SAMS SOP REVISED

Updated
December 20, 2024

This is an OOC Document not to be used or referenced in game.

Welcome to SAMS

Welcome to SAMS. As medical roleplayers, you are charged not with “keeping people alive” as much as you are with “keeping people engaged”. Real-life skills and knowledge are valuable as flavor but not required for medical roleplay. SAMS requires experienced roleplayers who are capable of “reading the room” and are able to discern the difference between styles of roleplay AND are able to adjust their style according to the needs of the scene.

SAMS roleplayers must be able to adjust quickly to escalation and tension, and must also know when to de-escalate scenes to accomplish the ultimate goal of treating a patient. Because of the vast difference in roleplay style in SAMS, previous medical roleplay experience was not a consideration in your hiring - instead, your ability to navigate various roleplay scenes with grace is the determining factor for your character’s employment with Medical Services.

ALL NEW HIRES MUST

- Fill out the intake form in discord!
- Attend a “Reeducation” (SAMS Academy, scheduled regularly, see Discord)
- Report to RPD for saliva swab so that DNA can be placed on file with Law Enforcement.
- Do the same for your character’s fingerprints.
- Please select a 3-digit callsign and press f3 to open the character menu. From here, select “Organizations” and at the top select Personal Profile. You must type your 3-digit callsign with the ‘M’ prefix into both text fields (‘M-005’). Save and exit this menu.
- Copy any applicable serial numbers from their equipment into their MDT Profile.
- Put their personal phone number into their MDT Profile.
- Pick up Badge from City Hall.
- Double-check that your discord name is up-to-date in BOTH discord servers!

SAMS Rank Structure

Leadership

Overseer	*****	Overseer of SAMS is a position which dictates direction of the department, appoints heads of various sub departments, assists with training, and conducts regular performance audits. The Overseer must also engage with other governmental department leaders and interact with the public.
Underseer	***	The title of ‘Underseer’ is shared by the heads of various departments. Underseer of Staff, Underseer of TacMed, etc. Underseers may only extend their authority to their specific department, and may hire, fire, and promote within their department.
Undersecretary	*	The assistant Underseer must help the Underseer by accomplishing any medical-related tasks issued by their superior officer. Undersecretaries are given authority to hire, and promote within their department, and are considered High Command.

TacMed

Vanguard	<<<)	Acts as “dispatcher” and commands directly the various TacMed squads in current operation. Must have a working knowledge of the duty roster, 10 codes, radio channels, and be able to delegate TacMed squads efficiently. May also participate in TacMed squads as long as it does not negatively affect dispatching ability. May hire staff, but must also train those new hires.
Specialist	<<<	Specialists are the primary “action role” within TacMed, who are responsible for riding Primary Passenger in TacTeams, and MUST adhere to proper radio grammar and comms etiquette.
Operator	<<	May be assigned a vehicle from the motor pool. Is responsible for that vehicle's maintenance.
Initiate	<	New hires to SAMS, initiates must be trained on the basic MDT functions, as well as patient care and armory etiquette.

Staff

Attending	Scrubs, footwear (flat)	Must uphold standards such as radio grammar, 10-codes, and be able to delegate Residents and Scrubs. Must also train Residents and Scrubs to the highest standard. Failure to train Residents and Scrubs properly may result in disciplinary action against the Attending doctor on duty. Attendings are considered to be the “Team Leader” for the hospital staff.
Resident	Scrubs, footwear (flat)	Must levy charges against patients before treatment is issued. The Primary doctor role at the treatment floor.
Scrub	Scrubs, footwear (flat)	Responsible for cleaning blood from the hospital. May assist Residents and Attendings with healthcare (surgeries, etc).
Receptionist	Business attire	Responsible for welcoming people to the hospital, ensuring charges are levied in the absence of Player doctors, and answers dispatch calls. Receptionists MUST adhere to the same radio standards as the rest of the department. Receptionists must roleplay that “local doctors” treat the patient, NOT the receptionist (if levying charges for hospital fees). Receptionist radio comms should be so solid that this role must also function as a SAMS Dispatcher.

“Why different departments? How does that work??”

The separation and *cooperation* of departments is critical for efficient and speedy recovery of patients. TacTeams are often out on patrol, and therefore hospital operations MUST be overseen by hospital staff, just as TacTeams must have a superior to call shots and direct TacMed operations. The departments should be able to operate independently, and leadership may not make decisions for departments other than their own. All members must respect their OWN chain of command.

“HIPAA”

HIPAA is a policy that is “strictly enforced” and that all “medical professionals” “must” “adhere” to. The most important part of roleplaying the concept of “HIPAA” is to encourage the flow of information from alternative sources. Please consider engaging in private investigation or journalism roleplay discreetly and in character and try not to shut those characters down. It’s important to maintain the adherence to the concept of HIPAA while walking the fine line as roleplayers of engaging in interesting stories.

For Example:
Someone comes into the hospital asking about a deceased individual.
“Sorry sir, we’re unable to provide that information.” Then quietly meet them downstairs in a parking lot “psst, over here, what do you want to know?”

Discreetly revealing information related to "HIPAA" may incur in-game consequences for your character but will not strictly be considered a failing of roleplay in general.

The following are guidelines for roleplaying HIPAA.

When is information available?

- On duty police/rangers can ask for information related to an ongoing active investigation.
- Lawyers may acquire information with express permission from the patient, ICE contact or with a subpoena from the DOJ. The PT must be there in person to present ID and permission.

When information is not available?

- Civilians (that are non-ICE contacts) may not know about the medical status of the patient
- Troopers asking about PTs histories and treatment rendered (when not part of an investigation/ICE contact)

Death

- SAMS notifies the ICE contacts about the death, but not specific circumstances of the death until cleared by Law Enforcement if the deceased is involved in investigation.
- The Medical Examiners will notify Law Enforcement and ICE contacts upon completion of autopsy.
- If this information is shared or leaked without consent, disciplinary action could be taken however each infraction is dealt with on a case by case basis.

Discipline

Command may use one or more methods of disciplinary actions against characters in SAMS for any violation of SAMS terms of employment.

Verbal Warnings
Strikes
Review Meetings
Suspensions
Terminations

In-character disciplinary actions are levied against in-game actions only. Terminations can be levied against any member of SAMS at any time. It's not personal, it's roleplay.

Rehiring

You may be rehired only at the discretion of command.

SAMS Personnel Requirements

To go on duty in SAMS, press T to open the text box and type /duty. This puts you on duty in-game and shows you as “Active Personnel” in the roster located in the dropdown in the MDT.

This also allows you to use the MDT and to see dispatch calls come through on the Dispatch UI.

Pro Tip: Press ‘U’ on your keyboard to free your mouse cursor allowing you to click and drag the dispatch UI to anywhere on your screen! Press U to lock it into place and return your cursor to normal.

Being on duty in SAMS is an agreement that you will be roleplaying as SAMS personnel during your character’s duty shift. At no time may you clock on and refuse to participate in SAMS-related roleplay. Doing so is grounds for dismissal. *This is not the same as low-intensity medical times, such as AU shifts where the number of medical calls may be reduced due to server population or other such extenuating circumstances.*

Engaging in insubordination is grounds for dismissal from SAMS.

Dispatch is further explained in the Procedure chapter, and MDT is further explained in the MDT chapter.

The following is a list of requirements for all medical roleplayers.

Character Requirements

Characters in a whitelisted medical job must adhere to some standards both off duty and on. Violation of these standards is grounds for Discipline, up to and including termination and/or criminal charges.

On-Duty Standards

You must actively roleplay with other characters, especially those treated as patients.
You may not clock on and AFK
You must adhere to standards set forth in the SOP for uniform, equipment, and procedure.
You must possess up-to-date documentation such as Driver’s and Firearms license.

Off-Duty Standards

You may not possess SAMS equipment off duty, especially Medkids, Weapons or Armor.
You may not trespass on SAMS property while off-duty.

Uniform

SAMS Members must adhere to a uniform code, which is generally the following: *If it is not available in the Armory, it is not a part of the uniform*. Glasses are the only exception. Bandanas and hats will be considered but are not guaranteed.

Hospital staff may wear scrubs (color is unimportant but bottoms must match tops) and flat shoes (no heels).

TacMed must wear the Medical Dress Uniform or TacMed pants, boots, belt, top, vest, and helmet. Top MUST display the appropriate rank for your character (Initiate, Operator, Specialist or Vanguard, Undersecretary, Underseer, and Overseer).

Rank Insignia

Initiate	<
Operator	<<
Specialist	<<<
Vanguard	<<<)
Undersecretary	*
Underseer	***
Overseer	*****

Initiates MUST wear TacMed baseball caps, and those caps MUST face forward. This is to better identify them at a glance.

Helmets for TacMed (Operator+) are optional, but greatly encouraged.

~~Medals may be displayed only on Medical Dress Uniform shirts due to mechanical limitations.~~

Equipment

Medical Kits are a mechanical tool in game which may be “used” on a downed player to begin “reviving” them. They do not fully heal the player, who must either wait or apply bandages to regain full health. Therefore, they are very valuable items in-game, especially to criminal characters who require them for “bringing up” friends during gunfights or criminal activity without alerting authorities.

Due to in-game law, no medical equipment including (but not limited) to medical kits and bandages may ever be sold to the general public. If you plan on playing a corrupt medical player, you as a roleplayer should also be aware that every purchase from the armory is logged via bank records with the purchaser's name, and all medical items from the armory are tagged with a permanent "SAMS" tag on the item itself.

Routine equipment inspections are normal and noncompliance is a CRIME (HC101).

For Hospital Staff:
1x MDT
1x Radio
[Redacted]

For TacMed:
1x MDT
1x Radio
1x Bandage
1x MedKit
1x SAMS issued combat pistol
1x SAMS issued tactical flashlight
1x Legally-obtained Personal Firearm
~~1x SAMS Combat PDW~~
60x 9mm Ammunition

The following items in the Armory are FORBIDDEN FOR PURCHASE:

- Deployable boat
- Government Repair Kit

SAMS no longer uses Deployable Boats. For water rescue, inform Park Rangers.

For vehicle repair, utilize only mechanic shops.

NO CASH TRANSACTIONS. At NO TIME will SAMS Personnel conduct a cash transaction involving government equipment! Doing so is an in-game crime and perpetrators are subject to criminal charges and immediate termination.

SAMS Weapons / Armor

No SAMS-issued weaponry and or armor may be taken off-duty! Store these items in personal storage! Possession of these things off-duty is a CRIMINAL OFFENSE and if caught will lead to your characters termination from SAMS.

SAMS-issued weaponry has a serial number. You MUST copy the serial number from your weapon, and paste it into your MDT Patient Profile.

Armory

Do NOT purchase new equipment!

FIRST, REPAIR current items!

SECOND, CHECK STORAGE for existing items!

LAST, PURCHASE items.

Remember, ALL purchases are logged via bank records, and SAMS cannot tolerate redundant purchases. You can use the “Repair” function at the armory to refill cleaning kits, so long as they have not been fully used.

Radio

Radio grammar is as follows: “Hey you, it’s me. This is the situation.” This is sometimes different from previous servers, and it’s vital to practice this in order to relearn grammar if necessary.

Communications on the radio are extremely important, especially in tense scenes. These rules are therefore extended to all SAMS personnel:

1) **No screaming on the Radio**
2) **Speak with purpose (no mumbling or sleepy comms)**
3) **Keep it short, and use 10 codes**
4) **Think before you speak**

The SAMS radio channel is Channel 1. You can program 2 presets with the radio using keybinds.
Law Enforcement is Channel 5.
Park Rangers are on Channel 11.
DOJ are on Channel 66

Pro Tip: rebind channel up and channel down to arrow right and arrow left. Rebind radio volume up and volume down to arrow key up and arrow key down.

On SAMS-only channels, refer to all callsigns as the three digit number sequence (Double-oh Five rather than simply “five”) for clarity. For brevity, only use the “m” (medic) prefix when speaking on other channels (“Medic Double-oh Five”, etc.)

The MDT is a physical item which must be in your inventory in order to be accessed via the default keybind of F7. MDT is further explained in the MDT chapter.

Mechanically, government radios such as these can only be used by people with a government job such as SAMS personnel. Turning on a radio will show a “blip” with your character’s name on the map screen to all other personnel with an activated radio. Within the server, turning your radio off while on duty in order to “hide your blip” is forbidden, and grounds for dismissal from SAMS.

Vehicles

All TacMed personnel will be assigned a vehicle. This vehicle is considered to be reserved for your character specifically, and therefore you are responsible for the associated care. Repair costs will come from your own character’s personal funds, and you are expected to keep it operational. At no time may any Medical Personnel leave items in the trunk or glove box, with the only exception being a government tire repair kit x 2. You may not use government vehicles off-duty!

NEVER apply a personal license plate to a general fleet vehicle!

For the first part of the season, vehicles will be assigned only to Vanguard +!

TacMed Personnel may purchase a vehicle assignment at a later date.

TacMed personnel MUST badge together with Command members, and may only access the general fleet if there are not enough command members to support this.

TacMed are personally responsible to returning general fleet vehicles to the garage in perfect working order. Failure to do this is a fireable offense.

TacMed may purchase up to 2 government repair kits per shift. Purchase of more than 2 is a redundant purchase, and a fireable offense.

The Divisions

SAMS is a unique department in that it is actually several departments within one organizational structure. Staff is the department responsible for Hospital roleplay, and is primarily staffed by doctors, nurses, and surgeons. TacMed is the department which is tasked with patient retrieval and tactical healthcare.

~~Housekeeping refers to hospital intelligence, which is a department whose members are inserted into the other two departments by the Overseer, and are tasked with counter-espionage and enforcing compliance measures. No member of Housekeeping may acknowledge their participation in Housekeeping, and any questions about the existence of such a department will only fuel suspicion.~~

Staff

Due to the inherently stationary nature of hospital roleplay, the Staff department will necessarily be kept to a minimum in order to ensure there is enough roleplay for those on duty. You will not be asked to go off duty, but we will endeavor to hire enough people so that there are at least 2-3 and not more than 5 hospital staff on duty at any given time.

Hospital staff will be the primary drivers of roleplay within the hospital and are required to take the lead in scenes involving patients who arrive there. Hospital staff are required to limit “/me” type roleplay to a bare minimum, and to actively engage patients.

If patients arrive at the hospital and choose not to roleplay with hospital staff, you are required to find creative ways to roast them while they lay in the bed in silence. Some topics may include ugly clothes, poor hygiene, or other distinguishing features. Continue roasting them until they begin to roleplay, or leave the hospital.

Roleplayers who play “Surgeon” type characters are encouraged to “talk” through surgery rather than simply “/me” in order to provide a sense of engagement and dread. Two staff members in the room are required for surgery (such as two surgeons, a surgeon and a nurse, etc) in order to be able to roleplay amongst each other.

“Don’t you die on me!”

At all times, every member of staff must evoke a sense of imminent danger or dread to the patients, that at any moment a disaster may occur or an injury may become worse. Without a sense of stakes, hospital roleplay is just a mechanic. Pour as much flavor on this as you can in any way you like, just remember to keep the scene moving at all times, and it will never be seen as an “inconvenience” to roleplay with hospital staff.

TacMed

TacMed is the armed patient retrieval wing of Medical Services. They are skilled roleplayers whose purpose is to interact with roleplayers in the world when they inevitably become too injured to move. TacMed must see the safety of their patients as their primary goal, and will go to any length to ensure that safety.

> *OOC*
> *TacMed is a position within SAMS that sees most of the dangerous and unpredictable roleplay situations. They are the "First Responders," and must create roleplay for downed players that is engaging, interesting, and fun. Treat dangerous situations as DANGEROUS! Treat downed players as OBJECTIVES! You are a HERO, you MUST save the patient! TACMED: YOUR LIFE - AT ANY COST!*
>
> *Though exciting, TacMed must also exercise patience and restraint, particularly with patients who may not have the same desire to explore vital injuries. When identifying patients, you MUST use photo identification, but you must also ask for that first. /id is the command downed players must use to show their ID, as long as it is in their inventory, and if you must search downed players for their identification, you must do so with tact, respect, and not steal from their inventory.*

Insurance

Insurance pricing is applied automatically after a patient has purchased an insurance plan.

More information on Insurance can be found in SAMS Fees.

Procedure

The following is a step-by-step outline of a typical response. Goal arrival times are 2 minutes in Los Santos, 4 minutes in Sandy Shores, and 5 minutes in Paleto.

Dispatch

All TacMed personnel MUST ride in duos (known as "double badge"). Trios are PREFERRED.

Each TacMed Patrol will call out over Radio "Callsign plus Callsign transition to TacMed Number" where "number" is the number of TacMed Patrols on duty. For Example, 005 plus 116 transition to TacMed 1.

TacMed MAY patrol this way, but MUST remain in radio contact at all times.

Dispatch call comes in over the dispatch UI, and one member of TacMed clicks “Respond”. Doing so sets the spawn timer for the downed individual from 3 minutes to 20 minutes. It is therefore NECESSARY for TacMed to intervene at this stage - failure to do so after clicking respond in dispatch and resetting that player’s spawn time is grounds for dismissal from TacMed. *This is NOT the same as being unable to locate the downed player after a good-faith search!*

TacMed will call out this action over the radio (“Dispatch, TacMed-1, 76 latest 47 at Ace Jones Drive”)

TacMed rolls out to the scene code 2 or 3 (lights, or lights and sirens).

At the Scene

When approaching the scene, disable all sirens.

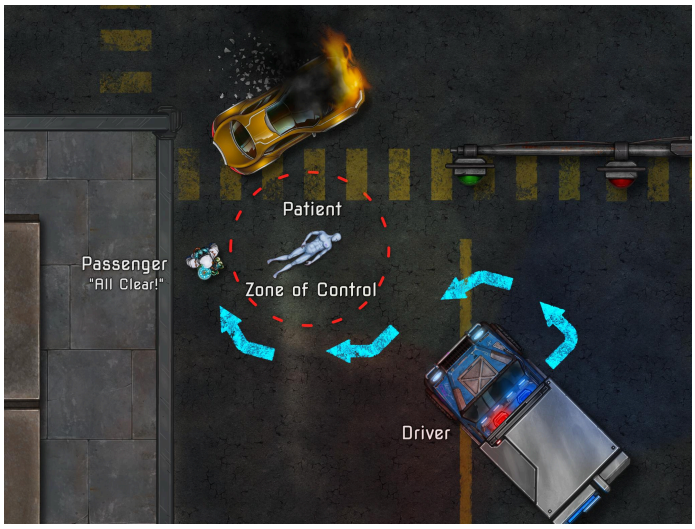
Once TacMed arrives on scene, visually identify both the patient and any potential threats to the patient at the scene before exiting the vehicle.

Classify all people on scene into three categories; Patients, Non-Patients, and Law Enforcement.

ONLY NON-PATIENTS REPRESENT POTENTIAL THREATS. Do not act hostile to Law Enforcement, and comply with all demands levied by them after confirming they are law enforcement by showing each other’s badge.

No Threats Detected:

TacMed Driver stops vehicle near the downed player.



TacMed Passenger draws weapon, exits vehicle, and secures scene by checking nearby corners, foliage, or other potential hiding spots, and communicates vocally that the immediate area is ‘clear’.

Transition to “Post-Scene Cleanup:”

Potential Threats Detected:

Potential threats are sometimes difficult to ascertain, but some examples may include characters who remain at the scene of a downed player in order to loot them or characters which could become violent with medical staff. It is important to treat suspicious individuals with care as situations can deteriorate rapidly, and TacMed personnel are carrying a valuable resource (MedKit), which can fetch a high price on the player black market.

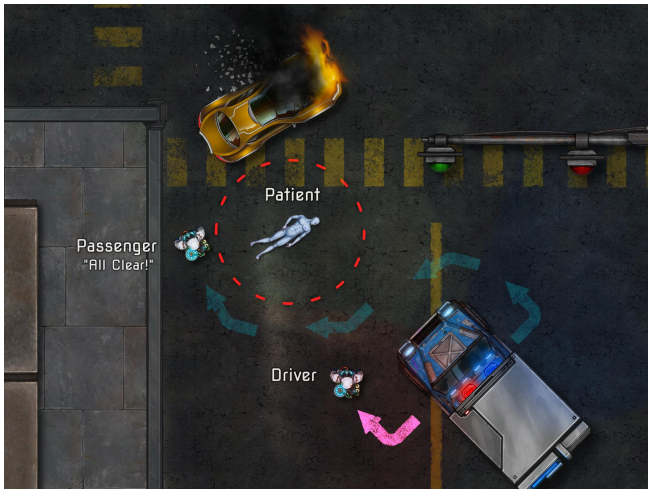
TacMed Driver stops near the downed player.

TacMed Passenger remains in vehicle, draws weapon, and communicates verbally to cease any hostile action, to back away from the patient, and demands to any non-patient in the area to “Remain calm and do not interfere with TacMed health care procedures.”

Once all non-patients have complied, TacMed Passenger will exit the vehicle, and secure the scene by establishing a “barrier” around the patient, or a small zone of control within which no non-patient is allowed access.

If non-patients in the area refuse to comply with TacMed directives, inform dispatch via radio and transition to the “Threat Detected:” response model.

If non-patients in the area comply with directives, TacMed Passenger will vocally give ‘all-clear’ to TacMed Driver. Transition to “Post-Scene Cleanup:”



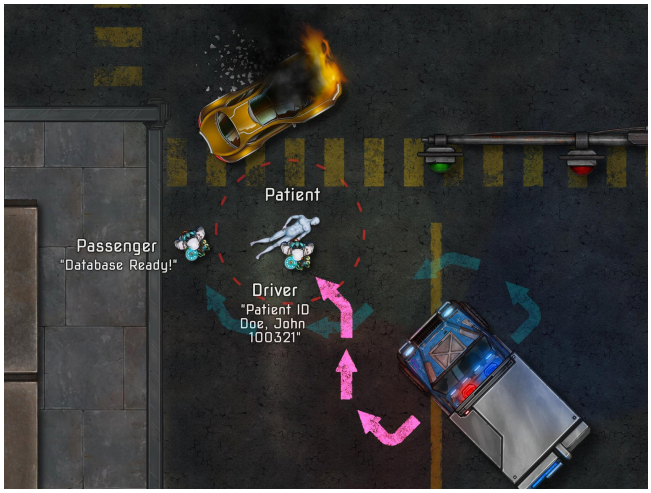
<u>A Note on Law Enforcement:</u>
Law Enforcement will be prioritized before all other patients, however they must also be charged according to their health insurance plan.

Threat Detected:

TacMed Passenger must inform LEO of any imminent danger found on scene, such as gunfire. TacMed must pull back, or await further instructions from LEO.

Post-Scene Cleanup:

TacMed Driver draws weapon, turns off vehicle, exits vehicle, locks vehicle, and approaches patient.



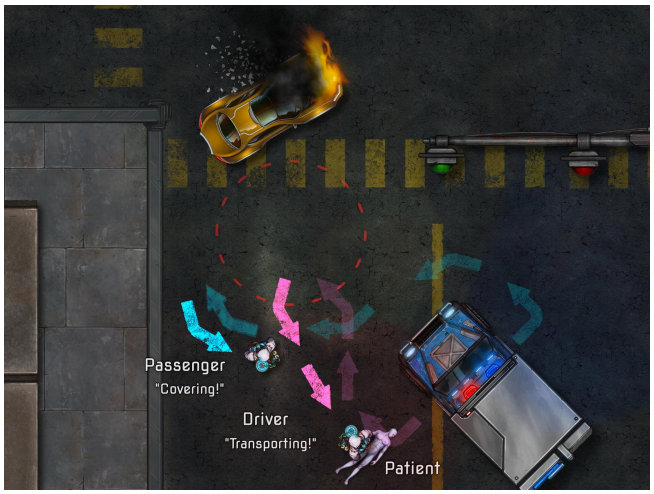
After all clear from TacMed Passenger, TacMed Driver will ask the patient in character to “show their ID”. OOC, the command is /id, and is usable by those characters who are ‘downed’. TacMed Passenger will open MDT and search for patient information in Database.

/id will attempt to pull the players ID from their main inventory, and will fail if the ID is located inside a wallet or other container.

TacMed will determine whether the patient is to be transported to hospital or treated on scene based on insurance information.

Unconscious patients with or without insurance are always transported back to the hospital, and charged accordingly.

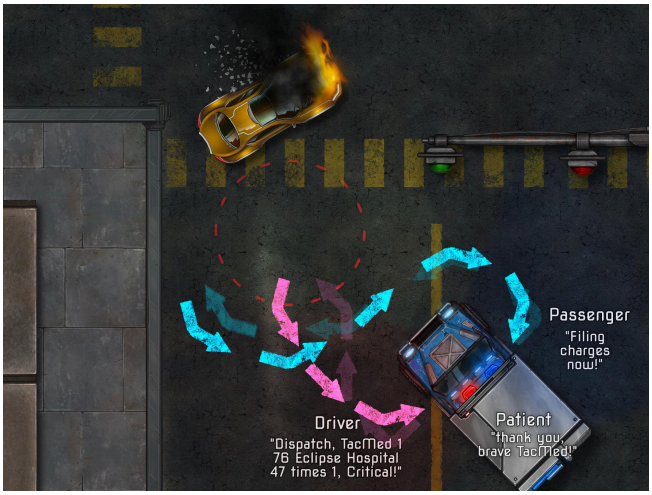
TacMed Driver will collect the patient from the scene, unlock the vehicle, deposit the patient into the vehicle, and enter the driver’s seat. TacMed Passenger will return to the vehicle and begin to levy charges. TacMed Driver will lock the vehicle once all members of TacMed and the patient or patients are secured.



At this stage, prices are negotiated and charges in MDT filed. TacMed Passenger will levy charges in MDT to the appropriate individual during the ride back to the hospital, while both TacMeds continue the scene with the patient.

If transporting more than one patient back to the hospital, when the TacMed team is within 1 minute of arrival they will call over radio

“Eclipse Staff, TacMed 1, prepare to receive ‘x’ 47s in Garage” where ‘x’ is the number of patients in the ambulance.



Available hospital staff will respond over radio “10-4” and move into the garage for patient reception.

At the Hospital Garage:

The TacMed driver will stop the vehicle near the doors, unlock the vehicle, and remain inside.

The TacMed Passenger will exit the vehicle and remove the patient from the ambulance. Due to mechanical limitations, it may sometimes be necessary for the TacMed driver to exit the vehicle as well, but TacMed Driver MUST remain near the vehicle at this stage.

Once TacMed Passenger or Hospital staff have secured the patient or patients, TacMed Driver will exit the vehicle and return it to the motor pool immediately.

TacMed is responsible for helping escort the patient up to the Hospital Treatment Floor. It may sometimes be necessary to communicate to hospital staff exactly what charges have yet been levied. TacMed Passenger will complete any MDT charges at this stage, and transfer responsibility over the patient to the Hospital staff if necessary.

At the Treatment Floor:

When receiving any new patient, Hospital Staff may be briefed on related information by TacMed or the patient themselves. Non-patients are asked to wait near the door, or downstairs in the reception area.

Noncompliant non-patients are trespassers, and hospital staff will inform them of this and contact the police on the appropriate radio channel.

For treatment, it is imperative that Hospital Staff “read the room” for the scene. If the patient was brought to the Hospital by TacMed, they may have already explained their injuries or engaged in an extensive medical roleplay scene already. Treat these situations with swiftness and grace, and allow that roleplayer a speedy recovery if they choose. However, they are still expected to roleplay with you, and you must extend some level of medical roleplay to every individual in a bed.

The Burn Unit

Sometimes roleplayers will stroll into the hospital to sit on a bed, because mechanically when a player sits on a bed, the bed regenerates the player's health. These players will occasionally forget to interact with Hospital Staff. Remind them of your presence by walking over and roasting them. Feel free to engage any and all notable features of their character, from looks, manner of dress, haircut, tanlines, personality, etc. Don't cross any hard lines such as server rule breaks, but feel free to make fun of them for failing to request service from "trained hospital staff".

Occasionally non-patients in the hospital will become belligerent. If assaulted, any member of hospital staff may respond with deadly force in order to protect their lives and the lives of their patients. Lethal force is ONLY levied against hospital guests who have committed assault upon SAMS Personnel or hospital patients, and are ONLY engaged if SAMS Personnel can articulate that their lives or the lives of their patients are in immediate danger.

Downed belligerents are remanded to one of the lockable "95" rooms on the treatment floor. SAMS Personnel involved in the scene are required to stay at the location and inform police via radio of a self-defense related incident at the hospital and to request police presence for questioning. SAMS Personnel are required to comply with all lawful orders levied by Law Enforcement, and may be taken to RPD for questioning.

95 rooms

Occasionally, LEO may ask TacMed to take a patient who is a "95", or prisoner. Before taking custody of the patient, TacMed MUST ask:

"IS THE PATIENT ALREADY IN CUFFS?"

"WHAT IS THE IDENTITY OF THE PATIENT?"

"DO YOU HAVE INSURANCE, OFFICER?"

You MUST get the Arresting Officer's personal phone number.

The "95 rooms" on the Treatment floor (floor 2) of Eclipse are designed to lock patients inside. Patients MUST Be charged BEFORE being placed in beds in the 95 rooms. Patients must be LOCKED in these rooms. Officers will arrive shortly after to take control of the patient AFTER the patient has been CHARGED, and TREATED.

If the Officers ARE TAKING TOO LONG to arrive to the hospital to take control of their 95s, you MUST call officers over the radio, call the Arresting Officer's personal phone, or call 911, to inform LEO they have 5 minutes to get their 95's out of the hospital. Open your phone with F1, click "Clock" on the desktop, press "Chrono" on the bottom right, and press the green "Start" button. Inform officers at every minute, until 5 minutes. You MUST inform them this way BEFORE releasing patients.

OOC, this is to encourage officers to roleplay with their prisoners, and patients in 95 rooms typically do not receive the same amount of “time served” during their time in the hospital.

“Fleeing 95’s”

No SAMS Personnel may attempt to recapture a fleeing 95. No SAMS Personnel may attempt to fire “warning shots” or otherwise intimidate fleeing 95s. If a 95 is not properly secured and begins to flee, simply draw your weapon and call for police assistance on the appropriate radio channel.

Lockdown

When situations deteriorate into gunfire at the hospital, Hospital staff are encouraged to initate LOCKDOWN in the following steps.

Step 1) POINT to another staff member nearby
Step 2) TELL them “LOCKDOWN THE GARAGE”
~~Step 3) LOCKDOWN one of the FRONT DOORS~~

“Staging” Scenes vs Patient Retrieval

TacMed does not “stage” medical support during actively hostile scenes involving a patient. Generally speaking, if a patient is down, *TacMed will use every force necessary to retrieve that patient*, and are legally protected to do so as long as they follow procedures put forth in this document.

No more than 4 TacMed (plus a driver) at a time may engage in a Retrieval.

1 TacMed in the TacTeam must remain with the vehicle, and prepare to evacuate if the Retrieval is terminally failed (all other members of the TacTeam are “downed”). This TacMed driver will relay Retrieval updates to Dispatch based on verbal cues taken from the Retrieval unit (shouts).

Members of the TacTeam Retrieval unit are required to follow training from Reeducation, including self-identification (“TacMed, You’re Life At Any Cost!”), rapid patient location / recovery, as well as covering fire and clearing surroundings.

Patients retrieved under fire this way are charged a Hazard Fee at the hospital.

TacMed does not engage in prolonged gunfights in service to other departments. Under no circumstances will TacMed members take orders from other departments to shoot or engage with a hostile contact if it does not directly threaten the patient, SAMS staff, or SAMS property.

Unusual Circumstances

Sometimes a particular scene may not fit cleanly into the previous procedures.

Bolingbrook Prison

Do not enter Bolingbrook Prison unless officers are present and have cleared TacMed entry.

Crime Scenes

TacMed may be asked by LEO to stage a “triage” area during a particularly dramatic gunfight. Stage triage nearby by parking TacMed transports near enough to scene, but far enough away to avoid becoming an obvious target. Call out the location of Triage via radio when stationed there.

Follow all instructions put forth by LEO if present.

Retrieve officers from gunfights and get them to safety BEFORE checking insurance information to levy charges.

Permadeath

Player Characters may die. The highest ranking hospital staff on duty must coordinate with Law Enforcement.

Pronounce character dead after confirmation from player.
Announce time of death.
Deliver dead characters to hospital morgue.
Conduct an autopsy if necessary, at the direction of LEO.

Character death is relatively rare, so take the opportunity to really chew the scenery. Enjoy it!

Violence

It may sometimes be necessary to utilize force. As roleplayers, you should treat firing weapons as a last resort. Within PurpleRP, there is no distinction between “Shoot to wound” vs “Shoot to kill.” Therefore you must treat EVERY shot as life-threatening - never pull the trigger unless you are prepared to put a character down. As TacMed you may only MATCH force for force, unless otherwise ordered by LEO.

Use of Force

The use of force continuum for SAMS is as follows.

Presence

TacMed are always at least double badged, so ensure you are making a conscious effort to stay aware of surroundings, if not for your sake, then for your partner's sake!

Verbal Communication

"Attention! Do not interfere with TacMed Procedures! Back away from the Patient!"

Drawing / Aiming weapon

Treat the act of drawing a weapon as a major increase in escalation, and be prepared for the consequences of such an escalation.

Firing Weapon

The last resort. If a weapon is discharged, you MUST inform Law Enforcement as soon as it is safe to do so. Failure to inform LEOs is grounds for termination or worse.

13A vs 13B

13A is an emergency distress call during active and dangerous scenes.
13B is a distress call, but not one in which participants are pinned under fire or in actively hostile situations.

13A = HELP IM DYING IM DYING
13B = Ugh, help help, I'm uh… dying?

Use of 13A is strictly limited to dangerous, actively hostile scenes when your character has been mechanically "downed", and lost all health. ANY use of 13A outside of these parameters is *strictly forbidden.*

MDT

1	Open MDT with default keybind F7.
2	Navigate to Patient Records. Search Patient by name, phone number, or State ID Number.

3	Verify insurance level of patient in Patient Records.
4	Open a new tab with the '+' sign at the top.
5	Open "Create Charge".
6	Fill in all associated details, including patient name, charges, and Notes.

Notes:
Look, nobody likes paperwork. But we need a record for things. Let's compromise - less is more!
For Example:

"005 plus 116 treated patient on scene at innocence and strawberry. Injuries minor, left leg."

We need WHO (005 plus 116), WHAT (treated patient), WHERE (Innocence and Strawberry) and INJURIES.

Field Treatment Fees

Who bought a medkit? You steal those bandages?

Answer these questions by writing in your medical invoice for ALL FIELD TREATMENT:

Did I use a Medkit? Yes
Did I use a Bandage? Yes

Notate it *whenever* you use these things. If it is not notated in the medical invoice, it will be assumed by command that you did NOT use those things, and appropriate action will be taken to your job if you are purchasing more Medkits / Bandages than you state you are using in your medical invoices.

It is not necessary to state this if you do not use these things. PLEASE keep the use of such items to an *absolute minimum*, as it reduces the RP to a "skip," and undermines the entire department by transforming your character and those characters of your teammates into a mere mechanic.

Doctor Roleplay

Doctors are a part of hospital staff and may write and fill prescriptions. You must log and file every prescription in MDT via charges levied against Patient, and you must use the same process for filling a prescription. Doctors may opt to fill out a Medical Report, and use that Medical Report # in the notes field of the charge, as this could be helpful for filling multiple prescriptions or prescriptions over time.

Mechanically, there are 4 “Classes” of drugs. Every drug heals the player over time. You may only prescribe and fill 6 doses maximum. These are drawn from the Armory NPC. Again, these purchases are LOGGED.

Class A - Anti-poison and toxin
Class B - Helps manage the side effects of alcohol
Class C - Helps manage the side effects of THC
Class D - Heals over time

MDT will charge patients digitally. Again, NO CASH TRANSACTIONS! >:(

Certifications

All Certifications are suspended as of [REDACTED]

WILL ADVISE

Valkyrie

Valkyrie is the SAMS Rescue Helicopter. Use of Valkyrie is limited to TacMed Operators and above, and operators MUST fly with a co-pilot who will operate the thermal-cameras. Default keybinds are

E	Open Camera
Right Click	Change Camera Mode
Space (hold)	Lock on to ground, or suspect on foot, or vehicle (lock lost when VCB)
G	Spotlight
Middle Mouse	Beacon visible to Pilot

Co-pilots using thermals must NEVER abuse these thermals! Due to technical limitations, occasionally the thermals will show you the location of players who are behind walls, glass, or otherwise would be shielded from thermal imagery. You must not use this information. PRO TIP: Just play it off like a camera artifact, or smudge or whatever.j

Operators MUST call out a transition to Valkyrie over the radio. Valkyrie is not given a number suffix unless there is more than one Valkyrie in the air, at which time Valkyrie is called out as “Valkyrie-1, Valkyrie-2”

OOC this is so we don’t clutter comms with “Valkyrie-1” when there’s only one Valkyrie anyway.

If involved in a situation where there is another government helicopter, Valkyrie must pull back to allow airspace to LEO or Rangers. Once airspace is clear, Valkyrie may move in to extract patients.

If Valkyrie is damaged or destroyed during your flight, the pilot MUST RETRIEVE VALKYRIE FROM IMPOUND OR INSURANCE AT PERSONAL COST (NOT SAMS CHECKS).

YOU are responsible for the helicopter! Failure to accept and enforce this responsibility is a fireable offense.

Chariot

Chariot is the designation of the Sadler Rescue Vehicle. It seats 4, and has searchlights on the sides. This vehicle is designed for search and rescue, and should be used in place of Valkyrie in situations where deployment of Valkyrie is impractical or impossible.

All Valkyrie rules apply to Chariot. Please observe all Valkyrie rules for Chariot.

Cheat Sheet

Nato Alphabet

A	Alpha		**N**	November
B	Bravo		**O**	Oscar
C	Charlie		**P**	Papa
D	Delta		**Q**	Quebec
E	Echo		**R**	Romeo
F	Foxtrot		**S**	Sierra
G	Gulf		**T**	Tango
H	Hotel		**U**	Uniform
I	India		**V**	Victor
J	Juliet		**W**	Whiskey
K	Kilo		**X**	X-ray

L	Lima		**Y**	Yankee
M	Mike		**Z**	Zulu

10 Codes

Code	Meaning	Code	Meaning
10-1	**Unclear Transmission**	**10-38**	**Traffic Stop**
10-2	**Transmission Clear**	**10-41**	**On Duty**
10-3	**Stop transmission | Radio Traffic Only**	**10-42**	**Off Duty**
10-4	**Copy/Understand**	**10-47**	**Injured/Downed Individual**
10-6	**Busy, available for emergencies**	**10-50**	**Motor Vehicle Accident (MVA)**
10-7	**Unavailable**	**10-51**	**Request Tow**
10-8	**Back in service**	**10-52**	**TacMed Requested**
10-9	**Repeat Transmission**	**10-69**	**In-Car Meeting**
10-13	**Officer down (Immediate Assistance)**	**10-76**	**Enroute**
10-19	**Returning to Scene**	**10-77**	**Backup Needed for non-emergency**
10-20	**Location**	**10-78**	**Urgent Backup Needed**
10-21	**Phone Call**	**10-80**	**Car Chase**
10-22	**Disregard last transmission**	**10-95**	**Suspect in Custody**
10-23	**Arriving**	**10-98**	**Jail Break/Custody Break in progress**
10-25	**Meetup/Rendezvous**	**10-99**	**Flagged Stolen Vehicle**
10-28	**Record Check**	**10-100**	**Fixing Your Radio(Relog)**