



## **Fauquier County Volunteer Fire and Rescue Association**

### **EMT-BASIC/AIC RELEASE PROGRAM**

**September 2015**

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## I. Introduction

The purpose of this BLS Release Protocol is to provide information for the EMT-Basic to assist in the successful completion of his/her field internship and become minimum staffing as an Attendant-In-Charge (AIC) for Fauquier County Volunteer Fire and Rescue Association (FCVFRA). All specific requirements for interns are listed and described in detail. Any questions or concerns should be addressed to the Fauquier County EMS Committee. The Field Internship requirements have been developed to ensure that all individuals providing out-of-hospital care, have received appropriate training and are capable of providing safe and competent care on a consistent basis. This program may only begin upon completion of certification training, successful completion of the National Registry and/or Virginia State certification, and a copy of this certification must be on file with your agency. This internship program provides each agency operating in Fauquier County with a mechanism to ensure competency to perform in a minimum staffing role. As an intern, you will be authorized to perform all skills as prescribed by protocol under the direct supervision of a Field Training Officer (FTO).

## II. Program Policy and Procedures

The Intern Release Program must be completed in a pre-hospital emergency care setting while riding on an ambulance in Fauquier County. Interns are expected to coordinate shifts with an FTO and be *on time* for their scheduled field rotation. Appropriate dress will be the Intern's own EMS agency shirt and blue uniform pants in a clean and serviceable condition. Footwear should be closed-toed and, preferably, steel-toed boots. Remember that the more professional you appear, the better the impression on the patient and the public.

Interns will, at all times, follow the guidance of their FTO when medical care is provided. The FTO has the right to deny the Intern the chance to perform a particular skill based on the patient's medical condition. Interns are to follow the protocols established by the Operational Medical Director (OMD) of Fauquier County. All credible patient contacts and competencies must be done under the direct supervision of an FTO.

***At no time is an intern to be used as part of the minimum staffing on a BLS transport unit.***

## III. Field Training Officers

To assist the interns as required, each intern will be assigned a department approved Field Training Officer (FTO). The FTO will monitor progress and perform formal written evaluations which will be reported back to the department EMS Officer. The criteria to become a BLS FTO is a BLS/ALS provider that has demonstrated proficiency as a provider with a minimum of 2 year field experience as a released BLS provider. This provider must provide a written request to become an FTO for their agency to the department fire chief or designated EMS Officer. Every effort will be made to assign an FTO to an Intern that will instruct patiently, lead by example, and will challenge the Intern. A specific FTO request can be made by the Intern, however, he/she may not select an individual related to them by blood or marriage, or with whom they have had, or are currently engaged in, a long-standing relationship. This policy is designed to prevent any question as to the objectivity of the FTO. **Lead FTOs may have only two active interns assigned to them at one time.**

### **Basic Life Support Levels:**

- A. Preceptors must meet the following criteria
  - a. Minimum EMT-B certification
  - b. Released BLS provider- 2 years
  - c. Minimum of 21 years of age
  - d. Not be on probation or suspension
  - e. Maintain OMD skills drill requirements
  - f. Current local protocols training
  - g. Member in good standing with department and OMD

### ***B. Procedures:***

- a. No more than 2 interns per preceptor at a time
- b. Provide direct supervision of his/her designated intern
- c. Directly assisting student learning experiences when needed
- d. Provide monthly written feedback to student regarding direction

### **IV. Field Internship Requirements**

- 1) Intern must be an active, junior, or probationary member of FCVFRA, in good standing, and can begin the process at 17 years and 6 months of age but cannot be released as an AIC until 18 years of age.
- 2) Valid Virginia State or National Registry EMT-Basic certification must be on file with their agency.
- 3) Valid CPR certification must be on file with their agency.
- 4) HIPAA Compliance Training
- 5) NIMS ICS-100,200,700 and 800
- 6) Intern will run a minimum of 30 EMS calls with 15 as lead provider (this is inclusive of field internship rotations, but not including stand-bys) and at least 10 of those must be done with the Intern's assigned FTO.
- 7) Intern may ride with another FTO or a released preceptor in Fauquier County, but is required to obtain all documentation of skills performed for the review of his/her FTO.
- 8) Practical Skill Sheets must be documented as having been performed in the field or in training. Some skills may only be signed off if performed in the field. Complete Call Evaluation and Daily Performance Evaluation sheets prior to leaving shift.
- 9) Receive a satisfactory final formal evaluation from his/her FTO.
- 10) Internship must be completed within 6 months of beginning the process but can be extended upon written approval by the department's EMS Officer or chief.

### **V. Outside Region Release**

We recognize that providers come from different regions and have a variety of skills. Therefore, experienced providers can be expedited through the release process but they must demonstrate skills as both a BLS provider and as an Attendant-In-Charge (AIC). The minimum

requirements are:

- 1) A letter of competency by provider's Operational Medical Director (OMD) or immediate supervisor.
- 2) 5 BLS emergencies with any FTO as lead provider.
- 3) Skill sheets completed, with mandatory field skills demonstrated.
- 4) Passing score on written and practical evaluation.
- 5) Approval from Fauquier OMD.

## **VI. Daily Performance Expectations**

Interns will be evaluated not only on the specifics of every call, but also on their overall professionalism. After each patient contact, a Call Evaluation sheet will be completed by the FTO and reviewed with the Intern. At the end of the shift, a Daily Performance Evaluation sheet will also be completed by the FTO and discussed with the Intern. This will be a time for both the Intern and FTO to evaluate progress and their own interactions between each other. If there is a problem that cannot be resolved during the end-of-shift debriefing, then please adhere to the directions detailed on the Intern Release Program Conflicts (pg. 6).

## **Learning Objectives**

Upon completion of the program the Intern should be able to demonstrate the ability to:

1. Accurately relate a patient's medical complaint to pathophysiology or pharmacological effect and discuss appropriate interventions based on condition and diagnosis.
2. Obtain a history from the patient, relatives, or bystanders in a systematic and timely fashion.
3. Conduct a thorough and appropriate patient assessment.
4. Function as a leader as the patient care giver, scene management, and as the AIC of the ambulance.
5. Describe the anticipated effects of interventions, including side effects and undesirable reactions, with both personal interaction and medication procedures.
6. Safely and appropriately perform all pertinent life support skills and be able to support ALS providers when they arrive on scene.
7. Perform skills utilizing equipment in a manner consistent with patient care priorities.
8. Explain procedures to the patient in a manner that the patient can understand.
9. Exhibit professional behavior and concern when interacting with patients, family, or bystanders.

10. Accurately and concisely document and report assessment findings and interventions creating a legal document to be placed in the patient's medical record.

11. Show respect for, and adherence to, the principles of patient confidentiality.

### **Intern Release Program Conflicts**

The Intern Release Program is overseen by the designated EMS Officer or chief. In all situations where a conflict arises, the most important concern is the safety and welfare of the patient and the emergency care providers.

#### ***Patient Care Issues***

The Intern should inform the FTO whenever they are asked to do a procedure for which they feel ill-equipped, ill-trained, or for which they believe is not in the best interest of the patient. If, after explaining these concerns, the FTO continues to direct the Intern to perform the intervention, the Intern should release control of patient care to the FTO and not perform the intervention. The FTO will respect the Intern's concern and assume patient care with minimal disruption. Both providers, upon conclusion of the call, should discuss the issue and attempt to resolve the matter. If the matter is unable to be resolved, the Intern and FTO should inform the department's EMS Officer or chief of the issue and, if required, document it in writing as soon as possible.

#### ***Intern-FTO Conflicts***

If there is a conflict between the Intern and their FTO, the department's EMS Officer or chief should be notified *as soon as possible, in writing*. Upon receipt of the written documentation, the department EMS officer and agency's senior leadership will review the matter and recommend a solution.

#### ***Suspension or Termination from Program***

An Intern may be removed from the Intern Release Program for the following reasons. *This is not an exclusive list*. Any improper activity can result in termination from the program.

- Inappropriate patient contact
- Inappropriate appearance

- Appearance or smell of intoxication, illegal drug usage, or any decreased level of proper functioning for any reason, including some prescription medications that may affect the intern's ability to provide care.
- At the discretion of the department's chief or EMS Officer

**Note: Inappropriate conduct involving Intern-to-FTO or FTO-to-Intern will not be tolerated and may be grounds for removal of either provider from the program.**

**Internship Orientation Agreement  
Fauquier County Volunteer Fire and Rescue Association**

**Internship Orientation Agreement**

We, the undersigned have read and understand the policies and procedure that have been set forth in the internship orientation agreement contained in the Intern Manual. Signing below we agree to abide by the standards as outlined in this manual.

Intern Name: (Print) \_\_\_\_\_

Intern Signature: \_\_\_\_\_

FTO Name: (Print) \_\_\_\_\_

FTO Signature: \_\_\_\_\_

Internship Start Date: \_\_\_\_\_

Internship Completion Date: \_\_\_\_\_

EMS Agency: \_\_\_\_\_

Department EMS Officer: \_\_\_\_\_

Date: \_\_\_\_\_

**Copy of certifications and this form to be retained by agency.**



## BLS Internship Signature Page

### Fauquier County Volunteer Fire and Rescue Association

Item	FTO Signature	Date
EMT-B Certification Copy		
CPR Certification Copy		
Received BLS Intern Manual		
Intern Orientation Agreement		
Completed number of required patient contacts		
Daily Performance Evaluation forms Completed		
Completed Knowledge, Skills & Abilities form		
Chief or designated EMS Officer's approval for release		

Copy of certifications and this form to be retained by agency.

## Intern Release Program-Call Evaluation

Intern: \_\_\_\_\_ FTO: \_\_\_\_\_

Date and Nature of Call: \_\_\_\_\_

Patient/Call Contact Number: \_\_\_\_\_

Item	FTO's Remarks. S=Satisfactory; U=Unsatisfactory; N/A=Not Applicable. Please give remark for each Item.
Directions to scene/Use of Maps	
Scene size-up/Safety concerns	
Priority decision	
Patient assessment	
Patient treatment	
Communication with ER Staff (Radio and Bedside)	
Image Trend	
Leadership throughout call	

**Copy this form is to be retained by agency.**

## BLS Internship-Daily Performance Evaluation

FTO Name: \_\_\_\_\_ Date: \_\_\_\_\_

Intern Name: \_\_\_\_\_ Hours Interned: \_\_\_\_\_ # of Patient Contacts: \_\_\_\_\_

- |                            |                                       |
|----------------------------|---------------------------------------|
| 1. Punctuality             | Satisfactory__ Unsatisfactory__       |
| 2. Communication           | Satisfactory__ Unsatisfactory__ N/A__ |
| 3. Attire                  | Satisfactory__ Unsatisfactory__ N/A__ |
| 4. Equipment Check         | Satisfactory__ Unsatisfactory__       |
| 5. Rapport with Crew       | Satisfactory__ Unsatisfactory__       |
| 6. Documentation           | Satisfactory__ Unsatisfactory__ N/A__ |
| 7. Restocking              | Satisfactory__ Unsatisfactory__       |
| 8. Affect/Personal Conduct | Satisfactory__ Unsatisfactory__       |

FTO Comments (significant issues, development plan, etc.):

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Intern Comments (challenges, solutions, tips learned throughout shift):

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FTO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Copy this form is to be retained by agency.**

## Knowledge, Skills, and Abilities

Being an AIC requires different types of knowledge, skills, and abilities that go beyond simple book learning. Some of these requirements may take longer to master, so **your FTO will not initial unless you are able to do it on your own without prompting or instruction.**

### Practical Skills

Each of these skills must be demonstrated and initialed by an approved FTO. **All of these skills must be performed on a call!**

SKILL	FTO'S INITIALS	DATE
Palpate carotid, pedal, and radial pulses		
Auscultate and palpate BP		
Listen to lung sounds and use pulse oximeter (discuss results)		
Evaluate respirations and pupils (explain various findings and significance)		
Check blood sugar		
Evaluate pt's mental status		
Evaluate skin and take temperature		
Give radio report to hospital		
Complete PPCR via Imagetrend		

**Copy this form is to be retained by agency.**

### **Assessment/Treatment of Patients**

Certain situations will require a specific type of treatment, while others will depend upon the circumstances. Please explain to your FTO how you would assess and treat the following patients. If it requires a physical action, please show that you can perform said task (i.e. put on a NRB or CPAP mask). If it requires a medication, please demonstrate how to give the medication, the dose, and contraindications.

<b>Patient Type</b>	<b>Satisfactory/Unsatisfactory?</b>	<b>FTO Initials</b>	<b>Date</b>
Chest Pain			
Asthma v. Allergic Reaction			
COPD v. CHF			
Extremity fracture (splint and traction)			
Hip fracture			
Altered Mental Status (AEIOU-TIPS)			
Psych/Combative Patient			
OB			
Pediatric (what are differences from adults)			
CPR			
Trauma-car accident			
Trauma-fall			
When can you clear c-spine?			
Burns			
Hot/Cold Emergency			
Snakes/Spiders			

Drowning/Near Drowning			
Shock (different types)			

**FTOs: Please write a reason for every “unsatisfactory” given.**

FTO Comments: \_\_\_\_\_

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**Copy this form is to be retained by agency.**

**Location and Use of Equipment**

In order to provide care, you must know where the equipment is and how it is used. Please find the following items on the ambulance and properly demonstrate to the FTO on how it is used. The number in parentheses is the number of different places on the ambulance you should be able to find that piece of equipment.

<b>Equipment</b>	<b>Satisfactory/Unsatisfactory?</b>	<b>FTO Initials</b>	<b>Date</b>
O2: Demonstrate how to use and then replace			
NRB, NC, & BVM (2)			
OP/NP (2)			
Backboards/Immobilization kits			
Suction equipment (2)			
AED			
CPAP			
Cot (all functions with one and two people)			
Stairchair			
Reeves			
KED			
MCI kit			
Cones			
ERG			
King Airway			
Knox Box keys (if applicable)			
Traction splint			

Board/Foam splints (2)			
Fire Extinguisher/Water Can			
OB kits			
Infectious Control kits			
Trauma bandages (2)			
Burn sheets			
English-Spanish cheat sheets			
Linens (2)			
Protocol book			
Glucometer (2)			
Assemble Lifepak (including changes batteries)			
Locate BLS Drug Box			

**FTOs: Please write a reason for every “unsatisfactory” given.**

FTO Comments: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**Officer Specific Knowledge**

Not only is the AIC responsible for the medical care of the patient, he/she is also responsible for the crew and how the smoothly and professionally the call goes. The FTO will evaluate your ability to do the following:

Skill	Satisfactory/Unsatisfactory?	FTO Initials	Date
Ambulance readiness			
Radio Traffic/Interaction with Dispatch			
Directing driver to the call using Map book/ADC Map			
Directing all on scene providers in the care of patient			
Placing in-coming units in service or updating them on status of the call/pt			
What is the criteria for a helicopter/How to call for one			
Rapport with all providers			
Rapport with pt and family			
Reporting abuse/neglect			
Minimum age of consent			
Refusals			
DNR requirements			

**FTOs: Please write a reason for every "unsatisfactory" given.**

FTO Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**ALS Assist**

Often times the BLS provider will be in the back with an ALS provider on scene and/or on the way to the hospital. They may, when directed by an ALS provider, assist with certain skills.

Please have an FTO initial that you can complete, without direction, the following skills:

<b>Skill</b>	<b>FTO's Signature</b>	<b>Date</b>
4 Lead		
Capnography		
Location and set up for IV (2)		
Spike a bag of NS (2)		
Locate various sizes of syringes, needles, etc.		
Locate and assemble Neb (2)		
Location of Intubation Kit		

## Appendix A

# BLS Internship Phone/Radio Reports Cheat Sheet

1. If using radio, turn knob to 11-H and hold microphone 2-4 inches from your mouth. Please consider what you are going to say or write it down before beginning. Generally, the protocol is “Ambulance 1-2 to Fauquier Hospital” and wait for them to respond.
2. Regardless of the mode of communication, speak slowly and deliberately being clear and concise. Remember, the nurse at the other end is writing down what you say so do not speak faster than he / she can write.
3. Identify your unit including whether you are an “ambulance,” “shock trauma,” or a “medic” unit.
4. Give your patient’s age and sex.
5. Give level of consciousness and whether they are stable or unstable.
6. Give patient’s chief complaint.
7. Give brief appropriate history of present illness (HPI).
8. Describe in brief and concise fashion the significant physical assessment findings (e.g., V.S., lung and heart sounds, skin condition, and mental status, anything pertinent in a head to toe survey).
9. Give pertinent past medical history.
10. Give allergies and current medications, if relevant to the call.
11. Describe treatment given and the patient’s response to treatment.
12. Give estimated time of arrival (ETA).
13. If the need arises for online medical direction be sure to speak to a physician or a physician’s assistant and obtain their name for your documentation. Listen and repeat back any medications order or procedure.

**Note: Understand that the purpose of the radio report is to inform the Emergency Department that you are bringing a patient to them. This report should take no more than 30 seconds and only include the relevant and necessary information for them to be ready to accept your patient. A more detailed reported can be given upon your arrival at bedside.**

## **Appendix B**

### **BLS Internship-Daily Unit Checkout**

1. Ensures presence of all equipment and check for proper functioning. This includes any batteries for glucometer, thermometer, Life Pak or AED. For complete checklist, please speak to career staff or department's designated form.
2. Ensures adequate inventory of disposable supplies and linens.
3. Ensures that all portable and on-board oxygen have greater than 500 psi; changes as necessary.
4. Ensure that all radios, map books, traffic vests, ERG, and knox box keys (if applicable) are present.
5. If driver check has not been completed, request driver to do so or ensure that it is done.
6. Cleans inside and outside of ambulance as needed. This may include cleaning and disinfecting all surfaces in the unit, stretcher, and equipment using department-approved disinfectant.
7. Empty trash containers and make sure sharps containers are not overflowing.
8. Sign-in to toughbook and properly input personnel and their provider care level.
9. Call in staffing to Dispatch. Let them know whether it is an ambulance, shock trauma or medic and to when it will be staffed.
10. Stow PPE on board and have accountability tags available for any IDLH event.
11. If anything is missing or broken, report it to the proper person.

## Appendix C

### **BLS Internship - AIC Roles and Responsibilities**

1. The Attendant - In - Charge (AIC) is ultimately responsible for all aspects of patient care, the crew and the ambulance or medic unit itself.
2. Responsibilities include, but are not limited to:
  - A. Overall incident scene management.
  - B. Assessment
  - C. Treatment
  - D. Movement of the patient from the incident scene.
  - E. Safety of the patient during transfers, transport, etc.
  - F. Utilization of personnel.
  - G. Triage, treatment of multiple patients.
  - H. Communication with EOC, other Fire Department units and the hospitals.
  - I. Transfer of patient and patient information to receiving hospital staff.
  - J. Documentation of patient care report and associated forms.
3. Responsibilities pertaining to the crew consist primarily of personnel and incident scene safety. They include, but are not limited to:
  - A. Awareness of potential hazards.
  - B. Choosing whether to approach incident scene or await the arrival of various other units' based on dispatched information (e.g. Hazardous Material Unit or Police Officers).
  - C. Size up and initial reporting of a MCI.
  - D. Vehicle Positioning
  - E. Keeping portable radio in ones possession and on the correct channel.
  - F. Appropriate use of PPE, traffic vents, BSI equipment, etc.
  - G. Ensuring containment and abatement of body fluids as much as possible.
  - H. Ensuring proper disposal of sharps and contaminated materials.
4. Responsibilities pertaining to the unit include, but are not limited to:
  - A. Unit properly staffed with Fauquier County Dispatch.
  - B. Maintaining adequate inventory of supplies.
  - C. Ensuring presence and proper functioning of equipment.
  - D. Checking and accounting for knox box keys (if applicable), portable radios, mapbooks, and toughbook.
  - E. Completing patient reports in a timely manner and posting them to the server before leaving shift.
  - F. Ensuring station logbook entries for incidents to which the unit responded (if applicable).
  - G. Passing on pertinent information when relieved from duty.
  - H. Reporting any incidents immediately to the department's EMS Officer or chief.