

AMHERST COLLEGE EMERGENCY MEDICAL SERVICES



STANDARD OPERATING PROCEDURES

MISSION STATEMENT

Amherst College Emergency Medical Services (ACEMS) is a student-run, student staffed, volunteer organization that operates 24 hours a day while classes are in session. ACEMS provides Basic Life Support/Quick Response (BLS/QRS) to medical emergencies on the Amherst College Campus. Using the Amherst College Police dispatch system, at least two Massachusetts-certified emergency medical technicians (EMTs) are dispatched for all medical emergencies on the Amherst College Campus. If the call is thought to be of a potentially life-threatening nature or at the request of the patient, the Amherst Fire Department (AFD) ambulance is dispatched along with ACEMS responders. Operating in conjunction with the Amherst College Police Department (ACPD), Amherst Fire Department (AFD), Amherst College Health Services (AHS), and Community Safety Advisors (CSAs). ACEMS provides emergency medical care on-scene and informs the patient of their options for further care.

ACEMS provides transportation for patients with non-life threatening conditions to the Amherst College Health Center. When AHS is closed, transport is only available through the Amherst Fire Department to the hospital most appropriate for the patient's condition. Patients with serious medical conditions cannot be transported by ACEMS to a college health center, and at the discretion of ACEMS personnel or at the patient's request, the Amherst Fire Department can be called to transport patients to the appropriate hospital.

During campus-wide emergencies, ACEMS may be called upon to assist the Amherst College Police and Amherst College Health Services in coordinating response plans.

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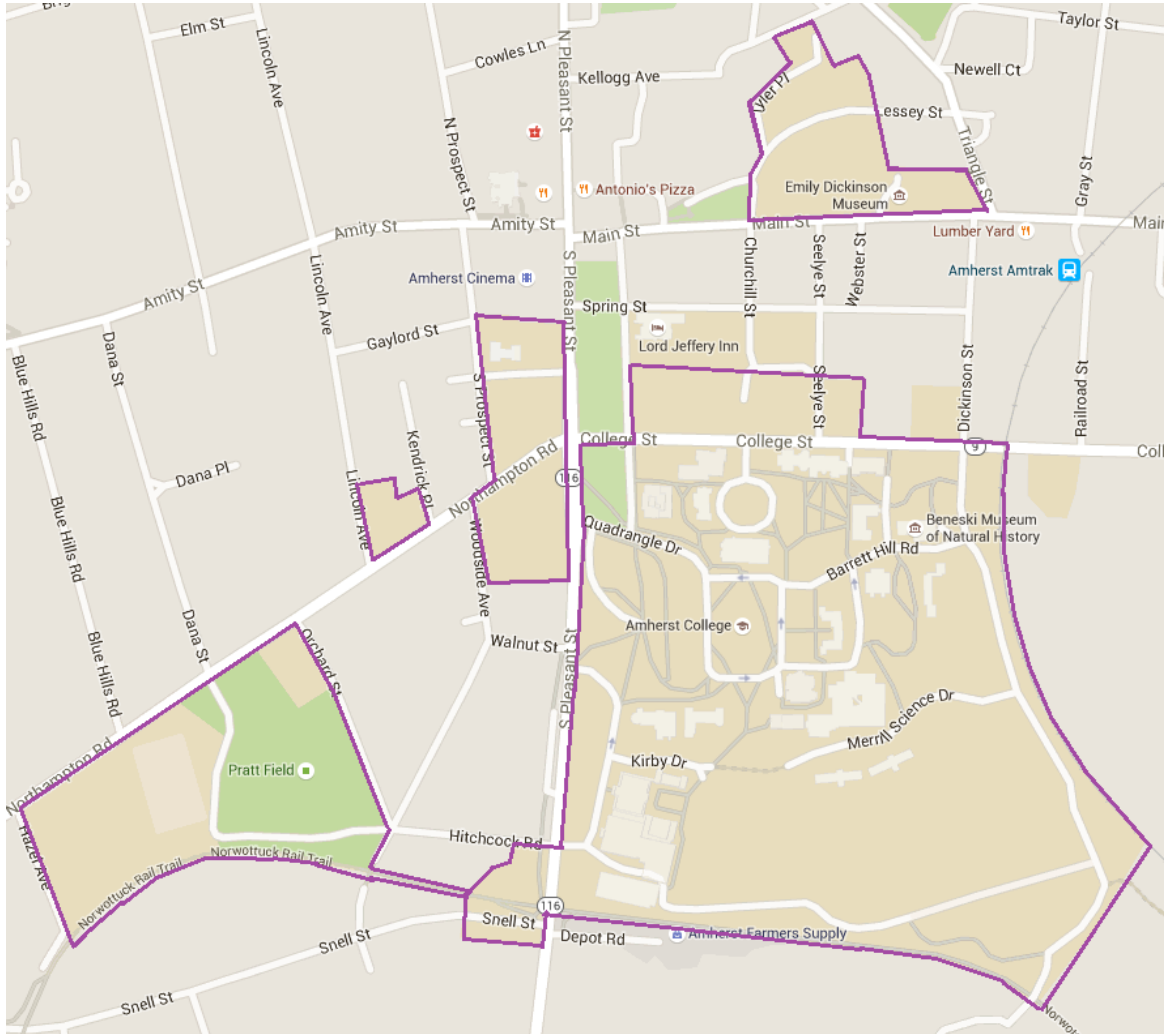
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1. OPERATIONS

1.1a Primary Service Area

ACEMS responds to all medical emergencies on the Amherst College Campus. This primary service area includes all property owned by the College, including offices, buildings, residence halls, and sports facilities, except for the locations listed below. ACEMS provides medical care to students, faculty, staff, and visitors to the campus.

Map of ACEMS coverage area:



Amherst College property NOT covered by ACEMS:

- The Book and Plow Farm
- The Inn on Boltwood
- Amherst College Wildlife Sanctuary
- Off-campus faculty housing

1.1b Dates and Times of ACEMS Service

ACEMS will be in service every day, including national holidays, throughout the academic year, but will be out of service during school-ordained breaks. ACEMS will enter into service at 8:00am upon return from any break, and will exit service at 5:00pm before the commencement of any break.

1.2 ACEMS Leadership

ACEMS is maintained and supervised by a group of Board members, who report to two members of the Amherst College Administration:

- Chief Student Affairs Officer (current: Liz Agosto)
- Director of Health Services (current: Dr. Emily Jones)

All medical-related issues or guidance fall under the purview of the Director of Health Services. Everything non-medical is the purview of the Office of Student Affairs. ACEMS Board members should keep both offices informed on all ACEMS operational changes, trends in emergency calls, and long-term strategic goals. Although members of all ranks can be considered to serve on the Board, all ACEMS Board members must be NREMT certified.

ACEMS also works closely with the Amherst College Police Department, Office of Environmental Health & Safety, and Office of Emergency Management. These offices do not govern ACEMS but consist of community administrators vital to the ACEMS mission.

- Amherst College Chief of Police/Director Public Safety (current: John Carter)
- Director of Environmental Health and Safety (current: Richard Mears)
- Director of Emergency Management (current: Matthew Hart)

The ACEMS Board solicits applications for open positions each semester when there are roles available. Section 2.6 covers Board Member selection.

The ACEMS Board meets weekly to:

- Discuss ongoing projects
- Conduct personnel reviews
- Review Quality Assurance (QA) of Patient Care Reports (PCRs)
- Update budget and inventory needs
- Review serious incidents
- Review disciplinary actions
- Plan squad trainings, meetings, and social events

ACEMS Board meetings are open to the entire squad, with the exception of review of applications for potential board members, students and teaching assistants for the ACEMS J-term course, personnel review, and Quality Assurance of Patient Care Reports, in order to protect member and patient privacy, respectively.

1.2a Director Of Operations

The Director of Operations (DOPS) leads the ACEMS Board of Directors and is the main liaison to the Amherst College administration, Amherst College Police, Amherst Fire Department, and the general public. In addition, the duties of the DOPS are as follows:

- Implements and supervises long-term strategic goals of ACEMS
- Updates ACEMS Standard Operating Procedures (SOPs)
- Enforces disciplinary procedures and reports serious disciplinary actions to the Office of Student Affairs
- Ensures smooth day-to-day operations
- Manages ACEMS internal issues and crises, such as equipment failure, sudden personnel absences, or a member behaving inappropriately
- Leads weekly Board Meetings and squad-wide meetings
- Maintains an open-door policy for ACEMS members to discuss concerns or incidents
- Compiles annual report on ACEMS updates at end of each semester
 - Semesterly report should be about bigger projects/ongoing initiatives

1.2b Director of Business and Administration

The Director of Business and Administration (DBA) oversees the internal communications and record-keeping within ACEMS. In addition, the DBA:

- Serves as the alternate DOPS and assists with operations
- Communicates with administrators, faculty, and students for upcoming events, partnerships, and to discuss SOP violations
- Maintains ACEMS Board email account, Cloud storage, and permanent records
- Responsible for QA systems, to compile patient feedback and statistical data
- Maintains ACEMS check-in database
- Generates semesterly reports for distribution
- Reviews PCRs for quality assurance, and provides feedback about PCRs to squad members
- In coordination with Director of Personnel, oversees and updates the ACEMS mass-casualty incident (MCI) protocols, including the personnel assigned to each group, discussed in Section 1.4m.
- Generates semesterly reports for distribution
- Barebones stats facts and figures

1.2c Director(s) of Education

The Director(s) of Education (DOE) oversee the training of ACEMS members and the sustainment of medical competency within the squad. In addition, the DOEs:

- Plan, coordinate, and execute squad-wide Situational Training Exercises (STXs)
- Conduct weekly training sessions for members who are eligible for promotion
- Oversee re-training for members who take a leave of absence or study abroad
- Evaluate members for promotion potential based on performance in training sessions
- Provide members eligible for promotion with progress reports

- Provide the Directors of Personnel and Scheduling with lists of promotable members in order to prioritize scheduling
- Maintain training equipment

1.2d Director of Personnel

The Director of Personnel (DOP):

- Maintains a database of squad members' certifications, including National Registry of EMTs (NREMT), Massachusetts EMT, Cardiopulmonary Resuscitation (CPR), Incident Command System (ICS), and Driver's License (DL)
- Ensures that there are an adequate number of squad members at each rank
- Identifies members who are eligible for promotion to a higher rank based on their number of calls
- Tracks ongoing disciplinary actions
- Assists in management of demographic database by collecting and updating demographics as necessary

1.2e Director of Scheduling

The Director of Scheduling (DOS):

- Creates and maintains the monthly shift schedule, announced at least 48 hours in advance of the first shift
- Creates and maintains the shift schedules for special events, including Homecoming, Spring Concert, and Commencement/Reunion
- Resolves scheduling conflicts with squad members
- Solicits member feedback on their shift preferences

1.2f Director of Recruitment

The Director of Recruitment (DOR) plans and executes the yearly ACEMS EMT class. In addition, the Director of Recruitment:

- Serves as the Head Teaching Assistant for the EMT Class, managing the class members as well as the other teaching assistants
- Assists with the hiring/contracting process for the instructor for the EMT Class
- Assists with the hiring process for course Teaching Assistants
- Leads the committee for selecting applicants into the EMT Class
- Plans semesterly ACEMS tryouts
- Informs the Board about the status and performance of the current EMT class
- Collaborates with DDEI and ODI on diversity initiatives

1.2g Director of Outreach

The Director of Outreach (DOO) is primarily responsible for public information and awareness, as well as social media communications and public events. The DOO:

- Organizes schedules and provides information for stand-by events
- Maintains and updates social media accounts (public and internal)
- Updates the ACEMS page(s) on the official website
- Plans off-site EMS training and conference trips
- Disseminates information to the squad about EMS opportunities and events
- Organizes community-building events that are not EMS-related
- Creates promotional materials for ACEMS events
- Responds to media requests or similar requests from peer organizations

1.2h Director of Inventory and Finance (DOI)

The Director of Inventory and Finance (DOI) maintains the inventory of all ACEMS equipment and the ACEMS annual budget. In addition, the DOI:

- Reimburses ACEMS members for the cost of the EMT exams and all other expenses related to their certifications
- Tracks inventory and maintains adequate backstock of medical supplies and apparel
- Communicates with the Office of Student Affairs for purchase requests
- Maintains a working copy of the current budget for all Board meetings
- Ensures yearly spending plan is followed
- Creates proposals for large purchases that are not covered in the yearly budget
- Leads efforts to find outside funding if needed and appropriate
- Researches new equipment and evaluates the need for new purchases

1.2i Director(s) of Diversity, Equity, and Inclusion

The Director(s) of Diversity, Equity, and Inclusion works toward achieving and maintaining diversity and equity within squad membership and the incoming class. In addition, the DDEI:

- Assists DOR in developing and implementing strategies to recruit equitably
 - Polls wider student body on barriers to applying for ACEMS
 - Organizes diversity training for class
 - Plans at least yearly squad-wide mandatory diversity training workshops
- Gathers data on squad demographics, especially race, ethnicity, and gender
- Analyzes trends in recruitment, promotion, and board selection
- Serves as liaison between Office of Diversity and Inclusion and Board

1.2j Advisers

To ensure smooth transitions to new Board members, members who vacate their Board positions may stay on as advisers for the remainder of that semester, or for a minimum of four weeks after the new board member is selected. They may attend weekly Board meetings and tryouts and be included in Board correspondence. However, they will no longer have primary say over the specific domains they previously oversaw. At the middle of the semester in which they yield their original positions, senior advisers are expected to leave the Board.

All outgoing board members must do the following after a new member is selected to fill their position every year:

- Have **at least one** meeting with the incoming board member to thoroughly review all responsibilities, requirements, and expectations going into the role.
- Attend a minimum of four board meetings to guide the incoming member into the role.
- Provide a personalized outgoing document with specific information about the role, important miscellaneous information, and contact information.

Advisers will also be encouraged to set up additional meetings with the incoming director if needed.

The DOPS transition will be slower, where the incoming DOPS will be at the mentorship of the outgoing DOPS from their election (November) to the outgoing DOPS' end of term (early March, around spring break). The adviser will also be required to fulfill all the above expectations, as well as provide additional support. The DBA will follow a similar route, where the transition will occur from the DBA election in December to early March.

1.2k Additional Board Positions

The makeup of the ACEMS Board of Directors may evolve over time. Each semester, in an open meeting, the Board of Directors will evaluate the needs of the squad and adjust board positions accordingly.

1.2l Junior Board Committee

The Junior Board Committee is composed of a maximum of five squad members that will be democratically elected by the squad every fall. This encourages a diversity of voices to be heard and included in ACEMS leadership and will provide greater transparency between the board and the squad. These junior positions are a flexible group of primarily underclassmen squad members that are interested in squad leadership or administrative support. The primary responsibilities of this committee are described below:

- Work closely with the Board of Directors and aid in supportive work as needed.
- Encouraged to attend board meetings whenever possible.
 - Junior Board Members will be required to attend at least one board meeting every month, but otherwise are not required to attend weekly meetings.
- Regularly solicit feedback from the squad to the board, and vice versa.

- Lead projects or sub-committees as needed or by demand.

If any Junior Committee member chooses to participate in or lead a sub-committee project, they are to be in conversation with the Board to get as much support as possible. The nature of these projects or committees are subject to change based on the semester and the needs of the squad. Committee members are also encouraged to lead their own projects if they so choose, but are not required for the role.

Junior Board Members are permitted to apply for and serve as Teaching Assistants (TAs) for the ACEMS J-term class. They may not be involved with any elements of the class selection process or ACEMS tryout process.

Junior Board Members are permitted to apply to a position on the Board of Directors while they are still serving on the Junior Board Committee.

Junior Board Members do not have full access to the ACEMS drive, but have access to a shared folder, in which documents such as agendas, past communications, and project ideas/updates are located.

Junior Board Members will be elected democratically by the entire squad after giving a short personal statement explaining their desire to be in ACEMS leadership. Interested squad members are to send in a 3-4 sentence candidacy statement to the ACEMS email in late August, and the DBA will send out an email to the squad for a democratic election.

1.2m Changes to the SOPs

ACEMS SOPs are expected to evolve with Amherst College, its students, and the squad. This document can and should be revised as needed. Old versions should be kept for reference.

Changes to the ACEMS SOPs must be approved by a majority vote of the ACEMS Board of Directors. Changes to the SOPs may not be enforced retroactively. Changes to the SOPs will be posted to the ACEMS website and emailed to the entire squad.

1.3 ACEMS Membership

ACEMS operates in three-person crews, which consist of one Med-10, one Med-12, and one Med-13. Although the crew should work together on scene to provide effective and efficient care for the patient, there are some basic guidelines for the minimum duties for which each rank is responsible on duty or on scene.

1.3a General Requirements for All Squad Members

Membership on ACEMS requires a commitment to training sessions, squad meetings, and enrollment at the college. Specifically, membership requirements include:

- Current enrollment at Amherst College
- Attendance at all squad meetings (2-4 per semester)
- Attendance at all squad-wide training events (2-4 per academic year)
- Remaining in good standing with the Office of Student Affairs
- Acting in accordance with the ACEMS Code of Conduct (Section 1.13)
- Support of the ACEMS mission

These requirements apply to all members and are in addition to those of specific ranks, outlined in sections 1.3c-1.3e.

1.3b ACEMS Probationary Members

All new members start as probationary members. Probationary members are defined as entry-level members of ACEMS and must either have current EMT certifications or have a defined plan for attaining them. Members who join ACEMS who have already attained EMT certifications and additional certification requirements will still be required to start out as a probationary member, although their promotions may be accelerated. The Board determines expedition of the probationary phase of membership if an EMT joins ACEMS with prior certification or experience. Qualifications for becoming a full member are outlined in section 2.3a.

Probationary membership should last no longer than nine months. If a probationary member has not obtained the necessary certifications and fulfilled the requirements for full squad membership in nine months, he or she may be removed from ACEMS. The Board of Directors may choose to extend the nine-month deadline for members in the event that extenuating circumstances have delayed the acquisition of the required certifications. Extensions will be granted on a case-by-case basis, and probationary members who are anticipating a delay in certification must keep the DOP informed on all delays, along with any plans to become certified.

Probationary members may be removed for *any and all* violations of the code of conduct or the ACEMS Standard Operating Procedures.

1.3c Med-13

Med-13 is a training rank and comprises the probationary members of ACEMS. Med-13s are primarily responsible for:

- Monitoring patients' vitals signs
- Performing appropriate physical assessments
- Providing BLS care on scene

Med-13s may either possess EMT certification or be working towards EMT certification, but all Med-13s must maintain valid CPR certification. If the Med-13 arrives on-scene before another member, they should not delay patient care because a higher-ranked member has not arrived yet. The Med-13 is not authorized to obtain a refusal (in accordance with (IAW) section 1.4d), provide transport, or administer medications. All other interventions, life-saving steps, or assessments can and should be performed as soon as appropriate.

1.3d Med-12

Med-12s are full ACEMS members. Attaining and maintaining the rank of Med-12 requires:

- NREMT EMT-B certification
- Massachusetts EMT-B certification
- American Heart Association (AHA), American Red Cross (ARC), or other validated BLS CPR Certification

The following courses must be completed once and are available online:

- Federal Emergency Management Agency (FEMA) Incident Command System course (IS-100.b) (<https://emilms.fema.gov/IS100b/index.htm>)
- FEMA National Incident Management System (IS-700.A) (<https://emilms.fema.gov/IS700aNEW/index.htm>)

In addition to the required certifications, Med-12s must also have experience at the rank of Med-13 and complete a Med-12 training session with a Board Member upon promotion to the rank of Med-12. Details of promotions are outlined in section 2.4a.

Med-12s have the same responsibilities as Med-13s, but in addition, are also responsible for:

- Documenting all patient contacts on a PCR
- Communicating with other medical providers during patient transfers
- Providing full patient care in the event that two calls overlap
- Providing feedback to the Med-13

1.3e Med-10

The Med-10 serves as the crew chief on scene and supervises patient care and scene management. In addition to the responsibilities outlined in 1.3c and 1.3d, the Med-10 is responsible for:

- Possessing excellent clinical skills and judgment
- Providing professional and compassionate patient care
- Demonstrating leadership abilities on- and off-scene
- Mentoring and training junior ACEMS members
- Representing ACEMS as an ambassador to the college community
- Maintaining a valid driver's license issued by the United States or United States territories
- Registering as a Five-College Driver through Five College Risk Management. (https://www.fivecolleges.edu/riskmgmt/driver_credentiaing)
- Recording the call data into the ACEMS database
- Providing oral and written feedback to junior members of the crew
- Operating the ACEMS vehicle
- Transporting patients to an appropriate medical facility (AHS)
- Communication with other responding agencies (AFD, ACPD, CSAs)
- Delegating junior crew members in the event of overlapping dispatches or a mass-casualty incident (MCI)

1.3f Phasing out

Generally, members determine their own plans to phase out at some point after fulfilling their four-semester obligations (IAW Section 1.13), typically during their senior year. They should communicate their plan of transition with the Directors of Personnel and Scheduling.

Members who are phasing out are still required to attend mandatory trainings and meetings while continuing to run shifts. Members who are phasing out will not be allotted special exceptions for membership requirements (such as EMT expiration during their senior year), disciplinary standards, or attendance requirements, nor will they receive advanced promotion or scheduling priority.

Members who have completed their obligation may make themselves available for fewer shifts than is required of members under their four-semester obligation IAW Section 1.13 with permission from the DOS.

The Director of Personnel shall provide further guidance on phasing out guidelines for more complicated cases.

1.3g Senior Gift/Dinner

The senior class is valuable to ACEMS, and efforts to retain their services after their obligation has been fulfilled should be implemented. In order to reward seniors who continue serving during senior year, the Office of Student Affairs has approved funding for a senior gift and senior dinner. These are only authorized for currently active members of ACEMS (IAW Section 1.3). The DOI is responsible for ensuring that the senior gift is appropriate for the current class and facilitating communications surrounding selection of the class gift, which should not exceed \$200 in value per recipient. Larger class years may have the maximum value lowered, depending on the available budget. The DOI is responsible for facilitating the senior dinner as well, although the senior members of ACEMS should decide collectively on a singular time and place. To receive a senior gift, individuals must have served on ACEMS for at least five full semesters. Members will receive their senior gifts upon completion of their fifth semesters on ACEMS.

Members who joined ACEMS by completing an EMT-B course independent of the ACEMS Interterm EMT-B course must have served on ACEMS for at least four full semesters.

1.3h Covid-19 Affected Semesters

For any ACEMS class year directly affected by the Covid-19 pandemic, exceptions to the above procedures will be made:

- Probationary members are allowed additional time if needed to complete the NREMT extending to a maximum of 1 year
- To receive a senior gift, individuals must have served on ACEMS for at least **four** full semesters

In addition:

- Fall 2020 does not count as a semester.

1.4 Medical Care and Protocols

1.4a Dispatch Protocol

ACEMS is dispatched through the Amherst College Dispatch Center (ACDC). Members of the Amherst College community can call for emergency medical assistance from ACEMS by calling the campus emergency number: (413) 542-2111.

ACEMS is the closest EMS agency to all calls on the Amherst College Campus and should therefore be dispatched to all medical emergencies on the Amherst College Campus with the exception of some psychiatric emergencies, discussed below. Because ACEMS is a Basic Life Support/Non-Transport EMS Agency, it will at times be necessary to dispatch the Amherst Fire Department at the same time as ACEMS to provide timely advanced life support (ALS) care and transport to the appropriate hospital. For certain high-priority medical incidents, such as patients in cardiac arrest, the Amherst College Dispatcher may be required to provide pre-arrival CPR/first aid instructions over the phone. The following types of medical emergencies require co-dispatch of AFD with ACEMS:

- **Allergic Reaction:** if the patient is complaining of difficulty breathing, serious rash, severe pain, or has a history of severe allergic reaction after having been exposed to an allergen.
- **Breathing Problems:** if the patient is having difficulty breathing, whether due to asthma, croup, congestive heart failure, or chronic obstructive pulmonary disease.
- **Cardiac or Respiratory Arrest:** for any patient who is unconscious. If the patient is unconscious and is breathing ineffectively or is not breathing, provide pre-arrival CPR instructions after dispatching ACEMS and AFD.
- **Chest Pain:** for all patients complaining of chest pain of non-traumatic origin.
- **Childbirth:** for all reports of childbirth or patients in labor.
- **Choking:** for all patients who are choking. Provide pre-arrival first aid instructions to a bystander after dispatching AFD and ACEMS.
- **Diabetic Problems:** for known diabetics that present with altered mental status or unconsciousness.
- **Drowning:** for all drownings.
- **Electrocution:** for all electrocutions.
- **Hazardous Material Exposure:** for hazardous materials incidents. ACEMS should be advised by the dispatcher of the nature of the incident and told to stage until on-scene hazards are mitigated.
- **Mental Health:** in the event a student is having a non-life-threatening mental health situation, ACPD may choose to dispatch AFD without dispatching ACEMS to preserve student confidentiality. If the mental health situation is potentially dangerous to the student's health, ACEMS will be dispatched.
- **Pedestrian Struck:** calls for pedestrians struck by a vehicle traveling >10 miles per hour require dispatch of AFD with ACEMS. Consider only dispatching ACEMS for low speed (<10 miles per hour) collisions with minor injuries.

- **Seizure:** for all patients who are reported to be actively seizing. Consider only dispatching ACEMS if patient is postictal and is no longer seizing.
- **Stab/Gunshot:** for all reports of stabbings or shootings. Advise both ACEMS and AFD that the scene is not secure and ensure that ACEMS and AFD stage in a safe location. Once ACPD has secured the scene, advise both ACEMS and AFD that the scene is secure and that they may proceed into the scene.
- **Stroke:** for all patients with stroke-like symptoms.
- **Unconscious Person:** For all unconscious patients. Unconscious patients with ineffective/abnormal breathing are considered to be in cardiac arrest and pre-arrival CPR instructions should be provided. Patients who have fainted but are currently conscious do not require co-dispatch of AFD unless they have a cardiac history.
- **Working Fire:** AFD should be dispatched for all fire incidents, and ACEMS should be dispatched to all confirmed working fires to provide first-aid and assist with firefighter rehab.

When dispatched, ACEMS personnel must respond promptly to the scene. At the Med-10's discretion, the Med-13 and Med-12 may be picked up and transported to the scene in the ACEMS vehicle. Patient care should not be delayed to transport additional responders. ACPD and CSAs can also assist in transporting the Med-13 and Med-12 to the scene when they are available or in inclement weather. Anticipated difficulties that would make a timely response to a scene unlikely, such as weather or distance from the scene, should be communicated appropriately and as soon as possible. For example, if the ACEMS vehicle is not driving well in winter weather, the Med-10 should contact the DOPS or another board member to discuss temporary options.

On a busy shift, if the Med-13 or Med-12 will be in a dorm on the outskirts of main campus (Humphries, the Hill, the Triangle, etc.), they can consider informing the Med-10 of where they will be staying.

On high-volume call nights (i.e., busy shifts, Homecoming, Halloweekend, Crossett Christmas, etc.), there may be multiple dispatches at the same time, requiring the responding team to split up.

If double-dispatched, the Med-10 should respond to the new call with the Med-13. The Med-12 should finish the existing call, and make sure that all information (and refusal, if relevant) is gathered before departing the scene. If the responding squad is double-dispatched, but feel as though they are unable to provide proper care for the patient they are currently working with without your entire squad (i.e., major bleed, MI), they should defer the second dispatch to AFD.

If triple-dispatched, the Med-10 must notify Dispatch/ACPD that ACEMS will not be able to respond and that AFD will have to be dispatched. The Med-13 rank is probationary and should always operate alongside a higher-ranking member; ACEMS does not have the bandwidth to split the squad three-ways.

1.4b Treatment

ACEMS personnel must follow [Massachusetts Pre-Hospital Treatment Protocols](#) when providing medical care. In addition, ACEMS personnel must follow specific medical protocols authorized by the Director of Health Services.

Upon arriving on scene, ACEMS personnel must immediately consider scene safety. If the first arriving ACEMS member suspects that the scene is unsafe, whether due to an unruly patient, fire, toxic materials, or any other hazard, the ACEMS member must inform Dispatch over the radio that the scene is unsafe, identify a staging location for responding ACEMS personnel, and request the appropriate additional resources to render the scene safe.

All ACEMS personnel must wear disposable medical gloves for all patient interactions. ACEMS personnel must don gloves before entering the scene and should consider taking other body substance isolation (BSI) precautions, including gowns, protective eyewear, and N-95 respirators depending on the patient's chief complaint and presentation. In addition, ACEMS personnel must wear N-95 respirators when treating patients who present with signs and symptoms of meningitis, tuberculosis, influenza, or COVID-19. ACEMS personnel must place a surgical mask on patients who are coughing or have flu symptoms before transporting them to a college health center.

After clearing a call, ACEMS personnel must:

- Dispose of gloves and any contaminated materials.
- Go to ACEMS Office to review the PCR and call ACPD's business line to obtain dispatch information.
- Put the finished PCR (white copy or white/red copies) into the secured PCR storage.
- Log the call into the ACEMS computer.
- Bring PCR (yellow copy) to AHS.
- Replace and/or clean any used equipment.
- Clean the ACEMS vehicle if needed.
- Wash hands and any soiled clothing.

All members present should review and sign the PCR, but other duties can be delegated by the Med-10 when appropriate.

1.4c Patient Care Reports (PCRs)

A PCR must be completed any time an ACEMS member interacts with a patient. All parts of the ACEMS PCR must be completed for every patient. The PCR consists of three sheets of paper: a white front sheet, a yellow carbon copy, and a red carbon copy. The white copy should be stored in a locked filing cabinet in the ACEMS office, the yellow carbon copy should be filed with Amherst College Health Services, and the red copy should either be given to the medical provider to whom patient care is transferred (see Section 1.4f) or stapled to the white copy and

filed with it. If the red copy is illegible, ACEMS can instead give the provider the yellow copy. The white copy should never be given away.

The PCR should provide a clear and accurate account of the patient's condition and the care provided to the patient by ACEMS. Although the Med-12 is primarily responsible for filling out the PCR (IAW Section 1.3d), the Med-10 and Med-13 should assist, and all ACEMS members who respond to a dispatch must verify and sign the PCR.

All PCRs will be reviewed by the Board (IAW Section 1.2b) for quality assurance (QA) and improvement (QI) purposes. If the Board finds a PCR to be incomplete or lacking, the DBA will follow up with the squad members who responded to that dispatch to provide feedback on the PCR and obtain a more precise account of the events that transpired on scene.

1.4d Patient Refusals

Patient-initiated refusal of medical care and transportation to the hospital are a time of high legal liability for ACEMS and place the patient at risk because they are leaving the care of medical personnel. For these reasons, refusals must be carefully documented. In addition to having the patient and a witness (if possible) sign the refusal form, the following actions must be performed and documented in the PCR:

- Determine and document that the patient is competent enough to make decisions. This means that the patient must not be intoxicated, must be at least 18 years old, must not be a danger to themselves or others, etc.
- Patients that are Amherst College students under 18, as per medical forms from Keefe Health Center, are medically emancipated and can thus consent to treatment and refuse ACEMS care without notifying parents/guardians. Minors cannot refuse treatment or transport if AFD is dispatched, and must go with AFD regardless of this policy.
- Patients under 18 years of age that do not go to Amherst College still cannot consent to treatment or refuse ACEMS care unless consent is implied. However, due to insurance issues, this does not necessarily apply to staff members. In these cases, provide care as necessary, and if there are complications it will be taken up through the administration.
- Offer the patient transport by AFD and document that you did so.
- Take and record at least one set of vitals (ideally two or more) and document that you did so. If the patient refuses to have their vitals checked, document that this was the case.
- Inform the patient of the risks of refusal and document that you did so.
- Tell the patient to call ACEMS back if they have any further concerns or if their condition changes and document that you did so.
- Tell the patient to follow up with AHS if necessary and document that you did so.
- Document how you left the patient (in the care of friends, with the resident counselor, etc).
- If the patient has a high-risk chief complaint (including chest pain, difficulty breathing, syncope, allergic reaction, etc), consider requesting AFD for further evaluation or contacting the Medical Director and strongly advise the patient to go to the hospital.

- If an ACEMS member is unsure of whether to leave a scene where a patient displays life-threatening signs or symptoms, AFD should be called for further evaluation.

1.4e Patient Transport

ACEMS can provide limited patient transport to certain medical facilities. The guidelines for patient transport are as follows:

- Patients must fill out and sign a refusal form (IAW Section 1.4d) refusing to be transported by an ambulance service.
- ACEMS may only transport Amherst College students. Faculty, staff, and visitors of Amherst College may not be transported by ACEMS.
- ACEMS may transport patients to Amherst College Health Services and should relay transport to other places of care (e.g. UHS, urgent care, etc.) to OSA staff unless otherwise stated.
- ACEMS may only transport patients to their dorms **if and only if** requested, the patient is not in a condition to return to their dormitory without assistance, and are not going to the Amherst College Health Center. ACEMS will not transport patients back to their dormitories from the health center or any urgent care facility. Other transport options are also available for students that are interested, and ACEMS should not transport patients unless absolutely needed.
 - If the ACEMS squad receives another call or is in a situation where they are not able to transport the patient, it is not an expectation for ACEMS to do so.
 - Transport alternatives students can call are SafeRide and the CSA medical vans. Additional methods can be sorted through ACPD.
- If AHS is open, ACEMS must transport the patient to AHS (Monday-Friday, 0830-1700).
- If a patient requests transport to another facility other than AHS, an ambulance must be called or a refusal must be obtained.

In order to be transported by ACEMS, patients must meet the following criteria:

- Patients must be conscious and Alert and Oriented to person, place, time, and event (AxO x4).
- Patients cannot have any high-risk chief complaints, including altered mental status, chest pain, stroke, seizure, serious traumatic injuries, uncontrolled severe pain, serious allergic reactions, difficulty breathing, etc.
- Patients must have stable vital signs that are within normal limits, with the exception of a low-grade fever.
- Patients must be ambulatory on their own power.
- Patients must not be under the influence of drugs or alcohol.
- Patients may not be experiencing nausea, vomiting, diarrhea, or have open wounds.
- Patients must not have psychiatric complaints, including threatening harm to themselves or others.

If ACEMS personnel have questions regarding transporting patients, they can call the AHS direct line (413-542-2271) and consult with the attending physician at AHS during business hours.

1.4f Interacting with the Amherst Fire Department (AFD)

When AFD arrives on scene, the ACEMS crew should transfer patient care to the AFD paramedic in charge (PMIC). The Med-10 should provide the AFD PMIC with a brief verbal synopsis of the patient's chief complaint, assessment findings, and recent vital signs in addition to a carbonless copy of the ACEMS patient care report, IAW Section 1.4c. The Med-12 must also inform the AFD PMIC of any treatments that were provided prior to AFD arrival.

Once care is transferred to AFD paramedics, AFD assumes all responsibility for the patient's care. If a dispute arises between AFD paramedics and ACEMS personnel, the ACEMS DOPS should be called immediately and ACEMS personnel should defer to the judgment of the AFD paramedic. Care provided by AFD paramedics and transport decisions made by AFD paramedics should not be documented on the ACEMS run sheet. For example, if the AFD paramedics obtain a refusal, ACEMS personnel should document only that care was transferred to AFD, not that AFD obtained a refusal. If ACEMS personnel have concerns about patient care decisions made by AFD personnel, ACEMS personnel should report the incident to the ACEMS DOPS after the call and should not raise their concerns with AFD personnel on scene. In addition, unusual interactions with AFD Personnel should be reported to the ACEMS Board of Directors.

1.4g Interacting with the Amherst College Police Department (ACPD)

ACPD will be dispatched with ACEMS (IAW section 1.4a) to severe medical emergencies on campus where safety is a concern, where alcohol or drugs may be involved, or when an ambulance is expected. ACPD may call for ALS transport in anticipation of a patient needing it. Since ACPD is required to be on scene for any AFD transports, a heavy call volume may cause ACPD to need to dispatch AFD before a full assessment can be made to clear the scene in a timely manner. This may occasionally result in AFD obtaining a refusal, but it is sometimes necessary to free up ACPD resources.

ACPD can also make the decision to call ALS for a patient. In order to limit errors in judgment on either ACEMS or ACPD, either party may make the judgment that an individual is not mentally capable of consenting to a medical refusal. If an ACEMS member disagrees with the judgment of an ACPD officer who calls for transport, they should discuss it afterwards with the DOPS. Arguments about a transport decision should not happen on scene or in front of a patient.

1.4h Interacting with the Community Safety Advisers (CSA)

To reduce police presence on Amherst College campus, the Community Safety Advisers (CSAs) will be dispatched and present on the majority of ACEMS calls in place of ACPD. CSAs will still be dispatched even during more severe medical emergencies, even if ACPD is also present.

Even with CSA presence, ACEMS members that respond to a call still have primary authority on scene. On a scene, CSAs may control large crowds, acquire identifying information, call a transport service for patients, assist patient access for emergency responders, and communicate with ACPD.

1.4i Protective Custody

ACPD officers can place patients under protective custody at their discretion. Protective custody is sometimes used for patients with an altered mental status after consuming drugs or alcohol who actively attempt to refuse transport by ALS. Protective custody may also be used for patients threatening to harm themselves or others.

ACEMS personnel who feel that protective custody is necessary must call for ACPD and explain to the ACPD officer why they feel that the patient requires protective custody. Once approached, it is the sole decision of the duty officer and their supervisor as to whether or not the patient will be placed into protective custody. Refusal to place the patient in protective custody may not be disputed by the ACEMS responders on scene. All patients placed in protective custody must either be transported by AFD or in an ACPD police vehicle.

ACEMS responders may not physically restrain a patient while awaiting the arrival of ACPD unless failure to do so presents an immediate threat to the life or safety of the patient, bystanders, or ACEMS personnel. The safety of the ACEMS crew is of the highest priority and should not be compromised in order to intervene in a physical altercation.

1.4j Exposure Protocol

If ACEMS personnel become exposed to blood or another bodily fluid, they should wash the affected area with soap and water. If the exposure occurs to the eye, the eye should be flushed with water for 20 minutes. ACEMS personnel exposed to blood should be transported to the same facility as the patient so that the ACEMS member can be evaluated for post-exposure prophylactic treatment. All exposures must be reported to the DOPS, who will coordinate follow-up with the Director of Health Services.

1.4k Mental Health Dispatches

ACEMS will be dispatched to all mental health calls where there is a medical emergency. These calls include, but are not limited to, panic attacks, non-threatening self-harm, and/or life-threatening self-harm or suicide attempts with injury. ACEMS should ask directly if the patient is thinking about harming themselves or others if there are any signs that they might. Patients who present a danger to themselves or others should be referred to ACPD for protective custody IAW Section 1.4i. ACEMS members are required to take extra precaution to ensure their personal safety and that of their crew during mental health emergencies.

With calls that indicate symptoms of a panic attack, ACEMS and a representative from the OSA will be dispatched. ACPD support may be requested, if needed.

With calls that indicate non-life-threatening self-harm, ACEMS and ACPD will be dispatched. ACPD will first establish scene safety, and ACEMS will proceed with medical care and can choose to call AFD for further support. ACPD should also contact an OSA representative or the counseling center.

With calls that indicate life-threatening self-harm or suicide attempt **with injury**, ACEMS, ACPD, and AFD will be dispatched.

ACEMS will not be dispatched to cases of suicidal ideation with no injury or no need for medical care.

With each call, the dispatcher will notify the caller who will be dispatched to the patient's location, specifying if it is ACEMS, ACPD, AFD, CSAs, and/or OSA staff.

1.4k Sexual Assault

ACEMS will not normally be dispatched to cases of sexual assault to protect the privacy of the patient. ACEMS may only be called if there is an immediate danger to the student's health. ACEMS members are not mandatory reporters under Title IX regulations and can be utilized by a patient who wishes to have a confidential resource. ACEMS members are not trained in treating a victim of a sexual assault outside the scope of their immediate medical emergency training, and should provide the patient with appropriate options for further care.

1.4l Campus Emergencies

ACEMS may be occasionally asked to help during non-medical emergencies or during non-urgent matters of public health. The DOPS is the primary point of contact for coordinating response plans with the other agencies under the guidance of the Director of Public Safety and the Director of Emergency Management.

1.4m Mass-Casualty Incidents (UPDATE IN PROGRESS–NOT CURRENTLY ACTIVE)

A mass-casualty incident (MCI) is an incident in which the number of casualties exceeds local response resources. ACEMS will assist ACPD, AFD, and other municipal services in responding to MCIs on campus. ACEMS members will be notified of an MCI through a special AC alert programmed by IT. The DBA is responsible for updating the list and sending it to IT annually.

Like other members of the college community, ACEMS members will follow the instructions of ACPD regarding safety. The ACEMS response protocol will not be implemented until ACPD has deemed it safe. Once the all-clear has been given, the ACEMS Branch Leader (DOPS) will report to the Emergency Command Center to receive instruction from the Director of Emergency Management.

The ACEMS Branch Leader will then use GroupMe to mobilize available members as follows:

ACEMS will be divided into three groups, each led by a Board member Med-10. In a large-scale MCI, Groups 1 and 2 will be dispatched to the scene to begin triaging patients. Group 3 will report to the ACEMS office to take all available supplies to the scene. When Group 3 arrives at the scene, Groups 2 and 3 will initiate treatment and Group 1 will continue triage. The actual assignment of these groups will depend on the nature of the incident and directions from Emergency Management.

The ACEMS Branch Leader and each group leader will have two designated alternates to assume their responsibilities if they are unavailable when the MCI occurs. After the initial AC alert, it is crucial that each leader confirm their availability with their alternates.

1.5 Organizational Policy

1.5a Anti-Hazing Policy

ACEMS is committed to fostering a healthy campus environment for all Amherst College students, faculty, staff, and visitors. In accordance with Amherst College policy and Massachusetts law, ACEMS does not condone hazing in any form. Hazing is defined by ACEMS as actions taken by individuals or a group that are intended to cause harassment; embarrassment; or physical, mental, or emotional discomfort. Violations of the anti-hazing policy will be investigated by the ACEMS Board of Directors and by the College, and the necessary disciplinary actions will be taken.

It is worth noting that medical training may be stressful, and realistic training may include distracting noises, crying/yelling actors, and simulated bodily fluids. High-stress training scenarios may cause discomfort or mental fatigue.

1.5b Anti-Discriminatory Policy

ACEMS does not discriminate in its membership, leadership, or promotion process on the basis of factors such as race, genetics, gender identity or gender expression, sex, sexual orientation, age, color, religion, national origin, disability, or veteran status.

1.5c Stress Management

Both training and running on ACEMS can be stressful. If an ACEMS member feels that he/she is not coping well with the high-stress environment, he/she should practice self-care, consider speaking to a counselor at the [Amherst College Center for Counseling & Mental Health](#) or other ACEMS members, and/or requesting a break/leave of absence.

1.6 Privacy and Protection of Health Information

ACEMS members must always strive to protect their patients' confidential medical information. ACEMS members may not reveal confidential information about patient interactions to anyone other than healthcare providers directly involved in the patient's care or to Board members involved with the quality assurance process. ACEMS members who have responded to a call together are encouraged to discuss how the call was handled amongst themselves, but these discussions should occur in a private location. Completed run sheets must be stored in the secured PCR storage containers (short-term or long-term) in the ACEMS office (IAW Section 1.4c).

While on duty, ACEMS members who would otherwise be considered mandatory reporters under Title IX, such as resident counselors and student health educators, are relieved from their mandatory reporting requirement. This allows ACEMS members to protect a patient's confidential medical information. Under no circumstances should ACEMS members release confidential medical information to persons not directly involved with the patient's care or to members of the ACEMS Board who are involved with the quality assurance process without the patient's consent.

1.7 Shift Length

Assigned shifts cover the following hours:

- Morning (AM) shift: 0800-2000 (8:00 AM - 8:00 PM)
- Evening (PM) shift: 2000-0800 (8:00 PM - 8:00 AM)

Members are not required to schedule handoffs at 0800 and 2000 strictly. However, handoffs should generally take place in the morning and around dinnertime. Changes in the shift schedule, either partial or full, are allowed. The process of shift coverage should be handled by the individual squad members involved, unless the coverage involves EMS standby duty.

1.7a Partial Shift Coverage

Before or during an ACEMS shift, if an unavoidable conflict arises after a shift schedule has been published, partial shift coverages are allowed. This includes, for example, while an ACEMS member is in a mandatory lab or a personal appointment. Partial shift coverage should be kept to a minimum, and coverage remains the responsibility of the scheduled member in the event of any potential conflicts. The official rank-specific group chats are usually the best place to ask for partial shift coverage if necessary. If partial shift coverage is needed and all methods of finding coverage have been exhausted, the member in need of coverage should contact the DOS for further guidance.

1.7b Full Shift Coverage

If an unavoidable conflict arises after a shift schedule has been published, full shift coverages or trades are allowed. If possible, shifts should be traded rather than covered to maintain equal shift volume. The individual squad members involved should not only communicate and agree upon the coverage but also make the necessary changes to the online schedule to reflect the shift coverage. If the shift being covered is a busy shift (Friday or Saturday PM), the squad member requesting coverage must email the Board (acems@amherst.edu) and notify them of the coverage, the name of the member covering the shift, as well as notify the Med-10 who is assigned to be on duty for the covered shift. Shift coverage remains the responsibility of the scheduled member in the event of any potential conflicts, and changes should be kept to a minimum. If shift coverage is needed and all methods of finding coverage have been exhausted, the member in need of coverage should contact the DOS for further guidance.

1.8 Hand-Offs

Before going on shift and at the end of each shift, members must coordinate exchanging equipment between the on-going and off-going ACEMS members at each rank (the “handoff”). Handoffs may be coordinated through any means of communication, but direct messaging (text-message, email, GroupMe, etc.) is preferred. Members should avoid using ACEMS group chats to schedule handoffs. All phone numbers are listed on the [ACEMS Personnel](#) website. If a listed number is inaccurate or a member cannot get in contact with their intended hand-off partner at least an hour prior to the shift’s end, the member on duty should contact the DOS for further guidance.

Handoffs should occur at least one hour before important academic or personal obligations to minimize the possibility of a long dispatch causing tardiness or absence. For example, if you planned to conduct the handoff at 0800 but had a mandatory lab at 0830, you will still be required to respond to a dispatch at 0755, which will likely not end before 0830. Emergency calls can last anywhere from fifteen minutes to over an hour. Please plan handoffs and shifts accordingly.

Members must show up on time to the handoff and are required to agree to handoff at reasonable times/locations. Members who are routinely late to handoffs or fail to hand off shifts at a reasonable time and in a reasonable location (more than twice a semester) will face disciplinary action IAW Section 3.1a.

1.9 Dress Code

While ACEMS does not have a full uniform for members, there are guidelines that members should follow when dressing for duty. All members are expected to wear appropriate apparel that allows them to respond to calls and perform all appropriate treatments. They are as follows:

- **ACEMS Logo Apparel:** While on duty, a member's outermost garment (shirt/fleece/jacket) must be an article of clothing with the ACEMS logo. If it is cold outside, members may wear one or both ACEMS jackets in addition to the t-shirt. If the ACEMS jackets do not provide adequate warmth (or the member does not have one yet), members may wear an appropriate civilian jacket over their ACEMS gear while outdoors.
- **Footwear:** ACEMS members must wear closed-toe shoes while on duty. It is inappropriate and dangerous to wear flip-flops or other open footwear while on duty, and doing so will result in disciplinary action.
- **Pants/Shorts:** ACEMS members must wear either pants or appropriate-length shorts while on duty.
- **Professionalism:** ACEMS members may not wear any other inappropriate clothing or accessories while on duty. Inappropriate clothing, accessories, makeup, or tattoos are not acceptable while on duty. This includes distracting apparel or displays/representations of nudity, profanity, gang signs, extremist views, etc. In addition, ACEMS members must be dressed and groomed in a way that allows them to deliver the best patient care while on scene. For example, ACEMS members with long hair may not be able to properly "look, listen, and feel" for breathing without securing or grooming their hair, or a member with long facial hair will not be properly protected by a N95 respirator.
- **Lending ACEMS Logo Apparel:** Members may not lend ACEMS clothing to people who are not on ACEMS. Members of the college community assume that someone wearing the ACEMS logo is medically trained and might approach them for help should they have a medical emergency. Personnel found to be lending ACEMS apparel to people who are not on ACEMS will face disciplinary action (IAW section 3.1).
- **Behavior While Wearing ACEMS Logo Apparel:** ACEMS members must not consume alcohol, take recreational drugs, or engage in any other activities that could embarrass the organization while wearing ACEMS logo apparel, whether on- or off-duty. Personnel who engage in inappropriate activities while wearing ACEMS logo apparel will face serious disciplinary action (IAW section 3.1).
- **Personal Clothing:** Worn items that are not issued by ACEMS, such as shoes, pants, or winter outerwear may become soiled or damaged while on scene. It is not recommended for members to wear expensive clothing on scene, and ACEMS is not responsible for replacing damaged or ruined items. Under special circumstances, compensation for grossly damaged items may be given. These circumstances are reviewed on a case-by-case basis, and compensation will never exceed \$100.
- **Returning ACEMS Apparel:** At the termination of ACEMS members' service, they must return items issued to them during their service. These include, but are not limited to, LL Bean raincoats, fleece jackets, and sweatshirts. Personal items, such as t-shirts, jobshirts, and baseball caps, issued to a member need not be returned at the termination

of service. Any ACEMS member who does not return ACEMS apparel in usable condition assumes financial responsibility to replace lost/damaged items.

1.10 Equipment

1.10a Radios and Radio Etiquette

Radios are perhaps the single most important piece of equipment that ACEMS members carry with them on shift. They are used to receive dispatches and communicate with other members and with the ACPD Dispatcher.

ACEMS members on duty should keep the radio with them at all times. This includes taking it to class, the bathroom, athletics practice, etc. Under no circumstances should an ACEMS member leave the radio with someone else. Standard operation of the radio is as follows:

- **Channel Dial:** A dial with numbers on the top of the radio indicates what channel the radio is on. ACEMS radios are only programmed to use Channels 1 and 2 (going to any other channel will cause the radio to continuously produce a tone). Radio tone-outs are sent across Channel 1. Once a tone-out is received, ACEMS members turn to Channel 2 and receive the dispatch information from the police dispatcher. ACEMS members must acknowledge the dispatch information by indicating that they are responding and stating the location from which they are responding. Members are also required to inform the police dispatcher when they arrive on scene, clear the scene, and begin and finish patient transport.
- **Volume Control:** The dial on the top right of the radio controls its volume. Members can adjust the volume as they see fit but should be warned that turning the volume all the way down (counterclockwise) will shut the radio off. Generally, when sleeping on a night shift, it is advisable to have the radio volume turned up quite high in case of a call.
- **Headphone Use:** There is a 3.5mm headphone jack that can be utilized if the member is in a public space and wishes to limit the disruption that a dispatch would cause. Be aware that the sound is monophonic (one ear), and the volume should be tested after headphones have been plugged in by briefly holding down the talk button while on Channel 1.
- **Talk Button:** A long, flat button on the left side of the radio is the button used to communicate on the radio channel. ACEMS members should follow standard radio etiquette while communicating on the radio channel. This includes keeping messages as short as possible, avoiding the use of specialized jargon, and not speaking when someone else is talking on the radio (when someone else is talking on the radio, there will be a flashing red or green light on the top of the radio). Transmissions can only be sent on Channel 2, and the talk button must be held down in order to speak. ACEMS members should keep in mind that Channel 2 is the same channel that ACPD uses to communicate with on-duty police officers as well as ACEMS members.
- **Speaking On the Radio when Dispatched:** The following is an example of how ACEMS members should communicate with each other and the ACPD dispatcher when being dispatched to a medical emergency:

Example Radio Communications:

- *tone-out*
- Switch radio from Ch. 1 to Ch. 2
- Med-10: “Med-10 to Dispatch, go ahead.”
- ACPD: “Dispatch to ACEMS, please respond to King 316 for an unresponsive male student. ACPD and AFD have been notified.”
- Med-10: “Med-10 en route from Jenkins.”
- Med-12: “Med-12 en route from Moore.”
- Med-13: “Med-13 en route from James.”
- ...
- Med-13: “Med-13 on scene.”

- **Transport:** When ACEMS is transporting a patient, a member of the responding crew should communicate with Dispatch the time that transport is initiated, as well the destination and means of transportation. ACEMS should then separately inform Dispatch once they have left the patient at their final location.

In order to prevent excessive activity on Channel 2, ACEMS members should only conduct radio checks if they have reason to believe that radio transmission could be compromised. In the case that a radio check is necessary, ACEMS members should switch from Channel 1 to Channel 2, hold down the PTT button, and request, “Med-** to Dispatch, can I get a radio check, please?”

1.10b Bags

Each rank carries a bag on duty in addition to the radio. The bags should be checked at the beginning of each shift, kept with the responder, and restocked throughout the shift as needed. The contents of each bag are different, depending on the rank and location of the member assignment. Standard bag checklists can be found in the office and in Appendices A-C of this document. If an item is missing from the bag during a check, the member should attempt to restock that item from the office storage. Do not remove an item from another bag to stock your own unless explicitly told to do so by the DOI or DOPS. If an item is not found in the office storage, the DOI should be notified as soon as possible.

Following a call, the Med-10, Med-12, and Med-13 should sanitize all non-disposable equipment that touched a patient. Items that may need sanitization include, but are not limited to, stethoscopes, BP cuffs, pulse oximeters, and writing implements. The DOI will provide anti-bacterial and/or or germicidal products in the ACEMS office explicitly for this purpose. All members must wash their hands and/or use alcohol-based hand sanitizer after decontaminating equipment as an extra precaution.

1.11 ACEMS Vehicle

ACEMS operates a response vehicle, which is driven by the Med-10. The ACEMS vehicle contains a comprehensive inventory of medical equipment.

1.11a Equipment Carried in the ACEMS Vehicle

The medical equipment carried in the ACEMS vehicle constitutes the complete set of the medical equipment carried by ACEMS. Equipment found in the Med-13 and Med-12 bags are to be considered supplementary.

A full list of equipment found in the ACEMS vehicle can be found in Appendix A. The ACEMS vehicle is stocked with the following supplies:

- Jump Bag
- Automated External Defibrillator (AED)
- Battery-Powered Suction
- Obstetrics Kits
- Pediatric Kit
- Triage Kit
- Splinting Kit
- Documentation Kit
- Disposable Blankets
- Traffic Safety Vests
- Infection Control Kits
- Cleaning Supplies

1.11b AED Storage in Cold/Hot Weather

The AED carried in the ACEMS vehicle is temperature-sensitive. The conductive gel pads freeze when exposed to below-freezing temperatures, and the device's battery life is diminished when left in the cold. If the AED is left in the cold for an extended period of time, it may become unusable. Med-10s should therefore bring the AED and its attached pouch inside with them at all times. The DOI and the DOPS must be informed if the AED is left outside in the cold or heat for any non-negligible period of time.

1.11c Parking

Parking of the ACEMS vehicle refers to the placement of the ACEMS vehicle while not responding to an emergency call. The Med-10 must ensure that the ACEMS vehicle is parked near their location at all times. The Med-10 may park the ACEMS vehicle in student parking, faculty parking, and in some service-center spots. The Med-10 may not park the ACEMS vehicle in handicap spots or fire lanes. The ACEMS vehicle may not be parked in a manner that

blocks pedestrian walkways. The ACEMS vehicle may not be parked on grass or other off-road surfaces. If certain buildings do not have adequate or available parking, the Med-10 may contact ACPD to discuss alternatives.

The ACEMS vehicle is considered an emergency vehicle and may not be blocked in by service center employees, ACPD officers, or other vehicles. The Med-10 should inform Dispatch via radio if they are blocked in by another vehicle.

1.11d Vehicle Checkout

At the start of each shift, the Med-10 must perform a visual inspection of the ACEMS vehicle. Any damage that is noticed should be reported to the DOPS and DOI immediately.

The vehicle should be refueled regularly as the Med-10s see fit. The vehicle must be refueled whenever the tank falls below a half a tank. The vehicle is to be refueled at the gas tank next to the entrance to the Book and Plow Farm. A video outlining these procedures will be sent to all Med-10s as well as listed below:

1. Open the fuel filler of the car
2. Go to the gray box on the side of the gas tank and scan the gray key fob on the car keys to unlock and activate the gas tank
3. After confirmation, pull the silver lever where the nozzle is, then the tank will make a whirring noise. At this point, you can remove the nozzle from the red box located at the front side of the gas tank and begin fueling.
4. The tank will automatically stop fueling when the car is full.

1.11e Collision Reporting

If the ACEMS vehicle is involved in a collision or sustains damage from another vehicle while parked, the Med-10 must immediately report the accident to Dispatch, request assistance from ACPD, and call the DOPS. The Med-10 must check for injuries and provide medical assistance as needed.

1.11f Repairs

Repairs are to be handled through ACPD and the Amherst College Service Center. ACEMS personnel may not take the ACEMS vehicle to outside vendors for repairs without first getting permission from ACPD. Any attempts to repair or service the vehicle should go through the DOI.

1.11g Driving Regulations

The Med-10 must follow all traffic laws when driving the ACEMS vehicle. The Med-10 is prohibited from speeding, running red lights, or breaking other traffic laws. The Med-10 may use the pedestrian horn on the ACEMS vehicle to alert pedestrians who are in the street.

1.11h Vehicle Use in Inclement Weather

The on-duty Med-10 and the DOPS must monitor weather conditions during snow emergencies. The vehicle may have to be taken out of service during inclement winter weather. When the vehicle is out of service, the Med-10 must respond on foot with whatever equipment s/he deems necessary. The DOPS should consider requesting a college van from Campus Police for ACEMS to use during snow emergencies or arrange for ACPD transportation assistance.

1.11i Staging of the ACEMS Vehicle on Scene

The ACEMS vehicle should be positioned on the scene of an emergency in a way that allows an ambulance full access to the patient(s) while also allowing for ACEMS members to reach the patient(s) as quickly as possible. The ACEMS vehicle should be parked on scene legally if possible.

1.11j Staging of the ACEMS Vehicle in Roadway Incidents

Responding to incidents on roadways presents many potential dangers to ACEMS members. To make these incidents safer for the squad, the Med-10 should consult with ACPD and position the ACEMS vehicle:

- To protect the incident scene and any patients.
- To provide for traffic movement past the incident scene as much as reasonably possible.
- As a protective barrier between oncoming traffic and ACEMS members.
- Far enough away from the incident scene to allow AFD or other agencies to perform functions such as vehicle extrication.

The ACEMS crew should request the assistance of ACPD for traffic control of all incidents that occur on a roadway. ACEMS members must also wear American National Standards Institute 107 Compliant Class II traffic safety vests while responding to a roadway incident. These vests can be found in the ACEMS vehicle.

1.12 Extra Staffing

ACEMS can provide additional EMT staffing (in addition to or separate from the normally scheduled three-person crew) for various events and on various special occasions. These events/occasions include the following:

1.12a Standby Duty

ACEMS provides EMT standby services for special events, including but not limited to, Amherst College club sporting events, charity races, and concerts. The Director of Outreach is responsible for coordinating the EMT standbys, with consultation and direction from the DOPS. Certified EMTs may be paid for standby service during an event that requires them to remain at the event for any duration. The fee should be negotiated before the event between the Director of Outreach and the organizer of the event. ACEMS members should not negotiate their own wages while operating as an ACEMS member and cannot borrow or use ACEMS equipment to work as an EMT for a non-sanctioned event.

1.12b On-Campus Standby

ACEMS may be hired or asked to volunteer for an on-campus event that is expected to have medical emergencies. After the shift length, pay, and expectation have been discussed between the Director of Outreach and the organizer of the event, the Director of Outreach will make the posting available to all ACEMS members. Restrictions requiring a member to possess a certain rank, knowledge, or specific qualification may be in place, but otherwise, the member should be chosen on a “first-come, first-serve” basis.

The EMT providing the standby is provided with a radio and an aid bag that is appropriate for the event. The Director of Outreach should coordinate with the DOI if additional equipment is needed. The EMT on duty for the standby uses the radio identifier “ACEMS Standby.”

Patient contacts made while performing stand-by duty must be properly documented (IAW section 1.4c).

1.12c Bravo Crews

The ACEMS Board of Directors can choose to schedule extra staffing, usually for potentially busy shifts, during weather emergencies, or other occasions of high call volume. Extra personnel are to be supplied with radios and first aid bags from the ACEMS equipment cache, but will not be supplied with an AED. Extra personnel are designated as the “Bravo” crew and have the radio identifiers of Med-10B (“Med-10 Bravo”), Med-12B (“Med-12 Bravo”), and Med-13B (“Med-13 Bravo”).

When two crews are running, a command structure must be developed to coordinate the actions of the two crews. The DOPS can serve, or appoint a senior member of ACEMS to serve, as a

duty officer to coordinate the actions of the two crews. The duty officer uses the radio identifier “ACEMS Duty Officer.” If a duty officer is not assigned by the DOPS, the on-duty Med-10 will assume command over both crews. The ACEMS Duty Officer can add themselves to any calls that are dispatched, but the ACEMS Duty Officer should allow the Med-10 or Med-10B to be in charge of patient care on the call.

The Bravo crew can be utilized in a number of ways:

- If two calls overlap, the ACEMS Duty Officer can send the bravo crew to the second emergency. Since the Bravo crew lacks the full set of medical equipment carried on the ACEMS vehicle, the ACEMS Duty Officer should request an ACPD officer to respond to assist with equipment. Two crews should not be assigned to the same call.
- If there is a weather emergency, the ACEMS Duty Officer can assign members to cover specific areas of campus.

While two crews are operating, the ACEMS Duty Officer should keep track of the location of personnel, the incidents to which they are assigned, and the likely outcome of the different incidents (refusal, AFD, etc).

As Bravo shifts will typically occur on nights with high call volumes, there are high probabilities there will be double, triple, or quadruple dispatches. The dispatch protocol for Bravo-staffed shifts are as follows:

1. When the first tone-out occurs, the duty officer will respond to the radio, naming themselves as the duty officer. After dispatch information is heard, the duty officer will direct the Alpha squad to respond.
2. If double dispatched, the duty officer will respond to the radio, directing the Bravo squad to respond to the second call. The Bravo squad will then respond, making sure to communicate with ACPD in the case they need extra assistance or equipment (AED or oxygen).
3. If triple dispatched, the duty officer will respond to the radio, and then direct the Med-10 of the Alpha squad to split from the squad to respond to the third call. The Med-13 from the Alpha squad will also follow the Med-10, and the Med-12 will remain on scene.
4. If quadruple dispatched, the duty officer will respond to the radio, and then direct the Med-10 of the Bravo squad to split from the squad to respond to the fourth call. Similar to the Alpha squad, the Med-13-Bravo will follow the Med-10-Bravo, and the Med-12-Bravo will remain on the scene.
5. In the case where five calls happen at the same time, the duty officer will dispatch AFD.

1.13 Member Behavior and Code of Conduct

All ACEMS members are required to:

- Serve for at least four full semesters (if they took the ACEMS EMT class). This does not include the semester in which they join.
- Attend all mandatory squad meetings/STXs.

Violations of the code of conduct will result in disciplinary action.

1.13a Scheduling

All ACEMS members must complete a scheduling survey before each month indicating which shifts they are available to take. The ACEMS Board of Directors requires that all members indicate on the staffing survey at least two available busy shifts (Friday or Saturday nights) per month. Listing availability for a busy shift does not necessarily ensure that one will be assigned to said shift. Failure to complete the scheduling survey in a timely fashion or list availability for the required number of busy shifts (more than one time per semester) will result in disciplinary action (IAW Section 3.1).

ACEMS members should discuss participation in ACEMS with professors prior to listing themselves as available during a shift in which they have class. ACEMS members should always prioritize academics in the event of potential conflicts, as some professors do not allow students to be on call during class.

1.13b Board Member Conduct

As the leaders of ACEMS, all Board members are expected to set a standard of behavior for the other squad members. They must be a member in good standing. They are expected to follow all rules that apply to the squad, make reasonable sacrifices to ensure that ACEMS operations can run smoothly on a day-to-day basis, fulfill all of their designated responsibilities (IAW Section 1.2), and always actively seek to improve the squad.

All ACEMS Board members are required to attend all Board meetings and squad meetings. If a genuine conflict with a meeting arises, the Board member must inform the rest of the Board of their absence. In addition, Board members who fail to perform their Board duties satisfactorily may be removed from the Board, IAW Section 3.4b.

1.13c ACEMS Reputation on Campus

It is necessary for ACEMS to maintain its reputation as a highly professional organization to preserve the trust of the Amherst College community. It is crucial that ACEMS members conduct themselves in a highly professional manner.

The only way to maintain the effectiveness that ACEMS has achieved is if the student body trusts in its ability to provide a high standard of care and assessment. This trust is earned, and members must be vigilant in their efforts not to violate that trust. This includes, but is not limited

to, refraining from talking in public about potentially identifiable information about a prior call; being caring and understanding of our patients concerns; being fair to bystanders on scene; being professional to the police, firefighters, and fellow EMS personnel with whom we work; and being an ambassador to the Amherst College community.

Any behavior that is damaging to the squad's reputation as a trustworthy, professional, and reliable source, either purposefully or through negligence, may be investigated and considered for disciplinary action (IAW section 3.1).

1.14 Internal ACEMS Complaints and Concerns

Conflicts will occasionally arise in which an ACEMS member will have a concern, complaint, or issue with another member. The general policy is to handle these concerns at the most appropriate level.

Complaints about ACEMS members, policies, or equipment should not be made in public, especially not in front of a patient.

1.14a Urgent Concerns

Urgent concerns should be addressed by the Med-10 on duty if possible. If the Med-10 on duty cannot handle the concern, the following personnel should be contacted in order:

- DOPS
- DBA
- Any other Board member

In the event that a Board member cannot be contacted, or the issue prevents the ACEMS crew from adequately responding to a call, the crew should call out of service until the issue can be resolved and discuss the issue with the ACPD dispatcher. This should only be done after several attempts to contact the ACEMS Board.

1.14b Distressing Calls

The Director of Health Services can be notified of calls that may have been distressing for the ACEMS members who responded by either ACPD or the ACEMS members themselves. The Director of Health Services will contact those individuals to connect them to appropriate resources. All crew members will have access to the contact information for the Director of Health Services, the Center for Counseling & Mental Health, and the Emergency Amherst Counseling Center call line on placards both in the ACEMS vehicle and ACEMS office.

ACEMS will also provide a space within the call log and Med-10 Feedback Form for squad members to note if they would like to debrief a call for follow-up by the Board. Members who are not comfortable notifying the Board of these situations can omit this option and contact the Director of Health Services directly.

1.14c Non-Urgent Concerns

For concerns about the performance of a crew-member on duty, the complaint can be addressed to the Med-10 on duty.

If the concern is about the Med-10, serious in nature, or the member feels uncomfortable addressing the Med-10 with this concern, the concern can be emailed to the ACEMS Board (acems@amherst.edu) or brought up at an ACEMS Board meeting. Emailed concerns can be kept anonymous, if requested.

If the concern is about a member of the ACEMS Board of Directors who is not the DOPS or DBA, the complaint can be addressed to either of them personally.

If the complaint involves both the DOPS and the DBA, is serious in nature, or the member feels uncomfortable with any of these prior options, the complaint can be addressed to one of the ACEMS supervisors: the Chief Student Affairs Officer or Director of Health Services. These senior administrators should only be contacted if necessary, and if so, there should be a significant reason the concern was not addressed at a lower level.

1.15 Study Abroad/Leave of Absence

The semester spent abroad or on leave will not count towards the completion of the four-semester requirement mandated for members who take the Interterm course.

Med-10s, Med-12s, and Med 13s (in their second semester of ACEMS) can request to take a semester-long leave of absence from serving on ACEMS under special circumstances, including for reasons of mental or physical health. Members must receive permission to take a leave of absence from the ACEMS Board of Directors. Med-10s returning from a semester-long leave of absence must receive two calls at the rank of Med-12, attend two training sessions with the DOE, or receive one call and attend one training session.

While on a leave of absence, members must maintain their EMT and CPR certifications. If a member wishes to leave ACEMS for more than a semester, s/he must resign from the squad and re-tryout to join ACEMS. The semester of leave will not count towards the completion of the four-semester requirement mandated for members who take the Interterm course.

1.16 Communication

ACEMS communications should be done at the lowest appropriate level and through the most appropriate method. ACEMS members should consider utilizing, in order: their peers, their on-duty Med-10, and then the ACEMS Board of Directors, before attempting to contact administrators. All official communications should be sent to and from Amherst.edu email accounts. When in doubt, contact the ACEMS Board of Directors.

1.16a ACEMS Email Account

The ACEMS email (acems@amherst.edu) account is maintained by the DBA but is accessible by the entire ACEMS Board of Directors. All official communication should be sent to the ACEMS email account, including but not limited to:

- Requests for leave of absence (IAW Section 1.15)
- Disciplinary Appeals (IAW Section 3.5)
- Complaints about ACEMS members (IAW Section 1.14)
- Operational concerns
- Informing the Board of personnel changes for “busy shifts” (IAW Section 1.7b)
- Requests to be absent from mandatory training

The password to the ACEMS Google Drive account is to be changed in August at the beginning of each fall semester. With board positions changing yearly, this will be done to maintain the security of important documents and ensure the privacy of our patients and ACEMS members. The password is to be decided by the DOPS and the DBA and distributed out to the rest of the Board.

Patient information should not be shared over email. Communications about specific patient contacts or emergency calls should be done in person. However, emailing the ACEMS account to arrange such meetings is acceptable.

1.16b ACEMS GroupMe

The DOP maintains a squad-wide group chat through the application GroupMe. General/informal announcements, reminders, or non-sensitive information may be disseminated through this form of communication when a group discussion may be necessary or when immediate group feedback is helpful.

Other informal information can be shared through the GroupMe, and all members are welcome to post.

Examples of communication that may be disseminated through the ACEMS GroupMe include, but are not limited to:

- Doodle polls to gauge interest or availability
- ACEMS social events
- On-campus opportunities
- Reminders about mandatory meeting/trainings
- Birthday/congratulatory announcements

Though the ACEMS GroupMe is a more informal method of communication compared to email, ACEMS members should still behave in accordance with ACEMS SOPs. For example, ACEMS members should refrain from using profanity or posting inappropriate content in the GroupMe.

Things that should not be said in the GroupMe include, but are not limited to:

- Complaints about ACEMS members or policies
- Patient information
- Private discussions
- Hand-off planning
- Discussions that are not relevant to the ACEMS community

1.16c Subsidiary GroupMe Groups

ACEMS maintains GroupMe groups for the different ranks, the Board of Directors, and various sub-committees or communities.

ACEMS GroupMe groups that are rank-specific should be the primary communication for shift-switching and shift coverage. Because shifts should only be switched by members of the same rank, these rank-specific groups are the most efficient places to communicate without having general members receive unnecessary messages. Information about changes in the status of rank-specific equipment or supplies can be discussed there as well.

1.16d ACEMS Instagram Page (Public)

The DOO maintains a public Instagram page. This page can be used to disseminate information to the Amherst College community about ACEMS operations, events, or general information.

The Director of Outreach should maintain the page in a way that puts forth a positive image and reinforces the trust of our community, and all members should refrain from posting anything to the page that is detrimental to that mission.

Examples of posts that are appropriate for the ACEMS Instagram Page (Public) are:

- Statistics on call volume and type
- Pictures of ACEMS training, members, or equipment
- Information about upcoming public ACEMS events
- Changes to operations during severe weather or special events
- Efforts to recruit new members

1.16e ACEMS Facebook Group (Closed)

The DOO maintains a closed Facebook group for all members and alumni. This is the primary means of communication with the larger ACEMS community (alumni and current students). Communication on the closed group should be information that is pertinent to EMS operations, articles and links to collegiate and civilian EMS, alumni outreach, and social events that are closed to the public but open to alumni.

1.16f Private Communications

Private communication between ACEMS members involving official business can be done however most convenient for individual members: by text, messaging app, or email.

Communication between members to coordinate hand-offs, switch shifts, or discuss ACEMS business not relevant to the larger squad or community should not use group messaging services.

Even while using private communications, patient information should not be communicated electronically. Discussions that involve confidential information should be in-person and private.

1.17 Training

IAW Section 1.3a, all squad members must attend all mandatory training sessions. Mandatory training sessions take place in the form of squad meetings, STXs, and one call review meeting per semester.

Voluntary training sessions are also routinely available, and members are highly encouraged to participate in voluntary training events as often as their schedules allow.

1.17a Squad Meetings

Squad meetings will be held periodically throughout the year. These meetings typically run 1-2 hours and are primarily devoted to policy updates, announcements for the squad, and guest speakers. Squad meetings may also have hands-on training components as well, although most training will be discussion or lecture form. These can include, but are not limited to:

- PCR review
- Treatment protocols for special patients (minors, elderly patients, drug overdoses, etc.)
- Call debrief: if a call takes place that was difficult or unique, the ACEMS Board may choose to use the call as a learning opportunity for the squad. The details of the call will be masked or altered in order to protect patient privacy and presented to the squad for discussion/lecture on how to handle the scenario. Debriefing will also include necessary discussion of emotionally distressing aspects of the case, either squad-wide or on a personal crewmember basis.
- Guest speakers from community/campus leaders

1.17b Situational Training Exercises (STX)

STXs are dedicated training sessions held by the ACEMS Board of Directors. These training sessions focus on practical EMT skills and will be held 2-4 times per year, IAW Section 1.3a. Topics that are generally covered at STXs include:

- Perishable skills (CPR, traction, suction, bandaging, splinting, vital signs, etc.)
- Trauma scenarios
- Medical emergencies

STXs are designed to be as realistic as possible and may include stressful scenarios that require realistic responses, treatments, and behavior. ACEMS members are expected to behave as if the scenario were real and take the training seriously.

1.17c Remedial Training

ACEMS members who have been identified as deficient in medical competency, patient interaction skills, or any other criteria required to maintain an ACEMS rank IAW Section 1.3c -

1.3e, can be referred to the DOE for remedial training. Any member can identify a deficiency in their knowledge/skills or a deficiency in the knowledge/skills of a superior, subordinate, or peer. Perceived deficiencies of skills or knowledge should be communicated to the DOE or the ACEMS Board of Directors.

Remedial training should be scheduled by both the DOE and the member in need of training to ensure a timely correction of the deficiency. In severe circumstances, the member may be asked to refrain from taking shifts until the deficiency is fixed. The DOE makes recommendations to the ACEMS Board, who should vote on all training-related suspensions.

ACEMS members are ultimately responsible for their own training and should self-identify deficiencies whenever possible. A member's past self-identification for remedial training should never be used against them while deciding on promotions or selections to the ACEMS Board of Directors. Self-identification for remedial training shows awareness and honesty that are valuable to the ACEMS mission.

1.17d Rank-Specific Training

Members may be required to attend rank-specific training sessions periodically. These training sessions are not substitutes for the larger training sessions (STX). Reasons for being required to attend rank-specific training sessions include, but are not limited to:

- Introductory session for new members
- PCR training for new Med-12s
- Car training for new Med-10s

1.17e Med-10 Training

Central to the promotion process to Med-10 are Med-10 training sessions. These sessions are held by the DOE with the assistance of other ACEMS Board members. Med-10 trainings are designed to prepare Med-12s for the duties and responsibilities of the Med-10 role. Med-10 training sessions escalate with the ability of the trainee. These training sessions eventually take the form of challenging scenarios that test the Med-12's ability to manage their crew and the scene, make difficult medical decisions, and perform under stress. These training sessions are mandatory for all Med-12s seeking promotion to Med-10 and serve as a primary evaluation method for promotability.

The DOE is responsible for establishing 2-4 one-hour sessions every week that are available to all Med-12s. The DOE may limit these sessions to a maximum number of participants, but all members who wish to train should have equal access to help.

During these sessions, the DOE is responsible for giving the ACEMS members the choice of a medical or trauma scenario, running the scenario, and providing feedback through discussion afterwards. The DOE also provides individualized, written reports to all attendees stating their progress toward promotion and points of improvement.

1.17f Multi-Echelon Training

ACEMS must occasionally train as an organization within the larger operations of Emergency Management. This may necessitate that ACEMS members take part in multi-echelon training sessions with ACPD, AFD, Environmental Health and Safety, or other campus entities that will utilize ACEMS as a part of a large-scale response.

2. RECRUITMENT, SELECTION, PROMOTION

2.1 Class Selection

Amherst College and ACEMS offer an EMT course once per year, which generally runs from November-February. The class is capped at 30 students, and the Board accepts applications in September/October. There will be a selection committee responsible for deciding who is accepted into the class, and this committee will be composed of the following people:

- The Director of Recruitment
- At least half of the hired teaching assistants for that year
- ACEMS Board members who wish to participate in the selection process

The selection committee will maintain fair standards when picking the members of the EMT class. A preference will always be given to applicants who are first- or second-years due to their prospective ability to serve on ACEMS for a longer time than upperclassman applicants. All students who are accepted into the ACEMS class are required to try out for the ACEMS squad.

Maintaining a diverse squad is important, and ACEMS will strive to recruit a body of students that is reflective of the College.

Criteria for selection include:

- Ability to meet the requirements of ACEMS membership
- Quality of written application
- Understanding of the ACEMS mission and operations
- Class year (priority to first-years, then sophomores)
- Enthusiasm
- Desire to give back to the Amherst College community
- Interest in patient care and emergency medicine

Planning to pursue a medical career is not a requirement of being accepted into the class, nor does it give an applicant an advantage. The only medical interest required is an interest in becoming an EMT.

After the application and interview process for the Interterm course has been completed, a waitlist for the class may be created at the discretion of the Director of Recruitment, current teaching assistants, and board members participating in the selection process. Students should be notified of their placement on the waitlist at the initial distribution of recruitment results. Students will be notified of an opening in the course no later than three weeks prior to the commencement of the course, in order to offer a fair chance for each student to find reasonable means of transportation for Interterm. The class roster should be finalized no later than two weeks prior to the commencement of the course, in order to have a crystallized list to be sent to the course instructor who will obtain EMT numbers for each student in the course.

2.2 Squad Selection

The Board of Directors will hold tryouts once a semester to accept new members onto the squad. To be eligible for tryouts, an applicant must:

- Be a student of the ACEMS EMT Class who has successfully completed the course and passed the state practical exam,
- Have completed a nationally-certified EMT course, or
- Have passed the state practical exam or have a plan to take it in the near future

The Board of Directors, with written input from the ACEMS EMT Class TAs, will determine who makes it onto the squad based on a tryout, which evaluates:

- Course Performance
 - Motivation and dedication
 - Teamwork abilities
- Practical Scenario
 - Medical competency
 - Patient interaction
 - Scene presence
 - Scene management
- ACEMS Written Exam

Historically, ACEMS has not maintained a quota for the number of members accepted onto the squad each semester and will accept all those deemed qualified.

2.3 Elimination of Selection Bias

Members of the ACEMS board, and other additional students aiding any part of the selection process of the ACEMS class or squad should eliminate any superfluous elements that will result in selection bias. Such actions include:

- Removal of either board or other students from conversation when discussing a potential ACEMS student or squad member approval
- Removal of ACEMS board members during the ACEMS practical of a potential conflict of interest
- Removal of any and all personal advocacy and non-EMT or ACEMS related information in discussing potential squad members or applicants
- Incorporation of a number-based-rubric that is implemented in both class selection and squad selection
 - This rubric can be subject to change with every incoming year, adjusting as needed to continue improvement throughout the years

2.4 Promotions

The DOE and DOP notify the rest of the Board when squad members are eligible for promotion based on training performance and certifications, respectively. Requirements for promotion may be relaxed or accelerated for members who join ACEMS with prior EMS experience.

2.4a Promotion from Med-13 to Med-12

To be considered for promotion to Med-12 (and therefore full squad membership), Med-13s must:

- Be in good standing as an EMT and squad member
- Not be on probation or suspension from the squad
- Have served on ACEMS as a Med-13 and responded to at least four calls
- Have obtained both their NREMT and MA EMT certifications
- Have received positive feedback from multiple Med-10s

Once a member meets all requirements to be considered for promotion, the ACEMS Board will vote on a promotion decision, and notification of the promotion decision will be communicated to the member by the DOP. If a member believes that they meet these minimum qualifications of promotion, but the Board does not vote to promote, he/she can request that the Board issue that member a statement detailing what deficiencies need correction to satisfy promotion requirements.

Prior to promotion, Med-12s must attend a training session with an ACEMS Board member to receive PCR writing training IAW Section 1.17d.

2.4b Promotion from Med-12 to Med-10

The promotion process from Med-12 to Med-10 is more time-consuming than that from Med-13 to Med-12. This is because Med-10s serve as crew chiefs of ACEMS and have significantly more responsibilities than Med-12s or Med-13s.

To be considered for promotion to Med-10, a Med-12 must:

- Be in good standing as an EMT and squad member
- Not be on probation or suspension from the squad
- Have an active and valid driver's license and be a certified Five-College Driver
- Attend a minimum of three Med-10 training sessions (IAW Section 1.17e)
- Respond to at least six calls as a Med-12, at least two of which should be calls in which the Med-12 runs the call under the supervision of the Med-10
- Receive positive feedback from multiple Med-10s with whom the Med-12 has run
- Have run at least two busy shifts as a Med-12 (Friday or Saturday PM)
- Prove to be capable of managing an emergency scene and adequate patient interaction

- Demonstrate the ability to be respectful and cooperative with both junior and senior members
- Possess a character that represent the values and mission of ACEMS
- Demonstrate a strong foundation of skills to cope with the stressors of being a Med-10, as determined on an individual basis and at the discretion of the Board

Once a member meets all requirements to be considered for promotion, the ACEMS Board will vote on a promotion decision. Notification of the promotion decision will be communicated to the member. If a member believes that they meet these minimum qualifications of promotion, but the Board does not vote to promote, they can request that the Board issue that member a statement detailing what deficiencies need correction to satisfy promotion requirements.

Accepting a promotion to the rank of Med-10 is an intent of commitment to ACEMS; Med-10s will be called upon to serve as leaders and role models for the entire squad. Newly-promoted Med-10s must attend vehicle training with a Med-10 Board member (IAW Section 1.17d) to learn about ACEMS patient transport policies and procedures.

2.5 Demotions

Demotions should be necessary only when a member does not meet the standards outlined in Section 1.3, “ACEMS Ranks and Responsibilities.”

Demotions should not be used as a disciplinary action but may occur simultaneously with disciplinary action should discrepancies be found during a disciplinary process. Conduct violations require disciplinary actions, and shortcomings of competency are reasons for demotion.

Demotions should be implemented if there is a discrepancy or failure to meet the minimum standard required to maintain a rank IAW section 1.3. For example, a member should not be demoted for violating the dress code but may be demoted for failing to manage an emergency scene or if they are disrespectful to ACPD.

Demotions from the rank of Med-10 or Med-12 to Med-13 may be necessary if there are issues with certifications which prevent the member from meeting the minimum requirements.

2.6 Board of Directors Selection Process

Beginning in January, the current Board of Directors discusses all vacancies within the Board. Positions on the Board of Directors are open to any member in good standing.

2.6a Eligibility for DOPS and DBA

As the DOPS and DBA are positions that require an advanced understanding of the ACEMS SOPs, historical knowledge of the inner-workings of the ACEMS Board of Directors, and ability to communicate with college administrators about ongoing ACEMS issues, projects, and long-term strategic goals, the following requirements must be met for an interested candidate:

- The incoming DOPS and DBA candidates must both have at least a year of experience running as an ACEMS EMT.
- The incoming DOPS and DBA candidates must be squad members who are currently Med-10s or who can reach Med-10 by the end of their junior year or meet all requirements to be considered for promotion to Med-10 except for having an active and valid driver's license.
- For squad members interested in running for DOPS, candidates are required to attend at least three board meetings during their entire time serving on ACEMS prior to their candidacy to gain a perspective of the logistics of board meetings.

Additional involvement is encouraged in the form of prior Junior Board membership, but is not required for DOPS and/or DBA candidacy.

2.6b Selection of DOPS and DBA

The Director of Operations is responsible for assembling and managing the ACEMS Board of Directors and leading the squad. Because of the importance of this role, it is crucial that the DOPS position be filled by a candidate who is supported and trusted by the entire ACEMS community. The DOPS will be selected using the following process:

- All candidates interested in DOPS should email the ACEMS email with their candidacy statement, where the current DOPS will then forward each candidacy statement in an email to the entire squad.
- If only one member who meets the criterion outlined IAW Section 2.6a is interested in the position, there will be a "confirmation vote" in which all squad members can vote to confirm that candidate or express concerns. In this scenario, a candidate requires a two-thirds majority to be confirmed.
- If multiple eligible members seek the position, the DOPS will be elected by a democratic, squad-wide vote. This ensures an inclusive group of candidates that represent the squad as a whole, as well as encourages a more accessible and equitable selection of leadership.
- A squad meeting before the election will be dedicated to letting the candidates share their ideas for the future of ACEMS and field questions from members (November).

Similarly, the DBA will be elected by a democratic, squad-wide vote following the election of the DOPS (December). DBA candidates will also release a statement that shares their ideas for the future of ACEMS, first submitted to the ACEMS email, then forwarded to the entire squad by the existing DBA prior to the election.

2.6c Selection of DOE

The Director of Education is responsible for training all ACEMS members, so it is necessary for the position to be filled by someone with advanced EMS experience whenever possible. Therefore, the Board should, if possible, recommend a member for DOE who has either extensive outside EMS experience (ideally running on a professional ambulance service) or a lateral selection who has experience as an ACEMS crew chief. As with other Board positions, the current Board will select a DOE from the pool of qualified applicants.

2.6d Other Board Selections

The Board of Directors will accept applications for any vacancies. If multiple members are qualified for selection onto the Board, the current Board will recommend appointments based on the applicants' qualifications and resume. Qualifications for each Director position are based on their individual job descriptions (IAW section 1.2: ACEMS Leadership).

2.6e Term Limits on the Board of Directors

Every Board position will have an annual term limit to provide greater opportunity for squad-involvement and diversity of voices to be represented on the Board. Incumbents will be allowed to reapply for the same position if interested. Each board position will have an exact deadline for when applications for the position will be sent out to the squad, listed below:

- DOE (first two weeks January)
- DOP (last 2 weeks January)
- DOI & DOS (first two weeks February)
- DOO & DDEI (last 2 weeks February)
- DOR (first 2 weeks March)

2.6f Squad Poll for Selection of Board Positions

An anonymous google form will be sent out to the entire squad with a list of interested candidates for each position that include a required advocacy question and a voting poll. This will be considered supplemental information that will aid the Board's selection process and provide an outlet for squad members to advocate for a specific candidate.

2.7 Reimbursements

The cost of the ACEMS EMT class will be covered by the school for students who take it. All students of the class are required to try out for the ACEMS squad. If accepted onto the squad, ACEMS members must serve for a minimum of four full semesters (IAW Section 1.13).

The DOI manages reimbursements for ACEMS. Reimbursements cover all costs of licensure and certifications necessary for a member to run on ACEMS. This includes NREMT certification and MA state licensure. Reimbursements will be offered for members to take the NREMT examination up to three times. Reimbursements for members who need more than three attempts to pass their EMT exams will be considered on a case-by-case basis. ACEMS does not cover the costs of EMT courses outside of Amherst College.

For ACEMS members who want to serve on ACEMS in future semesters but have certifications that will expire during that time, ACEMS will reimburse costs of re-certification up to \$250 per semester of additional service. To be eligible for re-certification reimbursement, the member must be in good standing.

Members with EMS licensure in states other than Massachusetts will be reimbursed for costs associated with gaining reciprocity in Massachusetts.

ACEMS also reimburses members in good standing for some costs associated with ACEMS, but all potential purchases must be first reviewed and approved by the DOI and/or the Board. ACEMS never reimburses any tax associated with a purchase; if needed, the DOI may provide a tax exemption number to mitigate costs to any personnel. The following items may not be considered for reimbursement:

- Alcohol, recreational drugs, or drug paraphernalia
- Items purchased solely for personal use
- Items which may negatively impact ACEMS's relationship with the Amherst College Administration, town authorities, etc.

To receive reimbursement checks, members must provide itemized receipts to the DOI with a completed reimbursement form (see Appendix G). If members do not wish to receive a reimbursement via check to their Amherst College mailbox, they must indicate this on the reimbursement form. The DOI will submit reimbursements to the Office of Student Affairs such that members can expect to receive their check in approximately 2-6 weeks.

3. DISCIPLINARY PROCEDURES

3.1 Disciplinary Action

Disciplinary action for ACEMS members is defined as any formal warning or suspension from ACEMS membership, including permanent removal from the squad.

Any reported incidents involving a violation of the ACEMS SOPs will be formally investigated by the ACEMS Board of Directors. The DOPS is designated as the primary investigator for any reports but may delegate that duty to any Director when appropriate.

Any member under investigation for a potential SOP violation may be temporarily suspended until a decision has been made.

Any disciplinary action taken by the ACEMS Board of Directors may be appealed (IAW section 3.5), and may involve ACPD, the Office of Student Affairs, or Amherst College Health Services if appropriate or at the request of the member involved.

Any reports of criminal behavior will not be handled by the ACEMS Board of Directors but will be reported immediately to ACPD. Any particularly concerning reports that are not criminal in nature but potentially outside of the scope of the ACEMS Board of Directors may be reported to ACPD, the Office of Student Affairs, or Amherst College Health Services.

3.1a Minor Incidents

Minor incidents are violations of the ACEMS SOPs in which no serious damage occurs to the reputation of the ACEMS organization, a patient, or ACEMS equipment. Some examples of minor incidents may include, but are not limited to:

- Not “signing-in” for a shift
- Failure to do a proper radio check
- Being late for a handoff/shift
- Failure to communicate/coordinate a reasonable handoff plan
- Being late/absent for a mandatory meeting or training event
- Violating the ACEMS dress code while on duty
- Failure to fill out a PCR to standard
- Not restocking equipment properly
- Failure to submit mandatory feedback forms for junior members
- Not responding to a call in a timely manner

3.1b Major Incidents

Major incidents are violations of the ACEMS SOPs in which serious damage occurs to the reputation of the ACEMS organization, a patient, or ACEMS equipment. Some examples of major incidents may include, but are not limited to:

- Consuming alcohol or recreational drugs while on duty.
- Violating a patient's privacy.
- Leaving a PCR unsecured.
- Wearing ACEMS gear during off-duty alcohol consumption.
- Leaving ACEMS equipment unsecured (radios, bags, vehicles, etc).
- Abandoning a patient.
- Assaulting a patient.
- Refusing to respond to a call or being significantly late.
- Publicly subverting the ACEMS mission.
- Being disrespectful to another ACEMS member, ACPD, or AFD.
- Falsifying a report or written statement.

3.2 Formal Warnings

Members who are found to have violated an ACEMS SOP in a minor incident (IAW section 3.1a), and/or who do not have a pattern of misconduct or violations, will receive a formal warning from the DOPS or DBA, either verbally or in written (email) form. The issuance of a warning for a minor incident is not guaranteed, and the DOPS may take factors into consideration that would escalate the level of disciplinary action, such as history of violations, patterns of misconduct, inappropriate response to being asked about the incident in question, or being uncooperative during the investigation.

Generally, major incidents (section 3.1b) would require a disciplinary action more severe than a warning.

3.2a Plan of Action (Formal Warning)

Members who receive a formal warning may be asked to complete a plan of action, which should be issued to the member at the conclusion of the investigation into the incident. The plan of action should be reasonable and have the sole purpose of providing the member with a clear path to mitigating any damage the incident may have caused, along with potential tasks or plans to prevent it from happening again. A plan of action may include, but is not limited to:

- Instructing the squad on relevant SOPs.
- Mandatory corrective training.
- Meeting with one or more Board members.
- Meetings with college administrators.
- Apologies or attempts at reconciliation with another ACEMS member.

3.3 Suspension

Members who are found to have violated an ACEMS SOP in either a minor or major incident may be suspended from the squad temporarily. Suspended members may not run calls and must complete a plan of action during their suspension in order to be reinstated.

The standard length of suspension is one semester, although the Board has the discretion to make the suspension any length of time, up to one year.

3.3a Plan of Action (Suspension)

Suspended members must complete a plan of action, which should be issued to the suspended member at the conclusion of the investigation into the incident. The plan of action should be reasonable, and have the sole purpose of providing the suspended member with a clear path to mitigating any damage that the incident may have caused, along with potential tasks or plans to prevent the incident from happening again. A plan of action may include, but is not limited to:

- Instructing the squad on relevant SOPs
- Mandatory corrective training
- Meeting with one or more Board members
- Meetings with college administrators
- Apologies or attempts at reconciliation with another ACEMS member

3.4 Removal

3.4a Removal from ACEMS

Members who are found to have violated an ACEMS SOP in a major incident, have been found to have repeatedly violated the ACEMS SOPs, or show a lack of remorse and/or cooperation while the ACEMS leadership attempts to implement disciplinary action may be removed from the squad. Members who are removed from the squad must immediately stop taking ACEMS shifts and return all issued ACEMS equipment and clothing.

After a member is removed from ACEMS, the ACEMS Board may notify the Office of Student Affairs of the removal decision, and any incident(s) associated with the Board's decision.

3.4b Removal from the Board of Directors

Board members who fail to fulfill their obligations (IAW Section 1.13b) can be investigated for potential removal from the Board by the DOPS and/or DBA at the request of any Board member. If the offending Board member is the DOPS or the DBA, the longest-serving Board member who is not accused or implicated will conduct the investigation.

Board members who are found to have violated their obligations as a Board member, (IAW Section 1.13b) and/or receive disciplinary action (IAW Section 3.1) will be either given a formal warning or removed from the Board. Decision of which consequence should be handed down should be done via Board vote. Decision to remove a Board member requires a two-thirds majority of members not being voted on.

3.5 Appeal Process

Disciplinary actions taken by the ACEMS Board of Directors may be appealed. In the event that a member wishes to appeal a disciplinary action taken by the Board, the Chief Student Affairs Officer will receive a written report of the incident and any findings that the ACEMS Board uncovered during the investigation. The appealing member must submit a written statement describing their version of events, along with a description of why they wish to appeal the prior decision.

At the discretion of the Chief Student Affairs Officer, a written adjudication will be made or a meeting will be scheduled. The Chief Student Affairs Officer will determine the time, place, and specific participants. The “Appeal of Disciplinary Action” form (Appendix F) should be filled out and returned to the ACEMS Board within 72 hours to ensure that the appeal meeting happens in a timely manner. Decisions of the Chief of Student Affairs Officer are final.

Any member who is under pending disciplinary action should not run shifts or cover events until the appeal process is over and a decision has been reached.

Vehicle Inventory

Jump Bag (Med-10 Bag)

- Bleeding Control Supplies
 - 10 Band Aids
 - 10 Roller gauze (various sizes)
 - 10 4" x 4" gauze
 - 10 2" x 2" gauze
 - 10 5" x 9" ABD Pads
 - 2 Trauma Pads
 - 2 rolls 2" tape
 - 2 rolls 1" tape
 - 2 Tourniquets with sharpie
 - 5 Semi-Occlusive Dressings
 - 1 Hyfin Chest Seal
- Splinting Supplies
 - 1 Adult C collar
 - 5 Triangle Bandages
 - 1 SAM Splint
 - 2 SAM finger splints
- Oxygen
 - 1 D oxygen tank with regulator, PSI above 600
 - 1 Adult BVM with mask
 - 2 Adult NRMs
 - 2 Adult nasal cannulas
- Manual Suction Unit
- Vital Signs Equipment
 - Digital Thermometer
 - Adult BP cuff
 - Stethoscope
 - Penlight
- Body Substance Isolation Equipment
 - Small, Medium, Large and Extra Large Gloves
 - 3 Surgical Masks
 - 5 N-95 Respirators
 - 1 Eye Protection (1)
- 1 Flashlight
- 2 Trauma shears
- 4 Space Blankets
- 2 Tubes Oral Glucose with Tongue Depressors
- Bottle 81mg 'baby' Aspirin (1)
- Cold Packs (2)
- Bio-Hazard and Convenience Bags

AED

- 2 sets Adults AED Pads
- 1 set Pediatric AED Pads
- 1 Trauma Shears
- 1 Razor
- AED bag:
 - 1 Epinephrine auto-injector
 - 1 Pulse oximeter

Battery Powered Suction Unit

- Extra Yankauer Suction Tips
- Extra Suction Tubing
- Eye Protection

OB Kit

Pediatric Equipment Kit

- 1 Pediatric BVM with Mask
- 1 Infant BVM with Mask
- 2 Pediatric NRM
- 1 Pediatric C-Collar
- 1 Pediatric BP Cuff
- 1 Infant BP Cuff

Triage Kit

- Triage Tags
- Black, Yellow and Green flagging tape
- Bleeding control supplies
- 1 OPA set

Splint Kit

- Various padded board splints
- 1 traction splint

2 Disposable blankets

3 Traffic safety vests

Clipboard with runsheets

Med-12 Bag

Outer Compartment

- Top Pocket
 - 5 5”x9” ABD Pads
 - 10 4”x4” Pads
 - 3 6” x 4 yard Conforming Stretch Gauze
 - 3 4” x 4 yard Conforming Stretch Gauze
 - 3 Petroleum Gauze Occlusive Dressings
 - 1 HyFin Vent Chest Seal
 - Various Band Aids
- Bottom Pocket
 - 2 Space Blankets
 - 3 Triangular Bandages
 - 1” and 2” Tape
 - Saline Spray
- Side Pockets
 - 5 Red Biohazard Bags
 - 4 Convenience Bags
 - 5 N-95 Respirators
 - 5 Surgical Masks
- Strapped In
 - 2 Tubes Oral Glucose with Tongue Depressors
 - Trauma Shears
 - 2 Elastic ACE Wraps
 - 4 SAM Finger Splints
 - 2 36” SAM Splints
 - 1 Tourniquet with Sharpie
 - 1 Bottle 81mg ‘baby’ Aspirin

Inner Compartment

- Vitals Pocket
 - 2 Penlights
 - 1 Stethoscope
 - 1 Blood Pressure Cuff
 - 1 Pulse Oximeter
 - 1 Pen Thermometer with 10 Cover Slips
 - 1 Stopwatch
- 3 Ice Packs
- Airway Pouch
 - 1 OPA Set
 - 4 NPAs Sizes 28-34 With Lube
 - 1 BVM
- 6 Pairs of Gloves of Every Size
- 1 Clipboard With 30 Run Sheets

- 1 Cervical Collar
- ID Card and Key (may be strapped to outside of bag)

Appendix C

Med-13 Bag

Right Inner Compartment

- 1 Blood Pressure Cuff
- 1 Stethoscope
- 1 Penlight
- 1 Thermometer with 5 Covers
- 1 Stopwatch

Left Inner Compartment

- 1 Tourniquet with Sharpie
- 2 Tubes of Oral Glucose with Tongue Depressors
- 1 36" SAM Splint
- 2 Finger SAM Splints

Back Inner Compartment

- 3 5"x9" ABD Pads
- 3 4"x4" Gauze Pads
- 2 Occlusive Dressings
- 2 Roller Gauze
- 3 Triangular Bandages
- 1 ACE Bandage
- 1 Roll 1" Tape
- 1 Roll 2" Tape
- Misc. Band-Aids
- 3 Ice Packs
- 1 Trauma Shear
- 1 Can Disinfectant Spray
- 1 CPR Mask

Front Outer Compartment

- 3 N95 Respirators
- 3 Surgical masks
- 6 Pairs of Gloves, All Sizes

Left Outer Compartment

- 2 Convenience Bags
- 3 Bio-Hazard Bags
- 1 Flashlight
- 1 Campus Map
- 1 Amherst ID
- 4 START Triage Tags

Right Outer Compartment

- 1 OPA Set
- 3 NPAS (Size 30, 32 and 34) with Surgical Lube

Glossary of Acronyms

ACEMS - Amherst College Emergency Medical Services
ACPD - Amherst College Police Department
AED - Automated External Defibrillator
AFD - Amherst Fire Department
AHA - American Heart Association
AHS - Amherst College Health Services
ALS - Advanced Life Support
ARC - American Red Cross
BLS/QRS - Basic Life Support/Quick Response
CAO x4 - Conscious, Alert, and Oriented to person, place, time, and event
CPR - Cardiopulmonary Resuscitation
CSA = Community Safety Assistant
DL - Driver's License
DBA - Director of Business and Administration
DOE - Director of Education
DOI - Director of Inventory and Finance
DOO - Director of Outreach
DOPS - Director of Operations
DOR - Director of Recruitment
DPS - Director of Personnel and Scheduling
EMS - Emergency Medical Services
EMT - Emergency Medical Technician
FEMA - Federal Emergency Management Agency
Hazmat - Hazardous Materials
IAW - In Accordance With
ICS - Incident Command System
NREMT - National Registry of EMTs
PCR - Patient Care Report
PMIC - Paramedic In Charge
QA - Quality Assurance
SOP - Standard Operating Procedures
STX - Situational Training Exercises
UHS - University of Massachusetts Health Services

Important Contact Information 2022-23

Board of Directors:

<p>Director of Operations Stephanie Zovich szovich23@amherst.edu</p>	<p>Director of Business & Administration Henry Bassett hbassett23@amherst.edu</p>
<p>Director of Personnel Eliza Berner eberner25@amherst.edu</p>	<p>Director of Inventory & Finance Jack Dunham jdunham25@amherst.edu</p>
<p>Director of Recruitment Liam Arce parce24@amherst.edu</p>	<p>Director of Outreach Lani Uyeno cuyeno23@amherst.edu</p>
<p>Director of Scheduling Woohyun Kwen wkwen25@amherst.edu</p>	<p>Directors of Education Austin Xiong axiong23@amherst.edu Maria Pelayo mpelayo23@amherst.edu</p>
<p>Directors of Diversity, Equity, and Inclusion Elizabeth Zhang ezhang24@amherst.edu Anurima Chattopadhyay achattopadhyay24@amherst.edu</p>	

College Administrators:

<p>Chief Student Affairs Officer Liz Agosto lagosto@amherst.edu (413) 542-2337</p>	<p>Director of Health Services Emily Jones ejones@amherst.edu (413) 542-2267</p>
<p>Chief of Public Safety John Carter jbcarter@amherst.edu (413) 542-2771</p>	<p>AHS Direct Line AHS Staff (413) 542-2271</p>

Appeal Form



AMHERST COLLEGE EMERGENCY MEDICAL SERVICES

Name:

Rank:

Date of Appeal Request:

Date of Incident:

Disciplinary Action Being Appealed:

Explanation of the Incident that Led to Disciplinary Action (in your own words):

Reason(s) for Appeal:

REQUEST FOR REIMBURSEMENT

Name _____

Employee ID _____

Address/Box # _____

Student ID _____

- Student Affairs
- Student Activities/CAB (circle one)
- Residential Life Dorm _____ Theme House _____

Event

Event _____ ACEMS Reimbursement _____

Event Date _____

Campus-wide _____ Other _____ (Please attach list of names or groups)

Vendor

Name	Amount
Total	

Reason for reimbursement: _____

Signature: _____ Date: _____

Office Use Only

Department _____ Account # _____

Approved by _____

Approval amount _____ Approval date _____

STAPLE ALL RECEIPTS TO THE BACK OF THIS FORM

(Receipts must be itemized)

PCR Checklist

- **Incident History/Subjective**
 - **Chief Complaint**
 - **SAMPLE**
 - **OPQRST-I**
 - **Bystander Info**
 - **Pertinent Negatives**
- **Objective**
 - **Description of scene**
 - **Description of pt/pt position**
 - **Pts mental status, ambulatory status**
 - **Demeanor, cooperation, behavior**
 - **Visual Inspection (Description of injury if present)**
 - **Auscultations (Lungs, bowels)**
 - **Palpation**
 - **Any breath smells, other smells**
 - **Trends in pain, vitals, or alertness**
- **Assessment**
 - **Restate chief complaint, or**
 - **Possible “x”**
- **Plan**
 - **Interventions**
 - **Transport decision**
 - **Pt Education**

Leave of Absence Form



AMHERST COLLEGE EMERGENCY MEDICAL SERVICES

Name:

Rank:

Start Date of Leave:

End Date of Leave:

Explanation of Leave request (if applicable):

I, _____ am aware that any extended periods of leave may require a

Printed name

reintegration period before resuming duty at the rank of Med-10, IAW ACEMS SOP,

section 1.15.

Signature

Date

ACEMS Standard Operating Procedures

Statement of Understanding

I, _____, hereby acknowledge and declare that:
Print Name

(i) I am aware that ACEMS's policies are available to me on the Amherst.edu website, and I have received a digital "pdf" version by email. It is my responsibility to familiarize myself with these policies.

(ii) In addition, I confirm that I have received, read and understood the following policies:

- Operations
- Recruitment, Selection, Promotion
- Discipline

(iii) I agree to conduct my activities in accordance with ACEMS's policies and understand that breaching these standards may result in disciplinary action up to and including removal from the squad.

Signed: _____

Date: _____

SOP Version: _____