response Center (CRC). Medical control should be contacted in the event that patient disposition is delayed or if their medical decision making is complex or being questioned by another member of the campus response team.

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b. In the event that the duty crew requires consultation with Vassar’s Counseling Services, a duty crew member will be put in contact with the on call Counselor through the CRC.

c. In the event that the designated medical attending provider cannot be contacted, contact medical control at either Mid-Hudson Regional or Vassar Medical Center Emergency Department.

8. Sign-off Procedure
   a. Weekday shifts
      i. The vehicle must be returned to Baldwin by 9:00am after a weekday shift.
      ii. Duty crew members may turn off their radios and are considered off duty at the time their shift ends.
      iii. All radios, jump bags, and other equipment must be returned to Baldwin by 12:00pm.
   b. Weekend shifts
      i. All radios, jump bags and other equipment, including the vehicle, must be returned to Baldwin at 4:45pm after a weekend shift.
      ii. The crew will be considered on duty and may not leave Baldwin until next crew has completed their sign on procedure as outlined in Section 4, 4.
   c. After the completion of each shift the EMS1 is required to complete a Daily Crew Report. This report should be completed within 6hrs of termination of the shift.

9. Patient Consequences for Intoxication
   a. Vassar College’s alcohol and drug policy, as stated on pages 103-104 in the 2016-2017 Student Handbook is the following: “The safety and health of students is the overriding concern of the college. In order to encourage those who may be in danger from alcohol poisoning or alcohol/drug-related injury to get proper assistance, no student seeking medical treatment for his or her alcohol or other drug-related overdose, or assisting another student in obtaining such medical treatment, will be found responsible for the violation of using alcohol or drugs or of providing alcohol or drugs to the student they have assisted in obtaining treatment. Students may, however, be found responsible for violations outside of drug/alcohol use and/or distribution of drugs/alcohol if they are identified. The following part of the Good Samaritan policy has been created in order to help provide an environment that actively encourages victims of sexual assault to report the incident: no charges related to any involvement of drugs or alcohol will be pursued against the alleged victim of any reported sexual assault. In accordance with state and federal laws, the college will respect and protect the privacy of students, faculty, and staff who voluntarily seek assistance.”
   b. All patients should be informed that EMS will not release patient names to Security for an RMA and, while Baldwin will request a follow up with all patients of EMS.
      i. If the patient is being transported via ambulance to a hospital, the EMS crew will give the Security officer the patient’s name.
1. A patient who is transported to AFD for an alcohol or drug related incident may be required to meet with a College Administrator in a non-disciplinary manner.
2. A patient’s emergency contacts may be notified regarding any hospital transport, regardless of the nature of the incident.
   c. EMS will inform the appropriate parties when crews notice significant evidence of abuse and/or poor living conditions as defined by Abuse Reporting Agreement.

10. Interactions with Safety & Security while on a Call
   a. Safety & Security officers are expected to remain on scene during the call for the protection of the EMS crew and the patient. Safety & Security officers are professionals and trained to respond to emergency situations on campus.
   b. If the EMS1 determines that the scene is under control and the patient appears to be uncomfortable with Safety & Security’s presence or request privacy, the EMS1 may ask the Security officer to step away. The Security officer should not leave the scene entirely until the EMS crew leaves.
   c. Safety & Security officers may not ask the EMS crew for personal information about the patient. If asked, EMTs may not give personal information about the patient to Safety & Security officers.
      i. If the patient is being transported to a hospital, the EMS crew will give the Safety & Security officer the patient’s name.
   d. All VCEMS EMTs and Safety & Security officers are expected to interact professionally with patients, and other first responders. Any violation should be reported to medical staff at Baldwin in a separate report by the end of the next day. Under no circumstances should an EMT attempt to interfere with another trained responder’s actions.

11. Medical Protocol
   a. All actions taken on all calls will follow New York State BLS medical protocol.
   b. Patient Disposition
      i. Baldwin
         1. The patient will be transported to Baldwin if the patient is in need of basic medical care that can be provided by Baldwin.
         2. Baldwin is open from 8:30am to 5:00pm, on weekdays and 12:00pm to 4:00pm on weekends. If the EMS1 determines a patient requires care from Baldwin the EMS1 must first obtain permission for transport from the nurse at Baldwin.
         3. VCEMS will transport a patient to Baldwin using the EMS vehicle.
         4. There will be at least one driver and one crew member in order to attend to the patient. Patients are encouraged to ride in the back seat as opposed to the passenger seat but the passenger seat is allowed if necessary. If allowed by the EMS1 on call, a maximum of one bystander may accompany the patient to Baldwin. Patients and bystanders are required to wear seat belts whenever the vehicle is in motion.

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5. Any patients that cannot be transported to Baldwin in need of definitive medical care that cannot be provided on-site by VCEMS must be transferred to AFD.

6. Baldwin will not accept patients that
   a. Are not VC students or employees.
   b. Cannot walk with only minimal assistance.
   c. Have chest pain or in need of heart monitoring.
   d. Have obvious bone fractures.
   e. May represent a suicide risk.
   f. Clearly require overnight or extended observation.

ii. AFD (For other transporting ALS providers, substitute company name in place of AFD)
   1. AFD will be called for hospital transport if the patient is in need of Advanced Life Support (ALS).
   2. This includes, but is not limited to: suicide attempts; drug or alcohol overdoses; chest pain; severe trauma; back or head injuries; bone fractures; severe allergic reactions; and difficulty breathing.
   3. Once care has been transferred to AFD, VCEMS is no longer responsible for patient care. If patient signs an RMA with AFD, VCEMS need not obtain an RMA for the patient.
      a. Once a patient has signed an RMA with AFD, VCEMS may be called back to the scene if deemed necessary by the patient or bystanders.

iii. Refusal of Medical Assistance - Best Practices
   1. EMS should always recommend that the patient seek immediate evaluation/treatment by a healthcare professional. An RMA will be filled out if the patient refuses medical care. An RMA may only be filled out by a patient who is alert and oriented, has a GCS of 15, can carry on coherent conversation, can answer questions appropriately, has normal and consistent vital signs, and can walk without assistance. A detailed medical history must be taken prior to RMA. Once all of the above conditions are met, the EMS1 may authorize an RMA.
      a. Alert and oriented is defined as a patient having ability to identify his or her own current Person, Place, Time, and Event.
      b. If patient is unable to walk due to a physical trauma, the patient may still fill out an RMA if the injury is non-life threatening.
   2. The patient must be informed of the possible consequences associated with signing a Refusal of Medical Assistance.

Last updated 5/2018
a. NYS EMT BLS Protocol prohibits diagnosis. For all calls, possible consequences include, but are not limited to: further injury and illness, and in some cases risk of death.
b. If a patient has a risk of declining mental status, they must be advised of that risk and by medical control if necessary.

3. Prior to completion of an RMA, Duty crew will tell all patients to call VCEMS again if their condition worsens.
   a. Duty crew will encourage all patients to make an appointment with Baldwin or their primary medical care provider; especially if patient does not witness improvement in their condition(s).

4. A witness’ signature is required for an RMA.
   a. Members of the duty crew may not serve as witnesses.
   b. Safety & Security officers are expected to serve as witnesses if there is no individual privy to the situation available to sign.

5. If the EMS1 believes that the patient needs medical evaluation, and the patient still refuses medical assistance, The EMS1 must contact the administrator on call, medical control, Safety & Security, AFD, and/or the Poughkeepsie Police.

6. Other resources are available to aid in treatment; if there is a need, patients should be informed of the presence of CARES, SART, TLC, the counselor on call, and the administrator on call.

7. VCEMS is not allowed to provide transportation for any patient after an RMA.

iv. Sexual Assault/Intimate Partner Violence
   At all times we encourage a survivor-centered approach meaning: an individual who has been assaulted is included, agrees to, and is comfortable with everything that happens during the call.
   1. Establish that the survivor is safe. If not, make necessary and immediate arrangements to ensure the patient's safety.
   2. Determine the need for medical assistance. Make sure the survivor is informed and that their consent is obtained before any exam, treatment and/or transport (except in cases that require immediate medical attention).
   3. In cases where the perpetrator is unknown to patient/Vassar and/or there was any type of weapon involved, Vassar College Safety & Security (VCSS) must be notified.
   4. Offer the survivor the ability to report the incident at the time of the call or later using the resources below. Offer to contact a SART advocate who can advise the patient on the next action and accompany them to the hospital.

Last updated 5/2018
5. Offer patient ambulance transport. If patient decides to RMA but would like to go to the hospital for exam and treatment, VCSS can and will transport to the chosen hospital (24/7) or Rape Crisis Center (on call 24/7) - please ensure the chosen facility is contacted and has the available resources prior to transport.

6. It is mandatory that EMS contact the health service medical provider on-call for further instructions. Please provide the history for the on-call provider and offer the phone to the survivor for further medical advice.

7. Offer the survivor the SAVP pamphlet. If the patient chooses not to go to the hospital, offer follow up options with the appropriate campus and Poughkeepsie resources.

Important for on-call provider to advise patient:

**Preferred:** FACT medical director requests that the individual not change their clothing from the incident, and not to shower, drink, smoke, chew gum or to urinate. They will collect all clothing and other evidence at Mid-Hudson Regional Hospital (please ask patient to bring a change of clothing). 96 hours is a general guideline for SAFE exam.

**Not preferred:** If the person has already changed clothing then it would be appropriate for patient to place the clothing and underwear in a paper bag and bring to hospital with the patient. If they must urinate, have them void into a sealed container. At the patient’s request, EMS can provide these items.

**Reporting Sexual Assault**

**On Campus resources:**
*Vassar SART Advocates (24/7): 845-437-7333*
**Reporting to Vassar College Title IX Coordinator: 845-437-7924**
***Health Services (Baldwin): 845-437-5800***

**Transparency:**
1. *Private* (SART, SAVP Director) - required to fill out an anonymous report
2. **Mandated** (VCSS, Title IX, Dean of Students, Residential Life, faculty) - Notice to mandated reporters is official notice to the college.
3. ***Confidential*** (Counseling, Health) - does not have to report

**Off Campus Resources:**
**Sexual Assault Forensic Examiner** (SAFE exams are free and collect forensic evidence to be preserved for investigations 24/7, at Mid-Hudson Regional or Vassar Brothers Hospitals): 845-452-7272

**Report though Poughkeepsie Police Department** (non-emergency number: 845-485-3666; emergencies: 911)

**Center for Victim Safety & Support** (Rape Crisis Hotline: for those impacted by sexual assault, dating/domestic violence/stalking, 24/7: 845-452-7272)

**State Police:** 844-845-7269

Last updated 5/2018
v. Responding to Psychiatric Calls

1. For patients who report emotional distress as a medical history or exhibit signs of current emotional distress, the EMT must ask the patient whether they have had thoughts of hurting themself or someone else. Self harm, suicidal, or homicidal ideation.

2. For a patient who denies any thoughts of harm to self or other, patients are offered to speak to the counselor on call for support and they have the choice.

3. For a patient who replies affirmatively to suicidal ideation or homicidal ideation, the EMT must contact the counselor on call, relay all relevant information, and the counselor on call must assess the patient.
   a. Patients should be examined for any evidence of self-harm, with all findings to be documented.
   b. Administrator on call will be notified of the incident via Security or EMS.
   c. The patient should not be left in a room alone.

4. In the event counselor on call requests EMS, the responding crew must update counselor on call in regards to patient's medical and psychological condition prior to making a transport decision.
   a. Administrator on call will be notified of the incident via Security or EMS

5. In the event counselor on call is contacted for a patient in emotional distress, transport decision will be based on the recommendation of the counselor on call.
   a. Patients must fulfill the conditions described in Section 11, iii, i in order to offered a RMA.
   b. In order to provide an RMA, the counselor on call must evaluate the patient and approve the RMA.
   c. Administrator on call will be notified of the incident via Security or EMS.

6. Section 11, v, does not supersede Section 11, ii in the event where ALS is required or transport is requested and emotional distress is a complaint.

7. The Vassar back-up counselor on-call and administrator on call are to be notified of all transported mental health patients at the earliest convenience. The EMT may remind the AOC to contact...
12. Confidentiality
   a. All VCEMS members are required to sign The Confidentiality Agreement.
   b. VCEMS members will not discuss any call information with non-members.
   c. VCEMS members may discuss calls with other VCEMS members and members of the Staff Administration for educational purposes; however no identifying patient information will be divulged.
   d. When discussing cases outside of a call, VCEMS must be cognisant of others around them who may be able to hear identifying information about a patient.
   e. Members will never acknowledge former patients unless the patient acknowledges the member first.
   f. Members will not give any patient information to Security without the patient’s consent.
      i. If the patient is transferred to AFD, duty crew members will give the patient’s name and destination hospital to Security even without the patient’s consent.

13. The VCEMS Vehicle and Personal Vehicles
   a. All vehicle drivers will have completed requirements as established by Safety & Security; including, but not limited to, submission of a Motor Vehicle Record form and completing a vehicle training session with Safety & Security.
   b. The light bar on the vehicle may be used when responding to calls while the vehicle is in motion, but should not be used during normal vehicle operation. The headlights and hazard lights should be used when the vehicle is parked in an unmarked space.
   c. The vehicle will be driven only by the duty crew EMS1.
   d. The EMS2 or EMS3 may drive the vehicle only if the EMS1 gives prior permission, and they have met the requirements as set forth in Section 4, 13, a.
   e. Non-members of VCEMS may not drive the vehicle.
   f. The vehicle will only be parked in legal parking spaces during the shift.
      i. The vehicle may be parked in an unmarked space during a call, if this does not present an obstacle to ambulance or pedestrian access to buildings, streets or walkways. Hazard lights and/or light bar must remain on while the vehicle is parked in an unmarked space.
   g. Damage to the vehicle or another vehicle will be reported to the VCEMS Captain and Safety & Security immediately following the incident.
   h. Personal vehicles may be used by members while on duty.
      i. Personal vehicles used while on call will be marked with an EMS parking pass obtained in advance from Safety & Security.
      ii. Personal vehicles will only be parked in legal parking spaces during the shift.

Last updated 5/2018
1. During a call, personal vehicles may be parked in unmarked spaces as detailed in Section 4, 13, f, i. Hazard lights must remain on while the vehicle is parked in an unmarked space.

14. The VCEMS Bikes
   a. The two red trail bikes are exclusive property of VCEMS. They are to be used only by the EMS2 or EMS3 on call for transportation purposes around campus.
   b. All crew members must wear a helmet when using the bikes.
   c. Bikes must be locked to a strong object at all times when not in use, except for when responding to a potentially life-threatening call.
   d. Bikes must be signed out at the beginning of each shift with the EMS1 on duty, and must be signed back in the following day.
   e. All crew members are fiscally responsible for any damage incurred by inappropriate use of the bikes.
   f. Bike use is to be discontinued during snowy or icy circumstances, or at the discretion of any VCEMS officer or the EMS1 on duty.
   g. Bikes will be inspected monthly by the Equipment Officer to ensure safe operation.

15. Pre-hospital Care Reports (PCRs)
   a. The PCR is a legal document and will be treated as such. All actions taken during the call will be recorded on the PCR. Actions that were not taken will not be recorded.
   b. PCRs should be written carefully, thoughtfully, and legibly. The “Objective Description/Comments” section should read as a chronological story.
   c. All mistakes will be crossed out with a single line. The PCR writer should sign his initials in the area to the upper right or upper left of the cross out. No information should ever be crossed out so heavily that it cannot be read.
   d. One PCR will be filled out for each patient.
   e. A PCR will be completed by duty or standby crew(s) in the following instances when VCEMS is dispatched but has no patient contact:
      i. Call cancelled before VCEMS arrived on scene
      ii. Call received but VCEMS is unable to locate the patient
      iii. Crew is dispatched on standby or for an event without receiving calls
      iv. Crew was not involved in the care of the patient but arrived on scene in cases of simultaneous dispatches with AFD
   f. PCRs will be filled out during or immediately after the call is completed.
   g. The EMS1 or the EMS2 will write each PCR.
      i. The EMS3 may write a PCR if the individual has completed two training PCRs and taken a PCR-writing drill.
   h. Only one person will write each PCR; once an EMT has started writing, s/he must continue and finish the PCR.
   i. All members of the responding crew will review each PCR before it is submitted.
   j. PCRs will be written with a ballpoint pen. The script should be legible on all 3 copies.

Last updated 5/2018
k. Call times will be obtained by calling CRC on the telephone and will be recorded on the PCR.

l. Copy Distribution
   i. The first (white) copy of the PCR will be folded in half and placed in the locked PCR box in Baldwin.
      1. Training Officer(s) and Captain will regularly remove white copies from PCR box. PCRs are stored either in the locked cabinet located in VCEMS’s secure office in Baldwin Hall or in the locked cabinet in VCEMS’s locked storage room in Raymond Basement.
   ii. The second (yellow) copy of the PCR will be given to the nurse at the nurses’ station, provided that Baldwin is open. If Baldwin is closed, PCRs will be deposited into the locked metal box located next to nurses’ station.
      1. PCRs will be deposited into the box as soon as they are completed and should not be deposited the following morning.
   iii. The third (pink) copy of the PCR will be given to AFD if they are present.
      1. If AFD is present and the third copy is not legible, the second (yellow) copy will be given to AFD and the third (pink) copy will be delivered in accordance with Section 4, 14, l, ii.
      2. If AFD is not present, the third copy will be folded with the first copy and placed in the locked PCR box in Baldwin.

m. Training PCRs
   i. Training PCRs will be written for PCR-writing practice and will not be submitted as legal documentation of the call.
   ii. Training PCRs will be critiqued by the EMS1 present on the call and later by the Training Officer.
   iii. Training PCRs will not contain any patient identifying information, which is typically included in the top-left section of the PCR.
   iv. Training PCRs are to be deposited into the PCR box along with the original PCR for the call but should be clearly labeled as a training PCR.
   v. Training PCRs must be written on photocopied blank PCRs.

16. Semi-Automatic External Defibrillator (AED)
   a. The AED will be stored in Baldwin during the day and will be retrieved prior to the start of each shift.
   b. On nights where the outside temperature is expected to drop below 32°F, the AED and battery powered suction unit will be carried around campus by the EMS1 and will not be left in the vehicle for extended periods of time.

17. Broken Equipment
   a. “Equipment” is defined as any item intended for multiple uses over a long period of time. This includes, but is not limited to, the vehicle, radios, jump bags, backboards, splints, suction units, and the AED.
   b. Equipment that is broken or discovered to be not working properly will be labeled as such and reported to the Equipment Officer for repair or replacement.
   c. Equipment that is not working will not be used until it has been fixed or replaced.

Last updated 5/2018
18. Extra Coverage for Large Events and Severe Weather Emergencies
   a. Extra coverage is defined as any situation in which more than one crew is on duty at the same time.
   b. When extra coverage is present, all crews will be in communication about which crew is responsible for which call.
   c. It is recommended that an additional member of VCEMS be available for dispatch purposes. Ideally, this role will be filled be either the Captain or Asst. Captain.
   d. It is the responsibility of the Captain or Asst. Captain to prepare a set of protocols for any event requiring multiple crews and making such protocols clear to all involved parties including, but not limited to, VCEMS, Safety & Security, and AFD or Mobile Life.
      i. Captain or Asst. Captain should communicate with Safety & Security in advance if an additional vehicle will be needed.
   e. In the event of inclement severe weather, the Health Center may request that VCEMS provide an additional crew to be on standby.
      i. Crews and protocols will be convened primarily as described in Section 4, 18, d. The duty crew and standby crew should remain in communication with and defer to Safety & Security throughout for any protocol changes.
         1. In some weather conditions, Safety & Security may prohibit VCEMS from driving and will provide transportation to calls

19. Mass Casualty Incidents
   i. A mass-casualty incident (MCI) is a large-scale incident with multiple patients that overwhelms available medical resources.
   ii. In the event of an MCI, a member of the VC Administration or VCEMS Staff Administration will contact the Captain of VCEMS.
   iii. The VCEMS Officers will contact VCEMS active members as needed for assistance.
   iv. Training Officer(s) will either run or coordinate with AFD one MCI training per academic year.

20. VCEMS-Sponsored Student-led CPR Classes
   a. With the primary goal of providing CPR certified members to the squad, VCEMS may agree to fund VCEMS members to become CPR Instructors.
   b. All CPR Instructors agree to be sponsored by only VCEMS and provide free CPR certification classes to all current and prospective VCEMS members. All CPR Instructors who teach at Vassar College must sign and follow a mutually agreed contract between VCEMS and CPR Instructors.
   c. Under this sponsorship, CPR Instructors will act as Independent Contractors and may perform and charge CPR instruction inside of the campus as desired and by regulations of the Instructor’s issuing organization. VCEMS will provide space, equipment, publicity and process payment for CPR cards and instruction.

Last updated 5/2018
d. Contracts between VCEMS and the individual CPR Instructors are to be created by the VCEMS-CPR Coordinator but existing contracts are to be modified by the Captain of VCEMS.
e. CPR Instructors are chosen at the discretion of the Student Administration and must communicate with the VCEMS-CPR Coordinator to arrange classes and process payment.

Section 5: Discipline
1. Suspensions and Dismissals
   a. Drug Use
      i. Any VCEMS individual suspected of drinking, smoking, or consuming any intoxicating and/or illegal substance within 12 hours before signing on for duty, while wearing clothing identifying the member as a member of VCEMS, or while on duty, will be subject to the following:
         1. The individual will be immediately suspended until a full investigation is completed and a verdict is reached by the Student and Staff Administration.
            a. If the individual is found to be guilty of any offenses detailed in Section 5, 1, a, i they will be dismissed from VCEMS without opportunity for reinstatement.
            b. If the individual is found to be not guilty of any offenses detailed in Section 5, 1, a, i the suspension will be lifted immediately and the member will be fully reinstated.
   b. Late/No Show Policy
      i. Members are expected to fulfill all assigned or selected shifts.
      ii. VCEMS understands that extenuating circumstances may arise that may be beyond an individual’s control, which may require a member to miss a shift for which they are committed, without finding a suitable replacement. These cases must be informed to the EMS1 on duty and the Captain and are handled on a case-by-case basis.
      iii. Individuals that fail to fulfill an assigned or selected shift will be considered a “no show” when they do not attempt find a replacement.
      iv. After two “no shows” during membership, the Student Administration will convene and consider suspending the individual.
         1. The decision to suspend an individual is at the sole discretion of the Staff and Student Administration. The length and stipulations of the suspension are to be determined by the Staff and Student Administration when an individual is suspended.
         2. Individuals that fail to fulfill assigned shifts that are granted early arrival before the academic year or late stay after the academic year without prior notice may be subject to disciplinary action regardless of the previous number of “no shows”.

Last updated 5/2018
v. Failure to arrive within 15 minutes after the Crew Chief or Captain makes or attempts to make contact with an individual will be considered a “no show.”
   1. If the individual provides an estimated arrival time and does not arrive within 15 minutes of the estimated arrival time it will also be considered a “no show.”
   2. Even if the individual does arrive for some portion of their shift, if the criterion set forth in Section 5, 1, b, v is met the individual will still be considered a “no show.”

c. Equipment
   i. All members are to return their equipment after the end of each shift as mentioned in Section 8.
   ii. No members may remove equipment from the EMS Office or vehicle when off duty unless verbal permission is given by the Captain.
   iii. Members who fail to return equipment at the appropriate times will be given a reminder to return equipment within 24 hours. Failure to return equipment after the reminder period will be considered stealing equipment and may face disciplinary action.

d. Other instances of wrongdoing
   i. All members remain Vassar College students when on call and are subjected to all rules and regulations set by the college.
   ii. Appropriate disciplinary actions will be determined based on the severity of the instance of wrongdoing and will be determined by Health Services’ medical director/EMS coordinator.
   iii. Disciplinary actions may include but are not limited to demotion, suspension, dismissal, and/or legal action.
   iv. If a member who is subject to disciplinary action, commits a further infraction or does not comply with mandates as set forth by the medical director/EMS coordinator, they will be subject to dismissal.

Section 6: Wellness and Safety
1. Body Substance Isolation
   a. When on duty, members must practice and take universal precautions for appropriate body substance isolation (BSI).
      i. At minimum, an unused, clean pair of gloves must be worn at every call
      ii. Additional BSI supplies are available in the VCEMS vehicle
         1. Equipment Officer is responsible for maintaining BSI equipment
   b. Active members must attend an Occupational Safety and Health Administration (OSHA) training sponsored by VCEMS each academic year
      i. Training Officer(s) will organize with Health Services a minimum of one OSHA training per academic year
      ii. If an active member cannot attend OSHA training, she/he is responsible for contacting Health Services to arrange a make-up training

Last updated 5/2018
c. The Vassar College Exposure Control Plan form (OSHA guidelines) is available to members through the VCEMS website maintained by Public Relations Officer.

2. Scene Safety
   a. On duty crews should never enter a scene that is deemed unsafe by any of the duty crew members, Safety & Security, or local authorities.
      i. In such instances, the duty crew should maintain safe distance from the scene until the scene is secured and declared safe

b. If a scene becomes threatening to crew member(s), member(s) must take action to remove themselves to safety away from the unsafe situation
   i. Defer to Safety & Security when attempting to handle a patient who becomes violent or combative
   ii. If needed, the duty crew can request that Safety & Security dispatch police
      1. Safety & Security may also chose to dispatch police during a call

3. Debriefing
   a. VCEMS members are encouraged to speak to a trained counselor from the Counseling Services to debrief any EMS call that they desire.
      i. Members may arrange their own appointments or can ask the VCEMS Captain to contact Counseling Services on their behalf to help arrange an appointment.
      ii. Whenever possible, the contacting member’s anonymity will be protected to the best of VCEMS’s ability

b. Following calls of an especially serious nature, the VCEMS Captain, Health Services, or Vassar College Administration may follow up with the duty crew to offer resources for debriefing.

Section 7: Document Review

1. The Bylaws, Standard Operating Guidelines, and all training and certification documents will be reviewed annually by the VCEMS Officers and revised if necessary.

2. All amendments and changes to the Standard Operating Guidelines are to be approved by a majority vote of the currently elected VCEMS Student Administration.
   a. Changes to the Standard Operating Guidelines will be considered approved after one week (7 days) has elapsed from the date they are submitted to the aforementioned parties, providing that no word to the contrary has been submitted.

3. Once approved by the VCEMS Student Administration. Amendments and changes to the Standard Operating Guidelines are to be approved by Irena T. Balawajder, M.D. and Doug Kugel, R.P.A.
   a. Changes to the Standard Operating Guidelines will be considered approved after one week (7 days) has elapsed from the date they are submitted to the

Last updated 5/2018
aforementioned parties, providing that no word to the contrary has been submitted.

4. After the criterion set forth in Section 7, 2, a and Section 7, 3, a are met, changes will go into effect immediately.
Appendix 1 - Equipment Checklists

1. Prior to sign-on, the EMS2 and EMS3 must inspect their individual jump bags using the equipment checklist listed in Appendix 1, 4.

2. Prior to sign-on, the EMS1 must inspect the VCEMS van using the equipment check listed in Appendix 1, 5.

3. All on duty members will submit a copy of the appropriate equipment checklist form, which is located on the VCEMS website.
   a. Forms are located in the website under the Current Members section in the sub-heading “Google Forms.” Forms provide space to indicate any equipment missing that has been replaced by crew member.

4. [Daily Jump Bag Checklist for EMS2 and EMS3]

5. [Promotion Guidelines]