Prodigy MedRP SOP

Welcome to Prodigy MedRP!

These standards of procedure are for those taking on a role within the server's medical RP departments. The information in this guide is meant to assist you in medicalRP and not for use in real life situations. Please do not attempt to use this information for anything other than its intended purpose.

OOC Information

Our goal on Prodigy RP is to promote fun, memorable and engaging experiences for our player base.What this means for all medical personnel is that we want to **promote roleplay and bedside manner over technical rp**. **You are not a game mechanic and there's no need to act like one**. Talk to your patients, joke with your patients, get to know your patients.Make what could be an annoying situation, or a serious rp moment a little special and memorable for the players involved.. Everyone will reap the rewards in the long run.

The medical whitelist role is given to players with the expectation that you have the capability to enrich and expand player story while also having your own and in reflection of that roleplayers with this role are held to a higher standard.

OOC Rules, Policies & Regulations

- Medical staff is an allowlisted job and failure to uphold [Prodigy server rules](), or any of these OOC rules or policies may result in your removal of the medical allowlist role.
- You should attempt to be professional at all times while on duty for LSMS while taking into consideration your character's quirks and mannerisms; actions always have consequences but we do not want this professionalism to stifle your rp.
- **We want you to have characters in medical rp with personality, problems, and personal goals.** If you find your story leading to a situation where you can be terminated or fired we will welcome you on another character should you wish to explore these characters options.
- Do not abuse game mechanics given to medical staff.

- Corruption RP **MUST** be approved by server staff. This includes selling morphine, or other medical supplies.
- We understand everyone needs to take a break and ask you to please let us know when and how long you intend to take a break, as well as keep us updated periodically in regards to your break. Please keep in mind that in some circumstances prolonged breaks while you are in a command position may require us to fill your position with an active player. On return from your absence you may qualify to obtain this position or another vacant position. Those still in a training position (EMR or nurse/doctor in training) will be removed from the roster after two weeks of no contact. You may reapply once you are able to commit to finish your training.
- If a player puts you in an uncomfortable medical situation (inappropriate, sexual in nature, pregnancy rp, etc.) you may hand off the situation to another medical player or an npc doctor as necessary. You may then follow up with a report if you feel the situation is warranted.
- Nancy - Nancy is our NPC "Doctor" that helps us when no Doctors are on duty, or to help us communicate with patients when they are unconscious. This is our way in RP to get information from someone such as: Injuries (may also just be obtained by RPing out evaluations and the patient providing /me responses to pointed inquiry), ICE Contacts, if a PT needs to go to ICU and they are still out, etc. Nancy's comments are final. If Nancy says this patient needs an ICU, they go-to ICU. If you disagree, you may make a couple suggestions but you do not argue with Nancy.
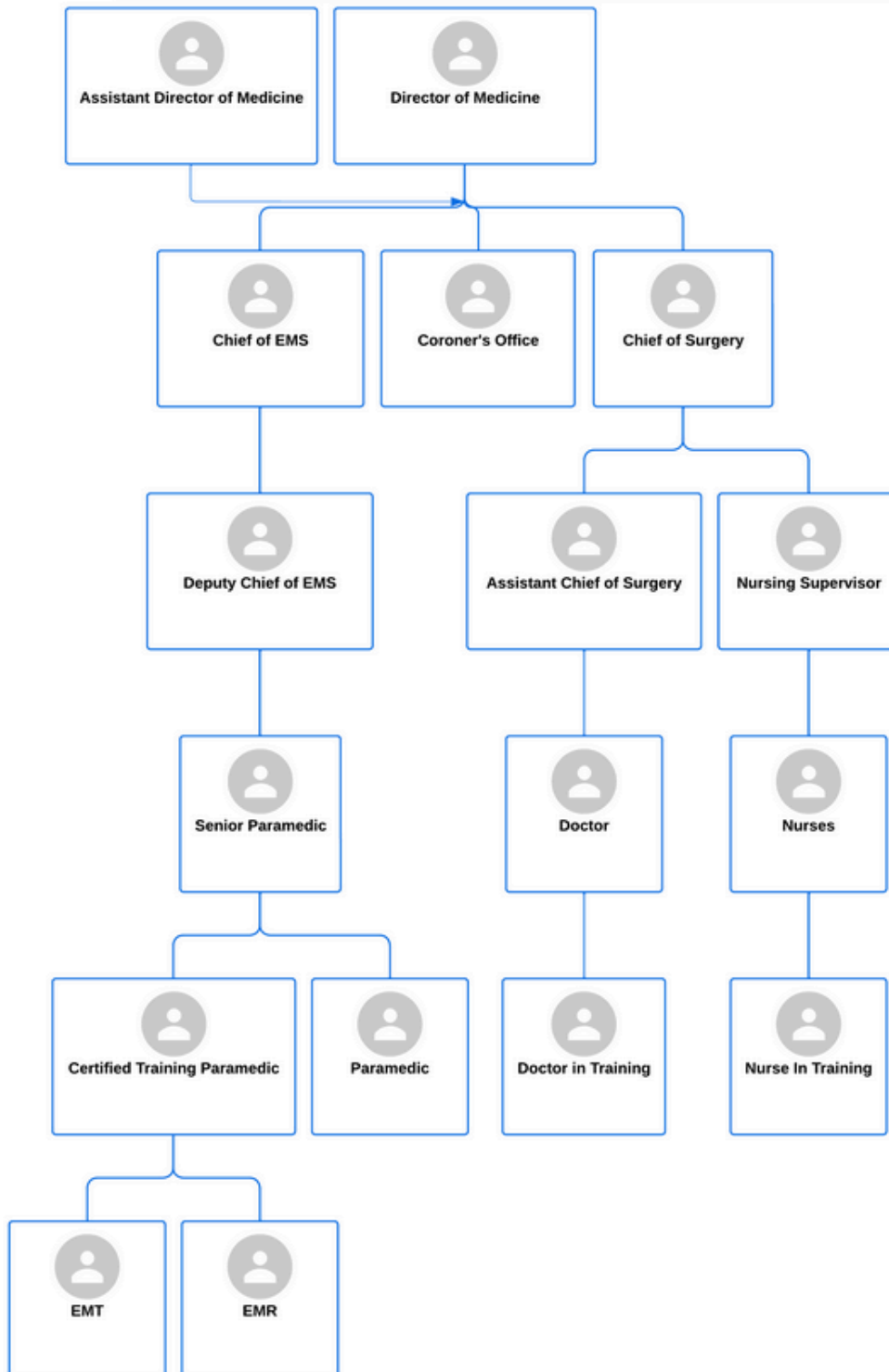
IC Rules, Policies, & Regulations

- All on duty medical personnel have a duty to act. This means you are required to treat any injured person on Hospital property or out in the field, without prejudice while on duty. The only exception is if helping someone puts your own life in danger.
- Only PD are allowed to take any action against individuals. You can not detain or arrest individuals. Always let Police handle these situations.
- EMS may carry a weapon on duty to ward off animal attacks out in the field under the condition that you have a valid weapons carry license.

- You must maintain a clean criminal record and have no affiliations with known criminal groups or organizations.
- Do not abuse any tools given to you as medical personnel.
- You have a duty to give any information you may have on a crime requested by an investigating Police officer.
- You have a duty to report any crime that happens on Hospital Property, including the parking structures. Please see Duty To Report section for more details
- You have a duty to report any violent crime a patient in your care reports to you. Please see Duty To Report section for more details
- St. Fiacre is an at-will employer.

LSMS Chain of Command

Assistant Director of Medicine

Director of Medicine

Chief of EMS

Coroner's Office

Chief of Surgery

Deputy Chief of EMS

Assistant Chief of Surgery

Nursing Supervisor

Senior Paramedic

Doctor

Nurses

Certified Training Paramedic

Paramedic

Doctor in Training

Nurse In Training

EMT

EMR

RANKS & DESCRIPTIONS

Administration

- **Surgeon General -**
    - Enacts and changes policies
        - OOC responsibilities
    - Disciplinary Acts
        - Up to termination
    - Final decision maker
- ~~**Assistant Director(s) of Medicine**~~
    - ~~Support system to Director of Medicine~~
    - ~~Assumes Director duties when DoM is on LOA~~
        - ~~OOC responsibilities~~
    - ~~Disciplinary acts~~
        - ~~Up to termination~~

EMS

- **Command**
    - Chief of EMS -
        - Deploys enacted and changes in policies
            - OOC responsibilities
        - Ensures EMS is running smoothly
        - Addresses issues that impact EMS employees
        - Reports directly to Director of Medicine
    - Disciplinary Acts
        - Up to termination EMS
    - Deputy Chief of EMS -
        - Support system for Chief of EMS
            - Helps determine and lead training structure
        - Runs EMS Academies
- **Paramedic**
    - Senior Paramedic (Ready for Command Consideration)
        - Hiring
            - Interviews
            - Training supervisors
    - Certified Training Paramedic
        - Training
        - Assists EMS academies
    - Paramedic (Basic)
        - Can operate solo in the field
- **EMT**
    - Certified to attend calls solo
- **EMR** (Trainees)
    - Rides with trainer
    - Can only treat medicals with a trainer or under doctor supervision at pillbox

PHS

- ~~**Command**~~

- ~~Chief of Surgery~~
    - ~~Deploys enacted and changes in policies~~
        - ~~OOC responsibilities~~
    - ~~Ensures PHS department runs Smoothly~~
    - ~~Addresses issues that impact PHS employees~~
    - ~~Reports directly to Director of Medicine~~
    - ~~Disciplinary Acts~~
    - ~~Up to termination of PHS~~
- ~~Assistant Chief of Surgery~~
    - ~~Support system for Chief of Surgery~~
        - ~~Helps determine and lead training structure~~
- ~~Medical Examiner~~
    - ~~Handles all DOA's and Autopsies~~
    - ~~Works directly with PD~~
    - ~~Supervises all Ass't Medical Examiners including training~~
    - ~~Reports directly to Director of Medicine~~

- **Doctor**
    - Senior Staff
        - Hiring
            - Interviews
            - Training Senior staff to be trainers
        - Reports Directly to Chief of Surgery
    - Doctors - certified training
        - Training
        - Working directly with Nursing staff
        - Able to perform duties unsupervised
    - Interns
        - Working with PHS staff while training
        - Assist Doctors with patients and Surgeries
- **Nurse**
    - Head Nurse
        - Hiring
            - Interviews
            - Training Nursing staff
        - Supervising Nursing staff
        - Work alongside MD's
        - Reports directly to Chief of Surgery
    - Nurse
        - Work alongside Doctors
        - Patient care
    - Nurse in training
        - Work alongside Doctors
        - Work alongside your trainer
        - Patient Care

HIPAA

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

You may not disclose information about a patient or a patient's medical history to unauthorized individuals via <u>any means</u> for <u>any reason</u> except under the following exceptions.

The Individual(s) requesting information are listed as an emergency contact. (ICE Contact, in MDT or in person)
The Patient sustains injury in the following circumstances, and the person requested the information is a Law Enforcement Officer.
- Gunshot Wound
- Stab Wound
- Injuries Sustained in a Crime

The patient is under an active investigation and is a credible risk to public safety and the individual requesting the information is a Law Enforcement Officer.
The individual requesting information is a Lawyer or member of the Department of Justice and/or has a court ordered subpoena.

Hipaa Acknowledgment:

While under the employment of LSMS you understand and agree to follow HIPPA as it applies to medical situations and records while under the employment of the LSMS.

Legal & Press Inquiry

Do not communicate with lawyers and the press without prior authorization from the Director of Medical Services. Record the petitioners Name and contact information and politely inform them that someone authorized will contact them directly.

Duty to Report

This is the duty for all gov. employees to report any act of violence both in the hospital and by EMTs. Now for us, if we reported everything that would be overwhelming for PD. So our approach is going to be "Reasonable Suspicion" or upon direction from a Patient and/or Nancy.

- Conscious patient: Once treated, ask the patient if they would like to file a Police Report. Please note that if they indicate yes you MUST also create a medical report for them.
- Unconscious patient: Once treated if they remain unconscious, You may ask "Nancy" in some way, shape, or form that this situation seems suspicious and that you believe a call to PD might be needed and what she thinks. If "Nancy" indicates that they want PD called then you must also have a report and indicate in that report that PD was called.
- Unconscious Patient: Once treated if they remain unconscious, and you have done the above and asked "Nancy" and have not received a response, you MUST call PD. Again, make a report, and indicate that those actions were taken

In the two instances of the patient remaining unconscious this is likely an ICU situation so you should have a report regardless

Clocking In and Out

We ask that you clock in and out via the front desk with our receptionist. However, if you are EMS out in the field and DC or need to log in remotely use the following commands. /onduty ems or /offduty Note: these are to be used in situations where you can not get to a place to log in

(Third Eye Selection, E to open menu, Left Click on Selection)
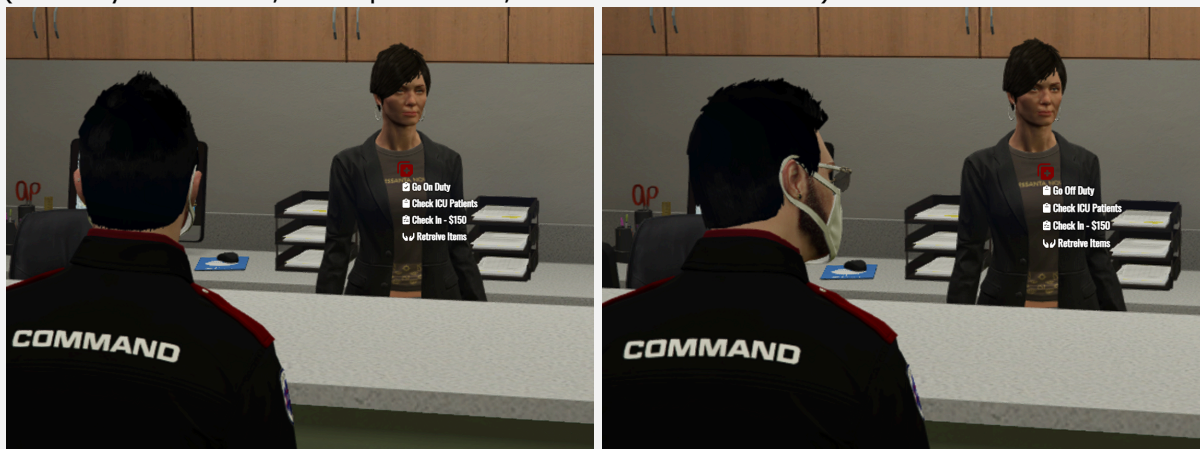
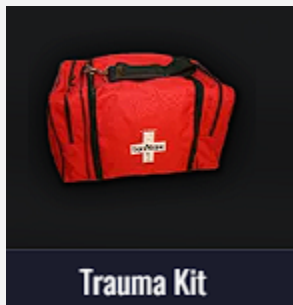## Medical Supplies and their Usage
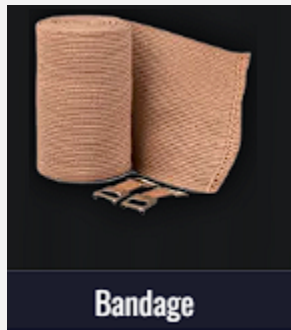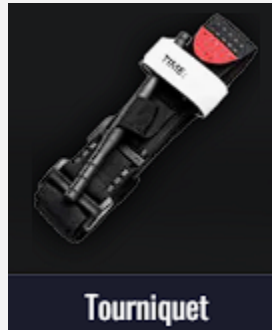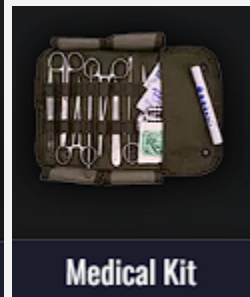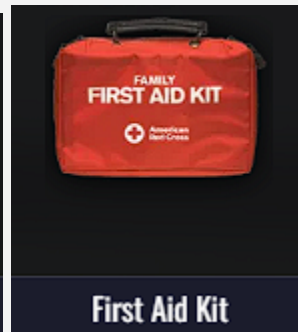
**Gauze** - used in field for <u>excessive</u> bleeding -will show as an option if useable

Bandages - Used in field, after reviving; gives small heal

Tourniquet - Used to stop bleeding temporarily, will keep patient from passing out during transport. Once effect wears off, they will resume bleeding and losing health

Medical Kit - Used by staff in hospital to heal patient , patient must be in a bed
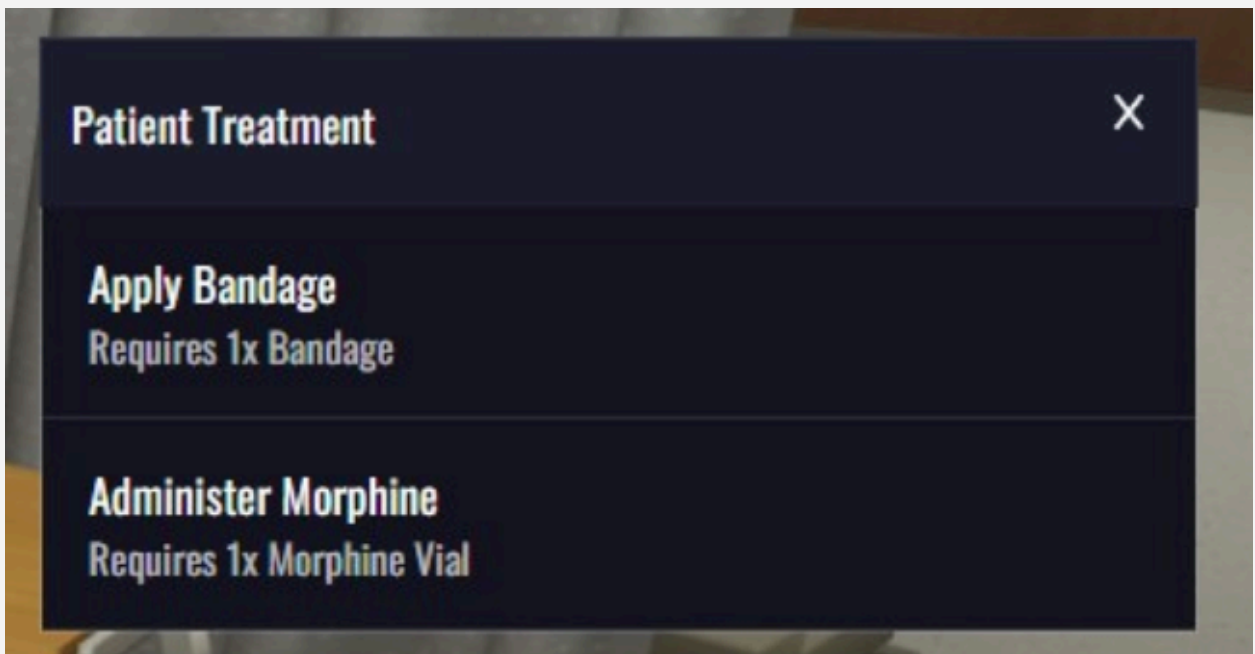

Trauma kit - Used to revive person
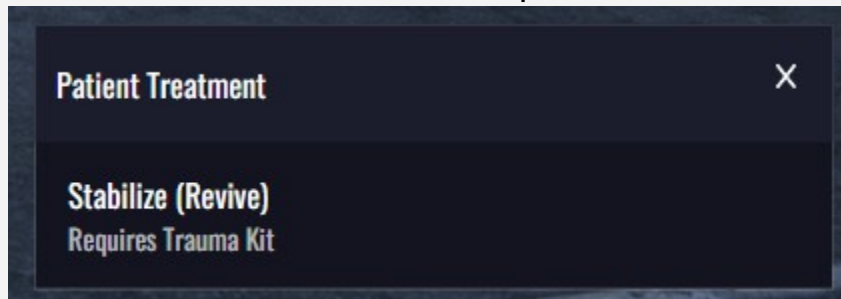
Morphine - **Selling or distributing this to Civilians is currently NOT allowed and considered corruption. YOU WILL BE FIRED or Account actions taken if you participate in this.** Temporarily prevents the effects of damage. In hospital option. Ex: limping from leg damage. Note: civilians can use however if they use too much they will throw up and lose health

First aid kit - self heal, rng percentage 10 - 25% heal

How to use:

1. Use third eye over patient
2. Click Evaluate
3. Available options will show
4. You must Evaluate patient after each action. Ex: evaluate, revive, evaluate, heal

Patient Treatment ✕

Apply Bandage
Requires 1x Bandage

Administer Morphine
Requires 1x Morphine Vial

EMS:

While out in the field, you may revive and apply one to three (bandage) heal if the patient refuses transport to Hospital. Patients

need to follow up on their injuries either on their own, or returning with ems to the hospital.   This is non negotiable 🙂

Vehicle Authorization and Usage

While under the employment of LSMS you have access to a pool of Emergency Vehicles according to your rank that you are allowed to operate under the following circumstances.

You have a valid Driver's License.
You have passed the vehicle's certification if necessary.

Using a fleet vehicle you are responsible during your shift for the fuel and vehicle maintenance that is required. We ask that you do not return damaged and unfueled vehicles to the vehicle pool. In the event that you can not meet these standards in the case of an emergency please notify a supervisor so that they can take care of it for you.
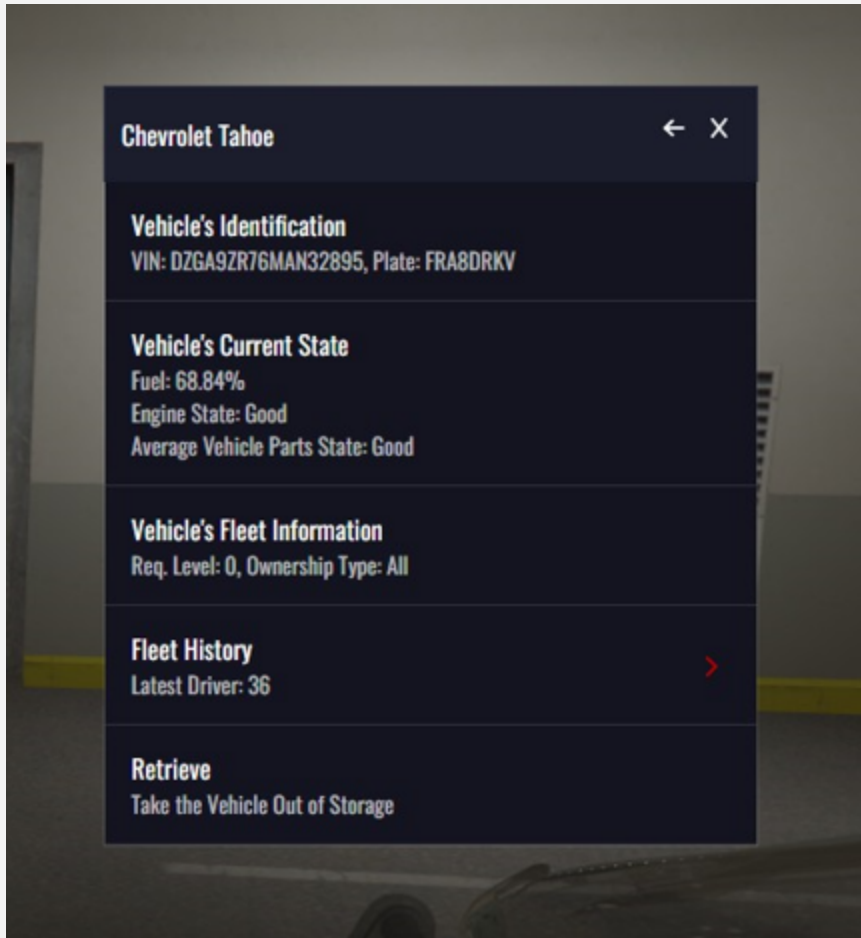
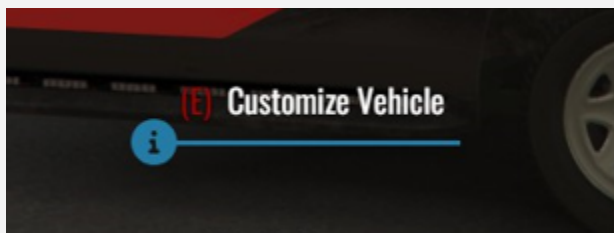In Hospital garage open radial menu (f1 is default)
Click on Garage icon
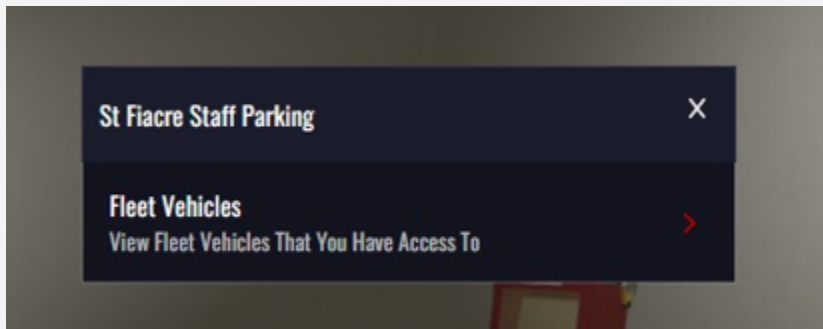
Click on the right arrow under fleet vehicles to choose the appropriate vehicle
Click on the vehicle, you will see a window pop up

Click **Retrieve** on the bottom to spawn that vehicle. Note the details on Current state of the vehicle

Once inside vehicle you will see an option to Customize Vehicle

Here you can repair it if it is an emergency. If not, please take to a mechanic when convenient.

Customs - Repair Required   ✕

Pay $633 for Repairs & Continue
Pay $633 For Repairs

Pictures are placeholders for new updated liveries that are pending.

Speedo Van Ambulance - Everyday Use

Tahoe - Sr. Paramedic & Above

Command Charger - Deputy Chief & Above

Vehicle

Vehicle Usage Type - Certification/License (Situational)|
📄 Flight Cert Docs

MDT PROTOCOLS

Please follow your department's SOP in regards to MDT Protocols.

MDT Command: /MDT

This can be set as a hotkey in the FiveM Keybind Menu

1.On the left hand side, click on the **Create Report** button. #1 on example picture

2. Check to make sure it says **"Medical Report"** directly to the right. #2

3. Just below, You'll see **Report title**. #3
   - Enter Patient's Name using *Last name, first name* formatting.

4. In the entry field #4 fill out:
   1. How the patient arrived (ems/walk in, conscious/unconscious)
   2. Injuries: list PT complaints and injuries
   3. Treatment: What treatment they received
   4. Result: PT released, sent to recovery or ICU.
   5. Add in any other important information

5. Add any tags that may be needed #5
        Ex: GSW or DOA, etc
6. Add any Medical personnel involved. #6 Report will auto add your name
        Also add any others involved, officers /witnesses in box below

7. Once satisfied report is done, Submit report #7

To look up a report already filed:
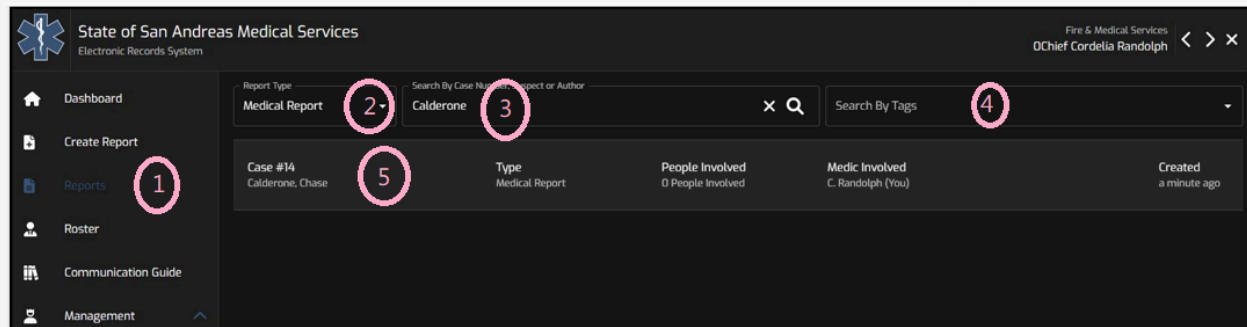
1. Click on Report
2. Verify it is a medical report
3. Type in Patients name - full or partial
4. Optional method to look for specific tagged medical records
5. All reports with Patients name will show here
   Click on the report to open
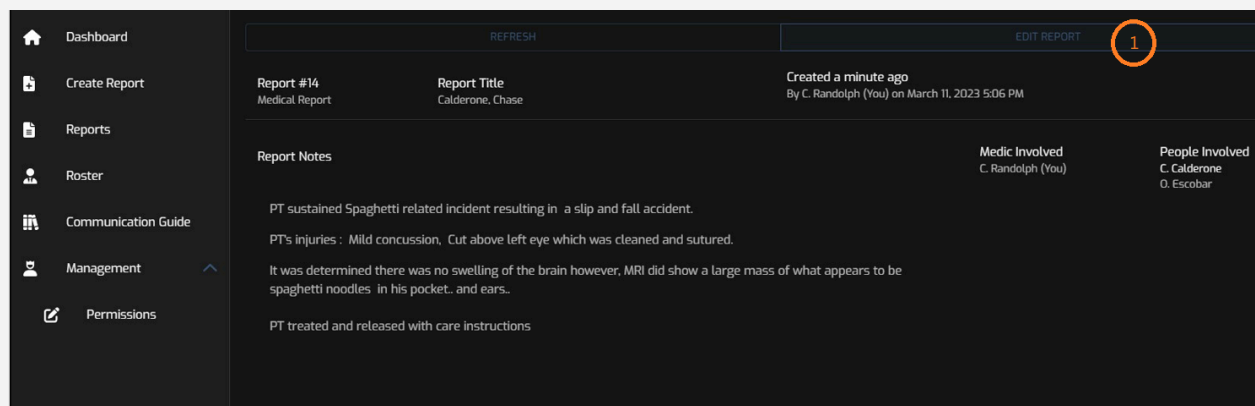
Example of a completed report

1. If report needs to be edited, open the report and click the edit button - this will be convenient for updating ICE contacts

In case of Emergency (ICE) Contacts:

A Patient may have three personal ICE contacts.
One Affiliation Contact. (Gang)
Three Professional Contacts. (Employer, Supervisor.)

If a patient does not have any ICE Contacts, it may be listed on their person,

you may check them for this information should the situation arise.

ICE contacts must be contacted in the case of an emergency.
Phone the contact, if there is no answer text the contact.
Do not give out details on the nature of injury or status of the patient over the phone or through text message, ask the contact to come to the hospital at their earliest convenience.

Report Type

Medical Report

Report Title

Randolph, Cordelia

Report Notes

Paragraph ∨ ✎ ∨ **B** *I* U̲ S̶ ☰ ∨ ☷ ∨ " ▦ ∨ 🔗 ▶ ∨

***** ICE Contacts: *****

1. John Smith   454 833-5000 brother
2. \<name> \<number> \<relationship>

Additional notes: all medical command may be made aware of condition

161 Characters 21 Words

ICU Admittance Procedure:

1. **Mark** their report with an ICU Tag and include room number in the report
2. Update the "ICU Tracker" with - "*Report# - Name - Date of Admittance - est Length of stay*" into the appropriate room

ICU Discharge Procedure:

1. Evaluate Patient for readiness to be discharged, or if Nancy says to discharge
2. Update original Report with Discharge Statements/Notes
3. **Remove** ICU Tag from the Original report
4. **Remove** Patient from the ICU Tracker sheet

MDT tags and you:

When making a report or editing one, please use appropriate tags as needed. Most are labeled by type of injury: see list
DOA - Tag if patient does not survive their injuries. Do not mention this tag out loud in front of patients

GSW / Stab / Burn / Fracture / Drowning / Disease - add these tags as needed. Will make searching for a specific injury type easier

Follow up - Use this tag if Patient is in hospital and was treated by local doctors.
        EMS be sure to tag on any cases you have to enter when there may be no doctors on duty.
        PHS - when coming on to shift, check all cases with this tag to make sure we are following up with our patients

Surgery - Use this tag if patient is scheduled or wanting to schedule surgery

ICE / Allergies - Tag all entries which you add a patient's ICE contacts. This way you may look up the name along with the tag to find the correct entry to either call or to edit.
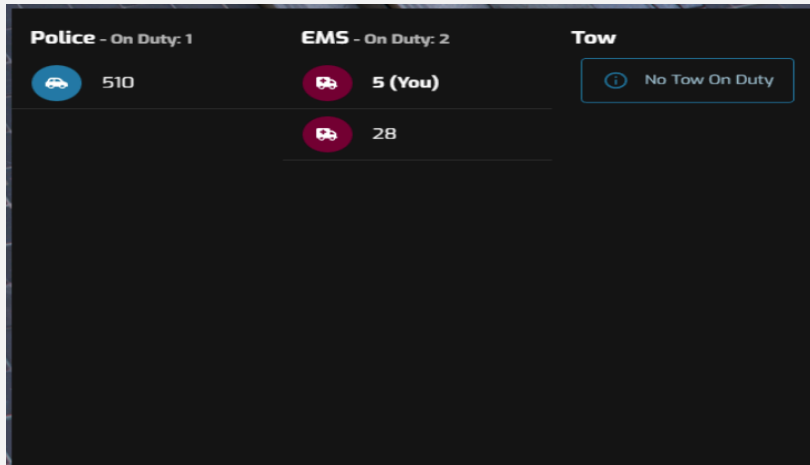
RADIO PROTOCOLS

1. Power button
2. Volume control
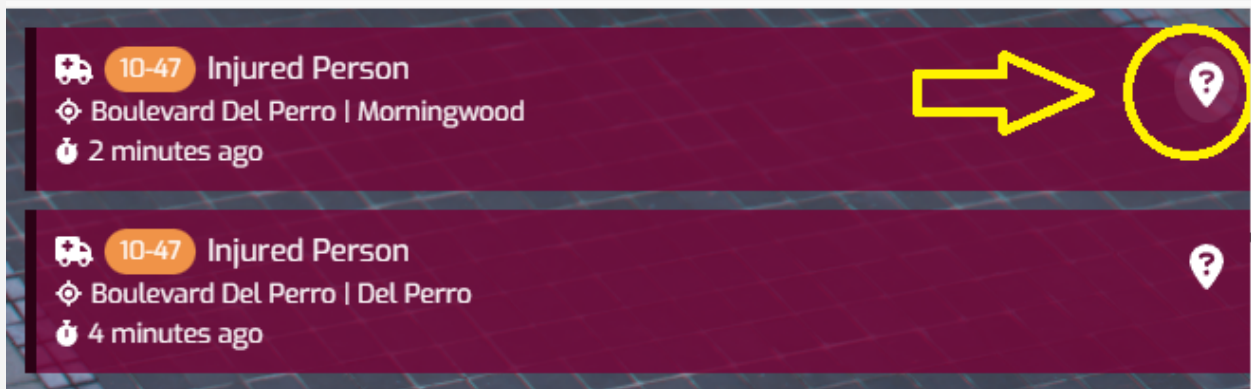3. Channel 1 - set to 1 for EMS Channel - set to 1.1 for dr's at hospital

Default Transmit = caps lock
To open radio dispatch window = Tilde key (`)

In upper right you will see latest calls

If you click on the **?** on the far right it will auto mark the location on the map
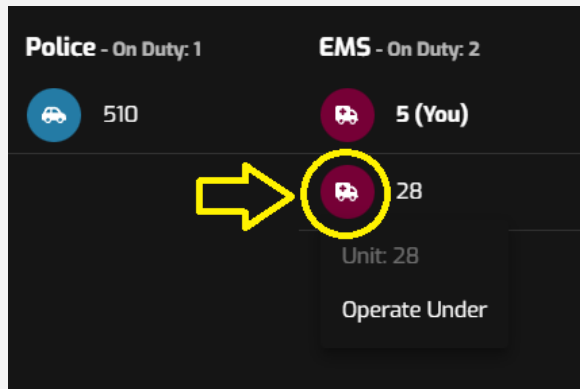

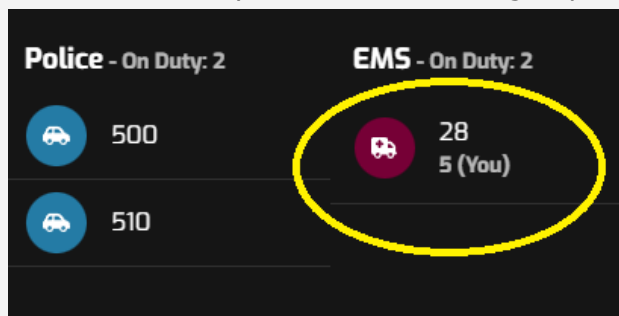Once location is marked you will get an alert that location is marked

How to group with another unit:
1. Left click on the icon of the unit you wish to group with
2. Click "operate under" see photo below

You will now see your unit and theirs grouped under one ambo

To separate from unit aka break off
1. Click on the Icon
2. Choose Break off from # you are with (orange arrow below)

To change to either rapid response or Angel flight
1. Click on Icon
2. Choose "Change to"
3. In the next drop down, choose Life flight or Rapid Response
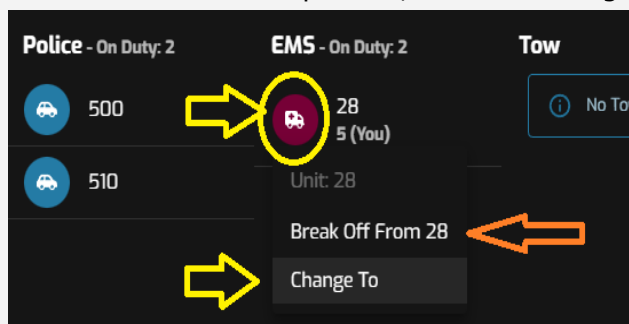
Note: Life Flight means you are switching to Angel flight (helicopter)
Rapid Response means you are a supervisor, in non ambulance, responding to an emergency situation.
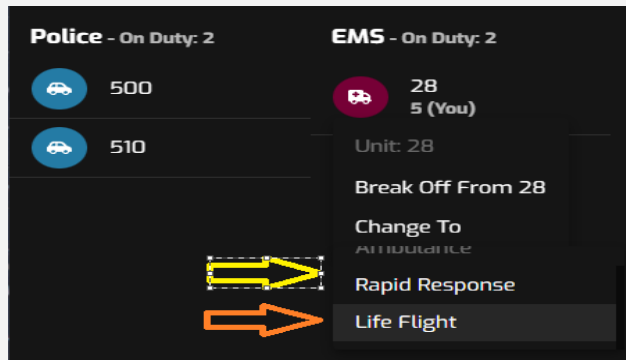
Radio Etiquette

We follow the ABC's of transmitting:
A - Accuracy
      Think before you transmit
      Make sure the information you are transmitting is accurate - especially when communicating with PD
B - Brevity
      Keep your transmission brief
      Short, sweet and to the point
C - Clarity
      Speak slowly and clearly

If you need to hail someone on the radio, begin with their call sign followed by your callsign and what you need.
      Ex: "twenty three, zero 3 direct"
      Wait for response - something like "send it"
      Then tell them what you want
Hailing pd:
      Swap to radio 2
      Wait for a break in traffic , unless a dire emergency
      Use same format "PD dispatch to EMS direct"
      Wait for pd to respond
      Transmit clearly what you need to relay
If PD hails EMS:
      Highest rank or designated ems will respond (this is to avoid talking over each other
      Inform PD of response. Ex: "10-4 we'll have a unit en route"

In case you need to break into busy radio traffic:
     Emergency only. You say "break"
     Wait for silence. If none, repeat "break"
     State what the emergency is clearly and concise

Callsigns - you will be assigned a callsign by command
01-10 Command
11-19 Sr. Paramedic
20-34 Paramedic
35-49 EMT
50-60 EMR
61-69 Head Doctor/Nurse
70-79 Doctor
80-89 Nurse
90+ Long LOA/Trainees

For relaying information like License plates we use the Phonetic Alphabet to help keep comms clear and concise.

A alpha	B bravo	C charlie	D delta	E echo		
F foxtrot	G golf	H hotel	I india	J juliett	K kilo	L lima
M mike	N november	O oscar	P papa	Q quebec	R romeo	S sierra
T tango	U uniform	V victor	W whiskey	X xray	Y yankee	Z zulu

| 1XX ~ 3XX	POLICE HIGH COMMAND	01-19	EMS COMMAND
4XX ~ 5XX	POLICE COMMAND	20-49	PARAMEDIC
6XX	POLICE NCO	50-79	EMT
7XX ~ 8XX	POLICE OFFICER	80 - 99	EMR
9XX	POLICE CADET		

Radio codes:

Listed below are the radio codes that are used. Please note: Plain speak is also acceptable. The following are a few examples

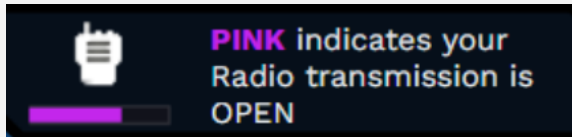*Coming on to shift*:   "zero 3 is 41" or "Zero three is available"
*Going off shif*t: "Zero three is going 42" or "Zero three is going off duty"
Heading to a call: "Zero three is enroute to <location> medical"
Arriving at a call: "<your call sign> is 23" or "<your callsign> is on scene at <location> medical"
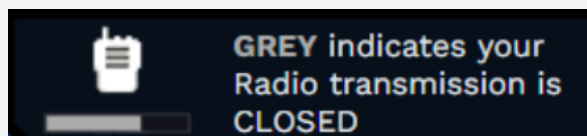
GREY indicates your Radio transmission is CLOSED you are not transmitting

 aka "hot mic'ing" and transmitting to radio

10-1	Receiving Poorly	10-2	Receiving Well
10-3	Stop Transmitting	10-4	Affirmative (OK)
10-5	Felony Stop (Additional needed)	10-6	Not responding to calls
10-7	Busy (on a scene)	10-8	Back in Service
10-13	Officer is in immediate danger	10-23	Arriving on scene
10-41	Starting Shift	10-42	Ending Shift
10-50	Traffic Accident	10-80	Chase in Progress
10-95	Suspect in Custody	10-100	Server Disconnect/Game Crash

Code 1	No lights or siren	Code 2	Lights only
Code 3	Both lights and siren	Code 4	Situation under control
Code 6	Searching the area	RTO	Radio Traffic Only
UTL	Unable to Locate	VCB	Visual Contact Broken

St. Fiacre Door Locks

*** NO ICU DOORS SHOULD EVER BE LOCKED ***

Note: The Office hallway 01-03 doors will lock at this time after storm. Please unlock them asap if you are on duty.

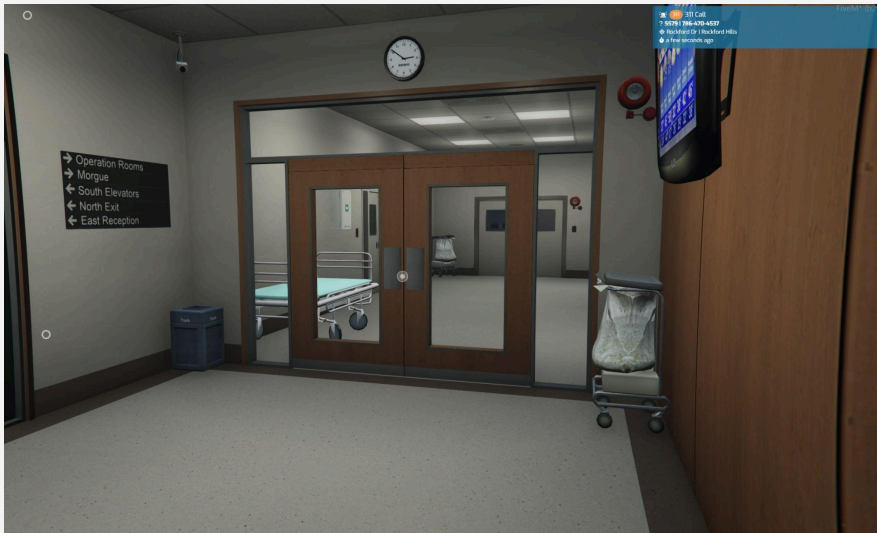**The following doors should be and remain locked at ALL times**

1. Break Room Hallway Door

2. Locker Room Door across from Pharmacy

3. Operating room hallway doors

4. Door to the Garage

5. Morgue Doors

6. Garage Doors

7. **Break Room behind North Emergency Check in Desk**

The following doors can be locked

1. **Training Room**

2. **Chiefs Offices**

St. Fiacre Mass Casualties & Lockdown Events.

Who takes control & Chain of command?

The Highest ranking command on staff will assume responsibility over the hospitals and hospital staff during a Lockdown event.

Highest Ranking EMS on Duty will be responsible for the communication between PD and the hospital staff.

Director > Chief of EMS > Chief of Surgery > Deputy Chief of EMS > Asst. Chief of Surgery. > Sr Paramedic > Doctor.

How are patients Transported?

EMS and crossed trained doctors are the only authorized medical staff allowed to transport patients. PD can be utilized if additional need for transportation is needed.

What do we do at St. Fiacre?

In the event of a Mass Casualty or lockdown event at St. Fiacre you will follow the below steps.

Action Plan:

We do not lock doors. Period as stated above. It is PD's responsibility to maintain custody of their 95's at all times.

If there is an active threat to the hospital, in conjunction with PD and they want the entire hospital on lockdown. We need to at least leave one external door unlocked and PD would man that door so that other patients can enter and exit. This would ONLY be used when there is an active threat in the hospital. We do not lock people in.

Triage, who do we treat first?

We treat the following patients in order.

Critical Police Officers
Critical Medical Staff
Critical Civilians
Non Critical Police Officers
Non Critical Medical Staff
Non Critical Government Employees
Non Critical Civilians

MDT Report Responsibilities:

If you treat a patient with MDT notable injuries you are responsible for the entry and upkeep of those MDT Entries and must be entered before the end of your shift.

Critical Diversion:

At the Implementation of a critical Diversion, Suggested by either PD or Med

Critical Diversion will be approved at PD's discretion.

Protocols are as follows:

Highest rank EMS and PHS will determine who will be routed to Central Hospital

All patients in an incident will be taken to the side entrance and escorted up the ramps to either the surgical suites or the treatment room.

Keep each gang/ possible gang members together.   PD are responsible for their 95's but still would be wise to keep each opposing force on opposite sides/beds

Once all patients have been treated and released into custody of the LSPD, personnel may return to St. Fiacre.   Be sure halls are swept for hideaways/potential runners before leaving. Do not be afraid to have an officer help you with this.

Move all ICU patients to St. Fiacre and bring them in by either the garage entrance or the upper parking lot entrance

UNIFORM POLICY

While on duty you will wear appropriate professional attire or the uniform appropriate to your department and rank so that you are easily recognized by Citizens and departments of the state. This includes appropriate accessories; Badge, Stethoscope, etc.

All hospital personnel may wear scrubs while on hospital grounds and are expected to wear them in surgery.