

**Pennsic 36 Chirurgeonate  
Standard Operating Procedures  
for Supervisory Staff**

# Introduction

Welcome to Pennsic, and thank you very much for volunteering your time to help keep the populace safe and healthy.

The policies in this document are to be considered an event-specific addition to the Society policies for the Chirurgeonate, and to any policies mandated by the Pennsic Mayor. In the event of conflict between this document and a higher-level policy, the higher level policy prevails.

We always want to improve the way we do things, to provide better patient care to the populace. Accordingly, this year we have reduced by one the number of layers in our organization, and we have simplified some of the paperwork. Of course, some documentation is necessary so that we can provide statistical data to next year's Mayor, Chirurgeons, and Marshals in order to help improve the safety of Pennsic.

If you have suggestions for ways we can improve further, please let us know. Understand that it may not be practical to make major changes in the middle of Pennsic, but if nothing else we would like to capture the ideas for consideration in next year's plan. That being the case, it would be helpful if suggestions were put into a brief note, along with your contact information in case next year's team would like to contact you to discuss your idea in detail.

Should you have any concerns about the quality of care, or of management and leadership, please bring these to the attention of the Crew Chief, the on-duty Deputy Chirurgeon Coordinator, or the Chirurgeon Coordinator, as soon as possible so that the problem can be addressed. We cannot fix problems of which we are not aware.

Again, thank you for volunteering your time this Pennsic!

In service to the Chirurgeonate and Pennsic,

Justinos Tekton called Justin  
PW36 Chirurgeon Coordinator

# Chain of Command

*(Note: This section is the same for all versions of the Standard Operating Procedures.)*

All Chirurgeons and Nonmedical Volunteers report administratively through the Pennsic chain of command to Mistress Rosamund Beauvisage, the Mayor of Pennsic 36, and thence up the Seneschallate chain of command to the Board of Directors of the SCA. It is important to understand that although the Chirurgeonate's warranting authority is the applicable Kingdom Chirurgeon, the Mayor of Pennsic is ultimately in charge of all activities and staff on site.

This document covers only the chain of command within Pennsic, and not external warranting or administrative authorities which are documented elsewhere.

## **Senior Staff**

Maistor Justinos Tekton, called Justin, is the Chirurgeon Coordinator (also the “CIC” in the terminology of the Chirurgeon's Handbook) and in charge of this department. He reports to Duchess Caitlin Stuart, the Deputy Mayor for Event Resources. The title “War Chirurgeon” is still used informally, and is not (nor has ever been) official.

Three Deputy Chirurgeon Coordinators (DCCs) and one Administrative Assistant report to Justin:

Mistress Amaryllis Coleman

Lady Elizabeth Reed

Lord David Lockhart

At any given time, one of the DCCs is on duty and has primary operational command of the Chirurgeonate both at First Aid Point and at remote locations (including the Battlefield). **All on-duty Chirurgeons and Nonmedical Volunteers report, directly or indirectly, to the on-duty DCC.**

## **First Aid Point Supervisors**

At First Aid Point, the shift supervisor is known as the Crew Chief. She or he is directly in charge of all first aid care and administrative activities at First Aid Point. Treating Chirurgeons and Nonmedical Volunteers report to the Crew Chief, who in turn reports to the DCC.

## **Battlefield Supervisors**

The Battlefield Coordinator (for the Chirurgeonate) is Viscountess Mistress Kaellyn mac Dermott, who reports to the DCC. For most battles, an individual known as the Battle CIC is in charge of the Chirurgeons and Nonmedical Volunteers working at that particular battle. The Battle CIC is to the battlefield what the Crew Chief is to First Aid Point, except that they report to Kaellyn rather than to the DCC directly.

## **Treating Chirurgeons and Nonmedical Volunteers**

All treating Chirurgeons (of any rank) and Nonmedical Volunteers report to the Crew Chief or the Battle Chirurgeon, depending on location. Chirurgeons and Nonmedical Volunteers are equal in the chain of command, and are expected to treat one another with courtesy and respect. Nonmedical Volunteers are recruited and trained by the Volunteer Coordinator but report operationally to the Crew Chief or Battle Chirurgeon when on duty.

## **Administrative Staff**

Staff members with special responsibilities, such as the Statistician, Supply Officers, Technical Services Liaison, Fundraising Coordinator, Public Health Advisor, Administrative Assistant, and Nonmedical Volunteer Coordinator, are not directly in the chain of command, but they have “dotted line” supervisory responsibility within their areas.

# General Policies

These policies apply to all supervisory personnel. For the sake of brevity, the term Crew Chief is used throughout this section. In the case of battlefield locations, the equivalent rules apply to the Battle Chirurgeon on duty. The acronym DCC means Deputy Chirurgeon Coordinator.

1. All supervisors must be registered on the sign-in roster and must attend an orientation session before their first duty shift, per the SOP for treating Chirurgeons. Exemptions to the orientation session may be made on a case-by-case basis by the Chirurgeon Coordinator.
2. Approval to work as a Crew Chief can be obtained only from the Chirurgeon Coordinator. The opinions of the DCCs will weigh extremely heavily in this approval decision. On-the-job mentoring of new Crew Chief candidates is encouraged, by pairing them to assist an experienced Crew Chief for one or more shifts. Having been a Crew Chief in past years is **not** an automatic approval for Pennsic 36.
3. Supervisory personnel who will not be directly involved in patient care are not subject to the eight-hour no-alcohol rule, but they are expected to exercise good judgment with regard to alcohol consumption, since they could be called into duty on short notice.
4. The on-duty DCC is in charge of all operational aspects of the Chirurgeonate. Matters requiring senior staff involvement should be brought to the DCC first. He or she will make the decision whether to handle the matter or to refer it to the Chirurgeon Coordinator, based on personal judgment and the list of special notifications later in this document.
5. On-duty Crew Chief or DCC on the night shift at First Aid Point may nap if they wish, provided that at least one on-duty Chirurgeon supervisor (Crew Chief or above) or one member of the EMS team must be awake and alert at any given time at First Aid Point. Naps by the Crew Chief are permitted only when patient workload is light or nonexistent.
6. The on-call DCC is not required to remain awake and is not restricted (within Pennsic) as to location, but must be continuously accessible via radio or cell phone while on call.
7. The off-duty DCC's activities and location are unrestricted, but this person should use good judgment about being available in case of a major emergency.
8. Supervisory personnel who are not currently on duty (including the on-call DCC) are encouraged to sleep in their campsites rather than at First Aid Point unless there is a very good reason otherwise. This helps us to present a more professional image to the populace, and ensures that cots are available for incoming patients without rushing to change bedding.
9. Per policy of the Pennsic Mayor, **no interviews or statements are to be given to members of the press by staff members.** If reporters request interviews, they should be referred to the Chirurgeon Coordinator who will ensure that the appropriate approvals are secured through the Pennsic Media Liaison and/or the Mayor. This is a general Pennsic policy, not limited to the Chirurgeonate, and it includes both on-site and off-site publications.
10. When making emergency notifications, do not divulge sensitive situations, particularly those involving criminal acts or a fatality, on radio or cell phone; rather, simply alert the DCC that his or her presence is needed immediately, and give the location where the DCC should report to get more details in person.
11. If EMS is not immediately available in a referral-to-EMS situation, Chirurgeons will continue providing care until EMS is on scene. This should be an extremely rare situation, and if it happens the DCC should be notified immediately and an incident report filed.
12. Any patient who is referred to the Chirurgeonate for first aid care, but then decides to decline our care, should be referred back to EMS so that they can sign a refusal of care form. There may be cases in which the patient walks away and refuses to do so; these should be documented in the shift log with notation of which of our personnel observed the walk-away situation. Per corporate policy, the Chirurgeonate is not authorized to use consent or refusal waivers.

# Special Notifications

These notifications are for handling special, serious situations, to ensure that senior staff are at all times aware of important events that may escalate if not handled correctly.

The act of notification does not imply that the person notified must personally take over command. A response of “Thank you for letting me know. It sounds as if you have the situation under control, but please alert me if you need me to take over” is quite acceptable if appropriate to the situation.

## ***Deputy Chirurgeon Coordinator (DCC) notifications***

The on-duty DCC is to be notified immediately when any of the following situations occurs:

1. Any of the situations included in the list of items for which the CIC is to be notified.
2. Any patient being transported from the site by ambulance or helicopter.
3. Disciplinary action (including duty deferrals) taken by a Crew Chief or Battle Chirurgeon.
4. Any person who, after talking to the Crew Chief or Battle Chirurgeon or other first-line supervisor, specifically asks to speak with someone of higher authority.
5. Any significant complaint from a patient or member of the populace.
6. Significant interpersonal conflicts within the on-duty Chirurgeonate team, that are not able to be resolved by those directly involved..
7. Any fire or other significant safety problem at a location where Chirurgeons are working.
8. Any patient care involving a victim of an alleged criminal act. (Be discreet in the notification process!)
9. Critical shortages of resources or personnel that the local command cannot quickly resolve.
10. Any case in which EMS is needed but could not be immediately notified.
11. Any situation which in your judgment needs the immediate attention of the DCC.

In the above situations, the DCC is to make a decision whether or not to notify the CIC immediately, or as soon as possible, or only in the applicable shift report. Even if the CIC is not notified immediately, any of these situations should be mentioned in the appropriate duty report and/or in a separate incident report, depending on severity.

## ***Chirurgeon Coordinator (CC/CIC) notifications***

The Chirurgeon Coordinator (CC, or CIC) is to be notified **immediately** when any of the following situations occurs:

1. Direct requests specifically for the CIC by the Mayor, a Deputy Mayor, or any Pennsic department head.
2. Anyone who, after being advised that the DCC is the current operational supervisor for the Chirurgeonate, still wants to see the CIC personally. If someone really wants to talk to the CIC, they will talk to the CIC.
3. Any significant conflict or interpersonal problem between the Chirurgeonate (or any individual Chirurgeon) and the EMS personnel.
4. Any significant conflict or interpersonal problem between the Chirurgeonate (or any individual Chirurgeon) and another Pennsic department.
5. Any on-site fatality or likely impending fatality, regardless of whether or not the Chirurgeonate was involved in the situation.
6. Any requests for interviews from members of the press, whether for on-site or off-site publications.
7. Any situation which in your judgment needs the immediate attention of the CIC.

# Policies for Crew Chiefs

Crew Chiefs are primarily responsible for allocation of people and resources, including treating Chirurgeons, Nonmedical Volunteers, golf carts, radios, etc., to the current patients needing care. They are also the primary communications nexus for the First Aid Point.

The Crew Chief must remain at First Aid point during the entire duty shift, except for short breaks to use the toilet or similar situations. Even for short breaks, the Crew Chief is responsible for delegating someone else to be temporarily in charge of his or her duties.

The Crew Chief accepts patient referrals from EMS on behalf of the Chirurgeonate and assigns one or more treating Chirurgeons to assist each incoming patient.

In addition to these responsibilities, the Crew Chief is accountable for:

- Monitoring the quality of patient care to ensure that treating staff stay within our scope of care.
- Monitoring for situations in which a patient referred for First Aid may have deteriorated such that referral back to EMS is appropriate. **If in doubt at all, refer the patient to EMS or ask EMS to evaluate that possibility. If a patient, or a treating Chirurgeon, specifically requests EMS or an ambulance, the patient is to be referred immediately. No exceptions.**
- Providing continuous monitoring of the VHF radio. This task may be delegated, but ultimate responsibility remains vested in the Crew Chief.
- Controlling physical access (keys) to golf carts. Again, the task may be delegated but the Crew Chief remains accountable.
- Maintaining efficient traffic flow through the First Aid Point. The Crew Chief has the authority to politely ask anyone, up to and including the Chirurgeon Coordinator (and perhaps especially him), to kindly not stand and chat in the way of incoming patients.
- Mediating minor interpersonal conflicts within the on-duty team at First Aid Point, or referring more serious issues to the DCC for resolution.
- Ensuring that necessary housekeeping tasks are completed for the First Aid Point and the Ready Room tent.
- Where possible, anticipating situations in which resources are likely to be overtaxed, and proactively requesting backup staff via the on-duty DCC. It is the DCC's job to activate on-call personnel, but it is the Crew Chief's job to recognize (and hopefully anticipate) when they will be needed.
- Protecting privacy of patient records by ensuring that they are promptly secured in the appropriate locations after the patient is released.
- Correcting quality and disciplinary problems that come to his or her attention, when such action is reasonably within the Crew Chief's purview. Correction should be constructive and diplomatic, but clear and unambiguous. In cases of serious danger to patient safety or major breaches of policy, the DCC should be alerted immediately.
- Ensuring that Chirurgeons and Nonmedical Volunteers treat one another, and our colleagues on the the EMS team, with respect and courtesy.
- Completing the shift report during and/or at the end of the shift.
- Ensuring that all working CITs receive written evaluations, and that these are properly filed. This may be delegated to a warranted treating Chirurgeon or Mentor Chirurgeon, but the responsibility lies with the Crew Chief to ensure that it actually happens.
- Alerting the DCC of any situation which requires or is reasonably likely to require higher-level supervisory attention.