

The conference is not an operational entity and the member teams are responsible for creating the documentation for the topics listed above.— At request, the COO will provide a review of any member team's Operations Manual.

5.3 Rendition of Medical Care Guidelines

Personnel of member teams learn first aid, CPR, and AED skills primarily to provide medical care to fellow teammates and secondarily to provide medical care to a subject, if required.— Member teams shall have policies which allow for rendering medical care to the extent which law permits and to the level of training, but not beyond.— When available, care for a subject shall be relinquished to the highest trained individual on-scene and/or professional medical care provider.

A Medical Care Guidance Committee (MCGC, or committee) may be established by the conference to provide support to the member teams.— Each state that is covered by the Conference shall be represented on the committee.— Members of the committee need not be professional medical care providers, but shall demonstrate in the form of submitting a resume to the BOD of their qualifications.— Each member of the committee and member periods of service shall be approved by the BOD.— The committee may put forth:

- updates to certification standards, used by member teams;
- updates to best practices when those updates are permitted by the certifications used by member teams;
- updates when laws, rules, and regulations change within each state covered by the conference;
- recommendations to the member teams for best practices to train and learn the skills and techniques— required by the certifications used by the member teams; and
- responses to requests made by the COO or BOD.

The MCGC will produce deliverables in the form of memorandums or white papers for delivery to the BOD for acceptance.— The MCGC shall establish peer review policies for any deliverable they produce. Deliverables shall be marked “Draft – for internal review only” until approved by the BOD, when the markings can be removed.— Information and recommendations contained in deliverables are for the benefit of the member teams to use to the extent they desire, but are not enforceable by the conference.

5.4 Membership

Member teams should have membership policies for the recruitment and maintenance of personnel. Member teams should provide for a background check for each member on a routine basis and procedure for confidential review of the background checks and acceptance or rejection of a member based on the results of the background check.— Member teams should have an on-boarding process for new members to orient them to SAR operations, certification requirements, and general SAR culture.— Member teams may consider the need ~~to~~ for multiple levels of membership including: (i) provisional, probationary, or candidate member, (ii) operational or active members, (iii) support, associate, or not operational members, (iv) lifetime or founder, and (v) inactive, dismissed, terminated or removed.

Member teams should have a process to terminate the membership of personnel for cause and exit procedures for all personnel regardless of reason for leaving.— The BOD should be notified once a member has been dismissed but need not be notified if a member leaves voluntarily.

5.5 Radio Communications

Comment [KC11]: I don't think this is true for AMRG. Our members for the most part take these courses, and wilderness first aid, Wilderness First Responder, EMT and Wilderness Emergency Medical Technician classes, primarily to care for our patients. We are indeed a Pennsylvania-licensed EMS agency.

Comment [KC12]: Duh. Is it necessary to spell this out in the Operational Guidance Manual? The law can take care of itself, I think. I don't see the ASRC Operations Officer trying to determine the law about what level of medical care can be provided by each individual Group. State laws are quite different on this point.

Comment [KC13]: This is a thorny point; in the backcountry, who is “higher” trained, a Wilderness Emergency Medical Technician-Basic or a “street” EMT-Advanced? Wee the AMRG Medical Policy Manual for our take on this. I'm not sure that we should be specifying something like this in the ASRC Operational Guidance Manual, as it is a matter for the Group's internal medical protocols.

Comment [KC14]: See separate proposed revision of this entire section.