

# RIVER FALLS EMERGENCY MEDICAL SERVICES

## Medical First Responder Probationary Program Booklet



This booklet is property of: \_\_\_\_\_

## **River Falls Area Ambulance First Responder Probationary Booklet**

### **INTRODUCTION:**

Welcome to River Falls EMS! In order to make you a competent first responder, we are putting you through our formal probationary program. This program will make you competent in our service operations and patient care guidelines. Our goal is to provide the best possible care to the residents in which we serve. This begins with the probationary program and you.

The program lasts a minimum of six months. You will be assigned a Field Training Evaluator (FTE) to help guide you through the program. After 3 months, you will be evaluated by your FTE and the officers of the ambulance service. This allows for feedback both ways and gives you guidance on what needs to be worked on in the next three months. A final 6 month evaluation will be done at the end of the probationary program. You will need to return this booklet to your FTE at the end of your probationary period.

Throughout the six month program, you will be required to attend a minimum of 3 ambulance calls. You will record the runs on the ambulance call log. Please fill out the form with all appropriate information. The 3 required calls are shaded gray on the call log.

After the successful completion of the probationary program, you will be recommended to the first responder membership as an active member. You will then have full voting rights within the first responder organization.

The formal probationary program is broken into 6 sections, each with specific criteria to accomplish and check off. The 6 sections consist of:

1. Organizational policies and procedures
2. Ambulance/First Responder Operations and Equipment Inventory
3. Documentation & HIPAA
4. Radio communications and operations
5. Driving & Mapping Procedures
6. Equipment and skill competencies

The sections are outlined further in this booklet with the specific items needed to be checked off within each section. We recommend completing the sections in order, however, your FTE may have you jump around from section to section. Your FTE will help guide you to what you need done.

The pace of the program depends on your effort to accomplish it. You are responsible for your own pace. Make sure you don't fall behind. You will be expected to complete the program in the 6 month period. We want to remind you that failure to successfully complete the program results in termination from the first responder organization.

The probationary program is designed as a learning tool. We want to stress the importance of making you a better first responder with our service. Your time, effort and dedication will help to accomplish that.

Please feel free to ask as many questions during the program as you wish. Good luck with the program!

## Orientation/Probationary Program Checklist

Name: \_\_\_\_\_ Date Started: \_\_\_\_\_  
(Last) (First) (MI)

Assigned FTE: \_\_\_\_\_ FTE Phone #: \_\_\_\_\_

3 Month Review Date: \_\_\_\_\_ 6 Month Review Date: \_\_\_\_\_

### Pre-requisites

Description	Date Completed	Employee Initials	FTE Initials
General Orientation Checklist			
Infectious Control Program			

### Program Sections *(To be completed with your FTE)*

Section #	Description	Date Completed	Employee Initials	FTE Initials
Section 1	Organizational Policies & Procedures			
Section 2	Ambulance Ops & Equipment Inventory			
Section 3	Documentation & HIPAA			
Section 4	Radio Communications/Ops			
Section 5	Driving & Mapping Procedures			
Section 6	Equip & Skill Competencies			

**\*Note: FTE should initial and date only after each section is fully completed.**

### Online Training Courses

Description	Course Results & Date Complete	Employee Initials	FTE Initials
NIMS IS - 700			
NIMS ICS -100			
NIMS ICS - 200			

## General Orientation Checklist

<b>AMBULANCE BUILDING &amp; POLICY ORIENTATION</b>	Initial when Satisfactory	Date
1. I have been shown the location of the organizational policies & procedures and know where to find them for my reference.		
2. I have been given a copy of my signed job description and understand the requirements for the emergency medical service job that I am entering.		
3. I understand that state training requirements are my responsibility. I am physically and financially responsible for any short hours outside of RFAAS.		
4. I understand that I will provide RFAAS with a copy of all current certifications or licenses related to my license level with the service when I receive them.		
5. I have been shown the location of the MSDS sheets and instructed on how to use them if needed.		
6. I have been instructed on the use of the combination lock to the entrance of the building, garage and house and have been given the proper codes.		
7. I have been shown the location of fire extinguishers and instructed on how to use them if necessary.		
8. I have been explained the general rule for responding to calls and listening to the page on where to respond.		
9. I have been instructed on general building etiquette and have been informed that I am responsible for cleaning up after myself or my guests.		
10. I have been shown the location of the crew bulletin boards and where to locate immediate or urgent notices. Internal E-Mail is also used for notices.		
11. I have been shown the location where all cleaning and restocking supplies are kept.		
12. I have been shown where to switch out my oxygen tanks.		
<b>AMBULANCE ORIENTATION</b>	Initial when Satisfactory	Date
1. I have been taken through all external compartments of each ambulance and have a good understanding of where all equipment is located.		
2. I have been properly instructed on the driver's control panel of each ambulance and understand the basic operations. Note: you need CEVO II course before driving.		
3. I have been shown the mobile and portable radios in each ambulance and have been briefed on general radio etiquette.		
4. I have been briefed on the basic rear control panel operations and buttons.		
5. I have been shown all the inside compartments of each ambulance and know the general location of the supplies.		
6. I have been shown the trauma kits in each ambulance		
7. I have been shown the medical/IV kits in each ambulance.		
8. I have been shown the oxygen bags in each ambulance and the location of equipment inside them.		
9. I have been shown the location of the triage/multi-casualty supplies in each ambulance and understand the procedure of how to use them.		
10. I have been instructed on the cot operation of each ambulance and understand how to properly use them.		

EQUIPMENT ORIENTATION	Initial when Satisfactory	Date
1. I have been taken through my first responder vest and know that I must wear the vest on every call for proper identification/protection.		
2. I have been taken through my first responder equipment bag and understand where everything is kept.		
3. I have been shown the operations of the One Touch Ultra blood glucose machines and understand how to obtain a sample. (EMT- Level only)		
4. I have been shown the operations of the LifePak 500 AED's and understand how to properly use them.		
5. I have been shown the use of the blood pressure machines (both manual and automatic) and understand how to use and assemble them.		
6. I have been shown the use of the pulse oximeters and how to obtain a reading from each device.		
7. I have been shown the use of the suction machines, both the main and the portable in each ambulance. I also have been shown the V-Vac suction/rescue vac.		
8. I have been shown the operations of the scoop stretcher in each ambulance.		
9. I have been shown both the prosplints and padded board splints.		
10. I have been shown the operations of the stair chairs in each ambulance.		
11. I have been shown the proper use of the pediatric board in each ambulance and understand how to apply them.		
12. I have been instructed if there are any problems with any equipment to immediately contact an officer and tag the equipment out of service.		

By my signature below, I, hereby certify that I have been properly taken through the above orientation process. I also certify that I have been given the opportunity to ask any questions throughout or after the orientation process and I have a good understanding of the basic operations of the service.

\_\_\_\_\_

First Responder Signature

\_\_\_\_\_

Completion Date

## Organizational Policies & Procedures (Section 1)

Section 1 of the probationary program requires self initiative and motivation to complete. This section requires you to read through all first responder organizational policies and procedures. These documents can be found on our website or in the organizational books at the station. You are free to ask any questions at any time. There will be a quiz for each of the sections within our organizational book. There are six sections in our organizational book. Each section is outlined below. You will be required to score 80% or better on the quizzes to pass. You will only have 2 chances to pass each organizational book section. Your FTE will go over the answers that were marked wrong and explain why they are wrong.

- 1.0.0 Organizational Structure
- 2.0.0 Organizational Policies
- 3.0.0 Standard Operating Guidelines (SOG's)
- 4.0.0 Response & Scene Operations Guidelines (*Medical Control*)
- 5.0.0 Patient Care & Medication Guidelines (*Medical Control*)
- 6.0.0 River Falls First Responder Program

Below is a checklist to help you track your progress through Section 1 of the program

Book Section	√ when you have read the section	Quiz 1 Score/Date	Quiz 2 Score/Date	FTE Initials
1.0.0				
2.0.0				
3.0.0				
4.0.0				
5.0.0				
6.0.0				

## Ambulance/First Responder Operations & Equipment Inventory (Section 2)

Section 2 of the probationary program involves going over ambulance operations and performing rig checks to better familiarize yourself with the ambulances. This section will also cover after a call cleaning and restocking procedures. Knowing where your medical supplies are located and how to use them is extremely important in providing high quality patient care. Your FTE will spend some time showing you the various locations of the equipment and supplies. Feel free to ask them any questions as you go through the ambulances. Use the following check list with your FTE to guide you through the basic operations of each ambulance in our fleet.

## Ambulance Operations Check Sheet

### Patient Compartment

1. Lighting controls
  - Light switches/dimmers
2. Oxygen
  - Electronic switch
  - Location of ports
  - Setting LPM with regulator
  - Moving regulator
  - Spare portable tanks
3. Suction
  - Location of main & portable units
  - Operations of both suction units
4. Cot
  - Release mechanism
  - Wheel release mechanism
  - Head/Foot mechanism operations
  - Guardrail operations
  - Rear bumper step operation

### Exterior Compartments/Operations

1. Driver's side front compartment
  - Stair chair operation
  - Pediatric immobilization board operation
2. Driver's side middle compartment
  - Location of toolbox & tools
  - MCI & Triage kit
  - Hazmat supplies
  - Road triangles (for disabled ambulance)
3. Driver's side rear compartment
  - Linen supplies
  - Car seat location and operations
4. Passenger side front compartment
  - Location of jump bags
5. Passenger side rear compartments
  - Backboards/Straps/Head Blocks & operations of each
  - Scoop stretcher & operations
  - KED board & operations

### Restocking & Inventory after a call:

Once you have completed a call, it's very simple to prepare yourself for another call. Keep track of the supplies you used on your patient and grab the supplies directly from the ambulance. If it is an emergent call, you may not have time to restock. In this situation, you will have to go to the ambulance station and replenish supplies from there. Make sure you let the ambulance crew know what supplies you used so they can mark them down on the patient report sheet.

### ALS Quick Response Vehicle(s) Operations:

You will be taken on a tour of the paramedic quick response vehicles and equipment inside. This gives you a good idea of what is coming to your scene.

*Quick Response Vehicle Checklist (check when complete with each part)*

- Vehicle & Equipment Tour

## **Documentation & HIPAA (Section 3)**

Section 3 of the probationary program will teach you about HIPAA.

You will watch a HIPAA video to stress the importance of patient confidentiality followed by a short quiz based off the video. A score of 80% is required to pass. Your FTE will go over any questions you have after the quiz.

*HIPAA Checklist (check when complete with each part)*

- HIPAA Video
- HIPAA Quiz (score) \_\_\_\_\_

## **Radio Operations & Communications (Section 4)**

Section 4 of the program will give you a good understanding of how radios and radio systems work. You will be taken through an interactive power point presentation where you will learn how to properly use the radio equipment in each of the ambulances. The following topics will be covered in the presentation:

1. Radio Theory
2. Radio Channels used
3. Radio Equipment
4. Radio Numbering
5. Radio Etiquette

A short quiz will be administered after the presentation. You must score a minimum of 80% to pass. You will also have to demonstrate to your FTE how to properly use your radio and give a short radio report to your FTE. The more hands on radio practice you do, the better you will be in the long run.

*Radio Operations Checklist (check when complete with each part)*

- Powerpoint presentation
- Radio Quiz (score) \_\_\_\_\_
- Simulated Run using radio

## Mapping & Driving (Section 5)

This section will orient you to reading our maps and finding the call you are responding to. This will be interactive with your FTE. After the mapping orientation, you will be given a short quiz on finding addresses using our mapping system. A score of 100% will be required on your mapping quiz to pass. This part is extremely important because if you could not find the call, you did not help the patient at all.

Part 2 will consist of an explanation of proper driving to a call. No emergency lighting or sounds are allowed on any personal vehicles while in motion. Lights may only be used while the vehicle is parked.

*Mapping and Driving Checklist (check when complete with each part)*

- Map reading
- Map Quiz (score) \_\_\_\_\_
- Driving talk

## Equipment & Skill Competencies (Section 6)

Section 6 of the probationary program involves evaluating and testing your knowledge on the equipment and procedures used with River Falls EMS. These are based off of the current approved medical direction guidelines and state of WI standards. This section also includes orientation of the specific equipment used.

You may want to review the specific equipment/procedure guidelines in section 5.0.0 of the organizational book for the equipment/procedures in this section of the program.

**Medical First Responder** (check when complete and satisfactory with each part)

Equipment/Procedure	Date Complete	Employee Initials	FTE/MD Initials	Satisfactory (Y or N)
Combitube Insertion				
Long Backboard				
KED				
Cervical Collar Application				
Lifepak 500/AED Overview				
Blood Pressure & Vitals				
Epi-Pen Administration				

Your FTE may want to take you through other equipment or skills not listed previously. It is up to their discretion. At a minimum, the previously listed skills/equipment must be complete and satisfactory.

The final portion of your evaluation will be to prove to our Director, Operations Supervisor or Medical Directors the skills and knowledge that you have learned through the 6 month period. You will be given three scenarios to complete. You will have to use proper assessment techniques, patient care guidelines, medications, and equipment as if it was a live patient. The scenarios will follow current guidelines for the medical and trauma assessment and current American Heart Association guidelines for the full code. You will be evaluated on patient assessment and management skills according to our current guidelines. You must satisfactory pass each of the stations prior to completing your probationary period.

**Patient Assessment & Management Skills** *(Based off current Medical First Responder level)*

Station	Date Complete	Employee Initials	Officer/MD Initials	Satisfactory (Y or N)
Medical Assessment				
Trauma Assessment				
Cardiac Arrest Management				

This ends your probationary booklet. We hope this program was informative and helpful for your learning process. We thank you for your dedication and support to work with a very proactive EMS service. We look forward to working with you as an active member.

Please feel free to let us know your thoughts on the program. We constantly strive to make ourselves a better service through the probationary program. Any input you have can further improve our program.



**Office Use Only:**

Every probationary member will have an evaluation by his/her FTE and an officer on the progress through the orientation process at the 3-month mark and again at the 6-month mark.

**FTE Specific Evaluation Criteria**

- ✓ Interaction of probationary member with ambulance crews and patients.
- ✓ Does the probationary member show initiative and take an active role in meetings/trainings, restocking, cleaning, and other tasks?
- ✓ Does the probationary member keep the orientation book filled out and up-to-date?
- ✓ A narrative will be written in the orientation book by the FTE addressing the above points of interest and any comments.
- ✓ The probationary member may add additional comments to the FTE evaluation.

**Officer Specific Evaluation Criteria**

- ✓ Review of the probationary member’s meeting/training attendance and participation.
- ✓ Review the probationary member’s knowledge of the Organizational Policies/Procedures/Medical Direction Guidelines & Equipment.
- ✓ Perform a random rig check with probationary member.
- ✓ Perform skill evaluations and provide scenarios for probationary member.

3 Month Review Date: \_\_\_\_\_

FTE Signature: \_\_\_\_\_

FR Signature: \_\_\_\_\_

Officer Signature: \_\_\_\_\_

**3 Month FTE Comments:**

**3 Month Officer Comments:**

Goals for next 3 months:

**3 Month First Responder Comments:**

6 Month Review Date: \_\_\_\_\_

FTE Signature: \_\_\_\_\_

FR Signature: \_\_\_\_\_

Officer Signature: \_\_\_\_\_

**6 Month FTE Comments:**

**6 Month Officer Comments:**

**6 Month First Responder Comments:**

Date booklet turned in: \_\_\_\_\_

Satisfactory?  Yes  No

Director/Operations Supervisor Approval?  Yes  No *(if no, specify actions below)*

Medical Director Approval?  Yes  No *(if no, specify actions below)*

***Actions Needed:***

\_\_\_\_\_  
Director/Operations Supervisor Signature

\_\_\_\_\_  
Medical Director Signature

## River Falls 1<sup>st</sup> Responders Trainee/Probationary Ambulance Call Log

**First Responder Name:** \_\_\_\_\_

Date	Run #	Call Level	Type/Description of Call	FTE Evaluation?	Lead EMT Initials
3/16/2005	0136	ALS/BLS	Medical, Trauma, Interfacility, Stand-by, etc.	Yes or No	ABC

**\* Three ambulance calls are required where you ride in the ambulance. These are shaded gray as noted above. You are welcome to attend more if you like.**