

The Bylaws of the Mount Holyoke Medical Emergency Response Team

Article I: Member Responsibilities

Section A: General

1. Members will perform all duties as assigned by the Director, Assistant Director, or their designee.
2. Members will comply with all protocols, regulations, and policies.
3. Members will be polite to all members of the Mount Holyoke College Community as well as their guests.
4. All incidents and personal injuries must be reported immediately to the Director or Assistant Director and the Department of Public Safety.
5. Members will not disobey an order given by the Director, Assistant Director, Department of Public Safety, or their designee. Failure to comply with a direct order is insubordination, an act of misconduct, which will be subject to the appropriate disciplinary and appeals process.
6. Members will not engage in criminal activity while on or off duty or act in such a way to violate the Mount Holyoke College Honor Code. Engaging in such acts may result in probation or suspension.

Section B: Equipment

1. Members will maintain all MHC MERT equipment and all facilities in useable condition at all times.
2. The jump kits and the oxygen bag will be well stocked at all times. At the beginning of each shift and after each call a check must be performed to ensure said conditions.
3. Oxygen tanks that need to be refilled should be left at Public Safety, with notifications sent to the Public Safety Liaison and MERT Director.
4. All losses, damages, or impairments of MHC MERT equipment must be reported immediately to the Director or Assistant Director and the Department of Public Safety.
5. Members will not carry equipment and medication not authorized by MHC MERT (i.e. pepper spray).

Section C: Meeting Attendance

1. Regular meetings will be held Sunday evenings at 9 PM.
2. Attendance will be taken at every meeting by the Secretary. A member who misses three (3) meetings in one semester will be placed on probationary status.

Section D: Log of Hours

1. Members will receive hours for shifts worked, both paid and unpaid, and for meetings attended.
2. Members' duty hours will be counted from the times recorded in the duty log.

Article II: Duty Protocol

Section A: Duty

1. Each member of MERT will report to the MERT office for her scheduled shift, ready to work, 15 minutes before the shift begins.

2. When on duty, the members responding to a call will be in the vehicle en route within 60 seconds of dispatch.
3. Members will cooperate with all Department of Public Safety officers and personnel, uniformed police, fire, and medical personnel, campus health services, and all members of MHC MERT.
4. Members will respond and provide treatment to all requests for medical assistance not dispatched through the Department when available (i.e. not already with patient), advising the Department of Public Safety dispatcher as soon as possible.
5. A member is considered on duty and available for calls from the moment they leave the health center until all equipment is returned to the health center at the end of the shift. On regular duty, this shall be from 7:00 PM to 12:00 AM on weeknights and 7:00 PM to 3:00 AM on weekends.
6. An on-duty member of MERT will carry with her at all times the following certifications: CPR, EMT or FR, and driver's license.
7. Members must have the jump kit on their person at all times while on duty, and one member must be in close proximity to the MHC MERT emergency response vehicle for timely response and transport.
8. The oxygen bag must remain with the vehicle unless in use on scene.
9. All members will conduct themselves in a professional manner while on duty or acting as a designated MHC MERT representative.
10. Members shall not:
 - a. Enter a premises serving or selling intoxicants while on duty, including private/residential parties, except for the performance of duty.
 - b. Consume intoxicants while on duty, while off duty in uniform.
 - c. Report to duty under the influence of intoxicant or illicit drugs, medications that may affect performance (i.e. Nyquil, Benadryl), controlled substances, or narcotics.
 - d. Be mentally and/or physically incapable of performing assigned duties.
 - e. Photograph any patient or reproduce any documents relating to patient care for private or commercial use.
 - f. Recommend non-EMS authorized therapy, including over the counter medications, to patients while on duty.
 - g. Falsify statements, records, or reports.

Section B: Uniform

1. The uniform of an on duty member of MERT will consist of a MERT-issued collared polo shirt, dark pants, a watch, and ID badge where it is visible at all times.
2. A grey, black, navy, or white shirt is permitted under the MERT-issued polo shirt, given the only writing visible on the shirt is EMS related. MERT-issued outerwear may also be worn.
3. An on-duty member of MERT is expected to maintain proper hygiene and have a neat, clean uniform at all times. This includes hair pulled away from the face, shirt tucked in, no dangling earrings or visible jewelry (except for medical alert tags), and no shorts.
4. No protruding or large facial piercings (piercings may be covered neatly with a band aid). The determination will be made at the discretion of the Director

or the Assistant Director, and will be based on whether or not it will interfere with EMT safety on scene.

5. When working formal events, jeans are not permitted, and members must wear dark, non-denim pants.

Section C: Radio Communication

1. At the beginning of every shift, each member receives a portable radio for the duration of the shift; the radio is the responsibility of the member until their shift is completed.
2. Radios are not to leave the possession of the EMT at any time.
3. The radio frequency used by MHC MERT is the Department of Public Safety's main dispatch channel, and MHC MERT is a secondary user. Transmissions made over the radio are neither private nor confidential, therefore information relating to patient care is not to be transmitted over the radio.
4. All radio communication on the part of any MHC MERT member is to be kept to a minimum, and members will communicate with each other as well as the Department of Public Safety via landline unless impossible to do so.
5. The radio is not to be used to conduct personal business.
6. Inappropriate use of the radio, including (but not limited to) vulgar language, derogatory remarks, personal business, and personal amusement, may result in proper disciplinary procedures.

Section D: Calls

1. Members will always respond to calls when on duty.
2. Members are not responsible for responding to calls when not on a scheduled duty shift, but if they choose to do so, they must follow all operating procedures outlined by MERT as if on duty, with the exception of uniform requirements.
3. All property not left in possession of the patient will be returned to the Department of Public Safety.

Section E: Destination Decision Guidelines

1. MHC students and staff who wish to be transported to the Mount Holyoke College Health Center may be transported to such facilities as long as the staff at the Health Center agrees to receive the patient and the patient is stable.
2. Any seriously ill, injured, or unstable patient should be transported to the Hospital via South Hadley Ambulance. College Health Services may help make this decision when contacted.
3. Time of day and patient flow at the Health Center may influence destination decisions.
4. MHC faculty and staff will be given the option of being brought to the Mount Holyoke College Health Center or being transported to the Hospital via Ambulance using the same clinical guidelines.
5. It is preferred that MHC students be seen at the MHC Health Center whenever possible.
6. Patients to bring to the Health Center:
 - a. Minor trauma

- b. Abdominal pain unless signs of shock or internal injury (i.e. BP<90 and P>100)
 - c. Menstrual cramps
 - d. UTI
 - e. Minor asthma incidents
 - f. Headache
 - g. General psychological problems unless clearly psychotic, suicidal, or homicidal
 - h. Nausea and vomiting
7. Patients to send to an Emergency Department:
- a. Unresponsive or altered mental status
 - b. Unstable vital signs
 - c. Any patient over 50 with chest pain
 - d. Major trauma
 - e. Any backboarded patient
 - f. Obvious fractures or dislocations
 - g. Severe asthma complications
 - h. Unstable ETOH
 - i. If the members of MERT responding to a call feel as though the Health Center is inappropriate given the specific illness, the patient must be transported to an Emergency Department via South Hadley Ambulance

Section F: Prehospital Care Reports

1. Only Prehospital Care Reports (herein referred to as PCRs) provided by MHC MERT will be used.
2. All entries must be printed in black ball point ink.
3. Corrections will be made in the following manner:
 - a. Corrections will not be erased, whited out, covered by repeated pen marks, or otherwise obliterated.
 - b. A single line will be drawn through the incorrect text, and the correction will be printed above the wrong entry.
 - c. All corrections will be initialed by one of the EMTs signing the PCR.
4. Record and maintain accurate time records. Use numbers when entering dates (i.e. 04/22/01 for April 22, 2001) and 24-hour time when entering times.
5. Only abbreviations approved by MHC MERT will be used in the PCRs.
6. If an extensive narrative is necessary, a photocopy of an unused PCR will be made, ensuring to cover the number in the upper right hand corner, and the report will continue on the copy. A copy of the continuation needs to be attached to each piece of the PCR upon completion.
7. The EMTs responding to the call will print and sign their names at the bottom of every PCR completed.
8. Upon completion of a PCR, the top (white) copy is given to the Department of Public Safety, the middle (yellow) copy is given to the Health Center, and the bottom (pink) copy is given to MHC MERT. The MERT copy is placed in the locked PCR drawer.

9. Every PCR completed must be logged in the duty log kept in the clipboard with the blank PCRs.

Section G: Activity Logging

1. All calls and shifts will be logged in the duty log.
2. Each shift will be logged at the start and end of each shift.
3. All calls will be logged immediately at the conclusion of the call or anytime between the end of the call and the end of the shift on which the call occurred.
4. The call log entry will contain the following information:
 - a. Call time
 - b. Call location
 - c. Chief complaint
 - d. Patient destination
 - e. PCR number

Section H: Emergency Response Vehicle

1. A current Fleet license is required for a member to operate the emergency response vehicle.
2. All eligible active members are encouraged to obtain Fleet certification through the Department of Public Safety. Drivers must be at least 18 years of age, have a valid driver's license for a minimum of one (1) year, and have a safe driving record.
3. Keys to the vehicle will be picked up from the Public Safety dispatcher at the beginning of a shift and returned there at the end of a shift.
4. The E-Board will be responsible for refueling the vehicle at least once per month. Members should notify a member of the E-Board if refueling is otherwise necessary.

Article III: Personnel Files

Section A: Contents

1. Copies of certifications and driver's license
2. Completed confidentiality forms and member contracts
3. Record of PCR numbers and dates of calls responded to
4. Record of hours worked and attendance
5. Any relevant disciplinary files

Section B: Maintenance

1. The maintenance of personnel files is the responsibility of the Director.
2. Files will be maintained for all active, probationary, and inactive members. Files will be removed and destroyed upon a member's graduation or other termination of membership in the squad.

Article IV: Incident Reports

Section A: Definitions

1. Incident: Any occurrence that was or could have been harmful to any patient, bystander, MERT member, any member of the MHC Department of Public Safety, or any equipment belonging to MERT or the Department of Public Safety.

2. Incident Report: A detailed account of an incident filed by a witness, person responsible for the incident, or other members wanting to file a complaint against another for incidents.

Section B:

1. An incident report will be completed as soon as possible after an incident occurs.
2. The incident report will be completed by only the members involved with the incident. If members completing the report do not agree on details of the incident, separate reports may be completed, and all will be considered.
3. Incident reports will be confidential.
4. Incident reports will either be hand delivered to the Director or Assistant Director or placed in the locked PCR drawer.
5. All involved in the incident will be notified of any action taken in regards to the incident or of any disciplinary action to be taken as a result of the incident.
6. Incident reports will be kept in personnel files of those members directly related to the incident.

Article V: Disciplinary Action

Section A: Filing of Charges

1. An incident report will be filled out by either the Director/Assistant Director or a member who feels she was wronged by another member as soon as possible.
2. If the person filing the complaint is not the Director/Assistant Director, she will deliver the incident report to either the Director or the Assistant Director or place the completed report in the locked PCR drawer.
3. The Director will distribute copies of the complaint to the remaining members of the E-Board and all members named in the report.

Section B: Hearings

1. A hearing must be scheduled with at least two (2) days advance notice to allow all parties involved time to prepare for the hearing.
2. Unless directly or personally involved with the incident, the Director will serve as the chair or the hearing.
3. If the Director is deemed unfit to serve as the chair for the hearing, a chairperson pro-tem will be appointed by the E-Board according to Article III of the Constitution.
4. Discussion at the hearing will be limited to the complaints at hand.
5. Witnesses and evidence may be brought by both the accuser and the accused.
6. The E-Board will allow reasonable time for both parties to present their case.
7. The E-Board may elect to hold interviews of all parties involved in lieu of a hearing.
8. Written notes will be kept detailing the proceedings.
9. Members accused of serious violations will be suspended from active duty immediately pending a hearing.

Section C: Decisions

1. The E-Board will render a decision by a majority of eligible members.

2. Decisions will be communicated to all parties in writing (e-mail is an acceptable form of writing) within five (5) days of the hearing.
3. All decisions are confidential.
4. All decisions will be kept in the accused member's file.

Section D: Charges

1. Insubordination, Minor: A minor violation of the bylaws, constitution or of any written protocol, procedure, or policy
2. Insubordination, Major: A serious violation of the bylaws, constitution or of any written protocol, procedure, or policy
3. Driver Misconduct, Minor: A minor offense for unsafe or unlawful conduct while driving the emergency response vehicle
4. Driver Misconduct, Major: A serious offense for unsafe or unlawful conduct while driving the emergency response vehicle that could or did result in injury to members of MERT, patients, or bystanders
5. Medical Misconduct, Minor: A minor offense for inappropriate care or deviation from protocols on a call that neither could not did cause serious harm to the patient
6. Medical Misconduct, Major: A serious offense for inappropriate care or deviation from protocols on a call that could or did cause serious harm to the patient, or failure to perform standard BLS procedures (i.e. vital signs).
7. General Misconduct: A serious offense not listed above that includes any activity that defames MHC MERT, its members or the Department of Public Safety, theft of any MERT equipment, violations of the honor code that would impede a member's ability to serve on MERT, any involvement in an ongoing Public Safety investigation or harassment of any kind.

Section E: Penalties

8. Insubordination, Minor
 - a. First offense – the offending party will be given a written warning placed in the member's personnel file
 - b. Second offense – the offending party will be suspended from active service for a period of up to one month
 - c. Third offense – the offending party will be suspended from active service for at least one month, and active membership will be reviewed
9. Insubordination, Major
 - a. First offense – the offending party will be given a written warning and suspended from active service for up to one month
 - b. Second offense – the offending party will be suspended from active service for at least one month and active membership will be reviewed
10. Driver Misconduct, Minor
 - a. First offense – the offending party will be given a written warning and suspended from driving for up to two weeks.
 - b. Second offense – the offending party will be suspended from driving for up to one month.
 - c. Third offense – the offending party will be suspended from driving for at least one month.
11. Driver Misconduct, Major

- a. First offense – the offending party will be suspended from driving for at least one month.
 - b. Second offense – the offending party will be suspended from driving for one academic semester, and active membership will be reviewed.
12. Medical Misconduct, Minor
- a. First offense – the offending party will receive a written warning placed in the member’s personnel file, and will receive remedial education as necessary and available.
 - b. Second offense – the offending party will be suspended for up to one month and will receive remedial education as necessary and available.
 - c. Third offense – the offending party will be suspended for at least one month and active membership will be reviewed.
13. Medical Misconduct, Major
- a. First offense – the offending party will receive a written warning placed in the member’s personnel file and will be suspended from active membership for at least one month; remedial education will be offered as necessary and available.
 - b. Second offense – the offending party’s active membership will be reviewed.
14. General Misconduct
- a. A reasonable penalty will be determined by the E-Board depending on the specific offense.

Section F: Appeals

1. If a person has reason to believe that the E-Board has made an error on procedural grounds, she may request that an Ad Hoc Review committee be formed.
2. An Ad Hoc Review committee will be comprised of active members appointed by the E-Board, and the Director will sit on this committee as an ex-officio member only.
3. If the Ad Hoc Review committee finds the E-Board has erred in its decision, the committee may overturn the E-Board decision by unanimous vote.

Created January 2007