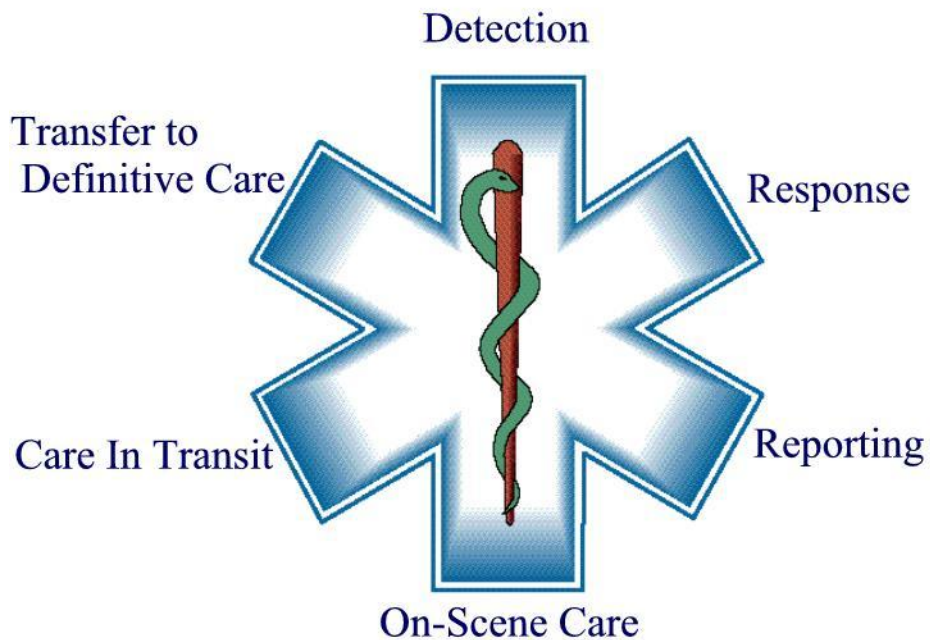


# RIVER FALLS EMERGENCY MEDICAL SERVICES

## EMT Probationary Program Booklet



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

# **River Falls Area Ambulance New Employee Probationary Booklet**

## **INTRODUCTION:**

Welcome to River Falls EMS! In order to make you a professional EMT for River Falls EMS, we are putting you through our formal probationary program. This program will make you competent in our department 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 3 months. You will be assigned a Field Training Evaluator (FTE) to help guide you. After 1 ½ months, you will be evaluated by your FTE and the Director/Operations Supervisor. This allows for feedback and gives you guidance for the remainder of the program. During the 3 month period, you will have to successfully pass a full skills and equipment evaluation, per your scope of practice. A final evaluation will be performed 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 program, you will be required to attend a minimum of 20 ambulance calls, of which the first five will be observation. You will record the runs on the ambulance call log. Please fill out the form with all appropriate information. The five observation runs are shaded gray on the ambulance call log and must be complete before you will be placed onto the on call schedule.

After the successful completion of the probationary program, with medical direction approval, you will be recommended to the membership as an active member. If you do not complete the program, you will be terminated from the department.

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 operations and rig checks
3. Crew Scheduling & Documentation of run reports
4. Radio communications and operations
5. Driving and mapping
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 the following order: 6, 2, 4, 5, 1, 3. 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 3 month period. We want to remind you that failure to successfully complete the program results in termination from the department. Please take the initiative to get the program done in the time allotted.

The probationary program is designed as a learning tool. We want to stress the importance of making you a better EMT with us. 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!

# New Employee Tracker

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

Trainee Number: \_\_\_\_\_

EMT Number: \_\_\_\_\_

Description	Date 1	Date 2	Location or Comments	Officer Initials
1. Interview Date				
2. Hire Date				
3. EMT Contract Signed <i>(for classes only)</i>				
4. WI Background Disclosure & Background Check	<small>Disclosure</small>	<small>Check</small>		
5. Copy of current driver's license				
6. EMT-B or IV Course Completion Date	<small>Course</small>	<small>Refresher</small>		
7. EMT-I or P Course Completion Date	<small>Course</small>	<small>Refresher</small>		
8. Copy of CPR Card				
9. Copy of ACLS Card				
10. Copy of PALS or PEPP Card				
11. Copy of National Registry Card				
12. WI License Received	<small>Rec'd</small>			
13. Computer set up (login, email, schedule)				
14. Signed Job Description & Pt. Confidentiality				
15. Infectious Control Documents filed:				
A) TB				
B) Hepatitis B series				
C) Tetanus				
16. Completed new hire forms @ city hall				
17. Issued jumpsuit / Issued Jacket	<small>Jumpsuit</small>	<small>Jacket</small>		
18. Issued white uniform shirt / Issued blue t-shirt	<small>White</small>	<small>Blue</small>		
19. Building tour & proper etiquette			<small>Score</small>	
20. EVOC/CEVO II Formal Training				
21. Hazmat & Bioterrorism Training	<small>Initial</small>	<small>Refresher</small>		
22. N95/N99 Mask fit testing			Pass    Fail	
23. Added to Run Report Software				
24. Name tag made				
25.				
26.				

### **Pre-requisites to being placed on the Duty Schedule**

Description	Date Completed	Employee Initials	FTE Initials
General Orientation Checklist			
Infectious Control Program			
Observed 5 ambulance calls			
EVOC / CEVO Certificate			

### **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 & Rig Checks			
Section 3	Scheduling/Documentation			
Section 4	Radio Communications/Ops			
Section 5	Driving & Mapping			
Section 6	Equip & Skill Competencies			

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

### **Online Training Courses *(Do at your own pace)***

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>	EMT 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 and national 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 OSHA 300 log and know how to properly report any injuries on the job to an officer immediately after they occur.		
6. I have been explained the organization's procedure for all shots such as hepatitis, flu and mantoux. Mantoux is a bi-annual requirement paid for by the service.		
7. I have been shown the location of the MSDS sheets and instructed on how to use them if needed.		
8. 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.		
9. I have been shown the crew member's lockers and mailboxes and know where to store my personal items.		
10. I have been shown the location of fire extinguishers and instructed on how to use them if necessary.		
11. I have been shown the location of all emergency exits to the buildings.		
12. I have been instructed on general building etiquette and have been informed that I am responsible for cleaning up after myself or my guests.		
13. 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.		
14. I have been shown the location where all cleaning and restocking supplies are stored.		
15. I have been shown the use of the oxygen cascade system.		
16. I have been shown the payroll hours sheet and have been explained how to properly report my hours while on call.		
<b>AMBULANCE ORIENTATION</b>	EMT Initials	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 operation of each button and control.		
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 plat books and map books in each ambulance.		
5. I have been briefed on the basic rear control panel operations and buttons.		
6. I have been shown all the inside compartments of each ambulance and know the general location of the supplies.		
7. I have been shown the red first in kits in each ambulance and the location of supplies inside them.		

8. I have been shown the blue pediatric kits in each ambulance and the location of equipment, medications and supplies inside them.		
9. I have been shown the green oxygen kits in each ambulance and the location of equipment inside them.		
10. I have been shown the location of the red triage/multi-casualty kits in each ambulance and understand the procedure of how to use them.		
11. I have been instructed on the inventory procedure that is done after every call to ensure everything is replaced correctly.		
12. I have been instructed on the cot operation of each ambulance and understand how to properly use them.		
13. I have been instructed if there are any problems with the ambulances to immediately contact an officer.		
<b>(BLS) EQUIPMENT ORIENTATION</b>	EMT Initials	Date
1. I have been shown how to properly tag a piece of equipment out of service when it is not functioning properly.		
2. I have been shown the operations of the One Touch Ultra blood glucose machines and understand how to obtain a sample.		
3. I have been shown the operations of the LifePak 12 and 500 AED's and understand how to properly use them.		
4. I have been instructed to check and change the LP 12 batteries, patches, electrodes after each use of the machine.		
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 instructed on the use of the Thermoscan Thermometers and how to correctly insert them into an ear.		
8. 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.		
9. I have been shown the use of the CPAP-OS machines and know how to set them up and apply them to a patient.		
10. I have been shown the use of the IV equipment and understand how the needles retract for my safety.		
11. I have been shown the operations of the scoop stretcher in each ambulance.		
12. I have been shown both the prosplints and padded board splints.		
13. I have been shown the use of the Hare traction splint and how to properly apply it.		
14. I have been shown the operations of the stair chairs in each ambulance.		
15. I have been shown the proper use of the pediatric board in each ambulance and understand how to apply them.		
16. I have been instructed if there are any problems with any equipment to immediately contact an officer and tag the equipment out of service.		
<b>(ALS) EQUIPMENT ORIENTATION – <i>for ALS providers only</i></b>	EMT Initials	Date
1. I have been shown the use of the Endotracheal Tubes and have an understanding on how they work.		
2. I have been shown the endotracheal tube introducers and know the option of using them with a difficult intubation.		

3. I have been shown the Ventilator and understand how to properly use the device and change the settings.		
4. I have been shown the ALS modes of the LifePak 12. (Manual mode, manual defibrillation, pacing, cardioversion, ETCO <sub>2</sub> & NIBP)		
5. I have been shown the use of the adult & ped IO devices and understand how they operate and how to connect IV tubing to the devices.		
6. I have been shown the needle chest decompression kits and understand how to use the devices and how to connect the Heimlich valve.		
7. I have been shown the use of the IV pumps in the ambulances and know how to enter drips and rates into the pump.		
8. I have been shown the use of the needle jet cricothyrotomy devices.		
9. I have been shown the equipment used for pericardialcentesis and know how to assemble it and apply it to a patient.		
10. I have been shown the proper use of the pediatric infusion equipment and how to correctly draw up and inject fluid boluses using the syringes.		
<b>HOSPITAL ORIENTATION</b>	EMT Initials	Date
1. I have been shown the linen cabinet and where all cleaning supplies are in the bay and have been instructed how to properly use or apply them.		
2. I have been instructed on how to properly change the main oxygen tank in the ambulance.		
3. I have been advised that all dirty linen should be taken to the hospital and no dirty linen from calls should be at the ambulance station.		
4. I have been shown how to sanitize non-disposable ambulance equipment (laryngoscopes, handles, magill forceps, etc).		
5. I have been given a general tour of the emergency room and know where the clean and soiled rooms are for my safety and sanitation.		
6. I have been shown the location of the CPAP adaptor in the emergency room and know how to switch from EMS to ER oxygen with the adaptor.		
7. I have been shown how to use the security system for the doors entering into the hospital emergency room.		

I, the undersigned, hereby certify that I have been properly taken through the above orientation process and all the initials are mine and complete. 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.

After the general orientation checklist is complete you may ride as an attendant in an ambulance.

\_\_\_\_\_  
EMT Signature

\_\_\_\_\_  
Completion Date

\_\_\_\_\_  
R.F. Ambulance Instructor

\_\_\_\_\_  
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 our 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 five 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*)

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				

## Ambulance Operations & Rig Checks (Section 2)

Section 2 of the probationary program involves going over ambulance operations and performing rig checks to better familiarize yourself with the ambulances you will be operating in. This section will also cover after a call cleaning and restocking procedures. The best advice for this portion of the program is to sit in each ambulance and physically look at the location of equipment and supplies in the ambulances. 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. Part of your 3 month evaluation will be to show us the location of specific items that we ask for during a spot rig check. This will help guide you to areas of improvement before the final 6 month rig check. You will be required to pass the final rig check at the end of the 6 month period. The check can be done on any ambulance. Make sure you become familiar with each ambulance. 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

### Driver

1. General ambulance operations
  - Powering up the ambulance
  - Waiting for the glow plugs before starting
  - Parking brake location and operations
  - Shoreline operations
  - System reset buttons & circuit breaker locations
  - Fueling the ambulance & placement of fuel receipts
2. Emergency lighting console
  - Master switch for emergency lights
  - Selective lighting buttons
  - Explanation of power draw when lights are on
  - Explain patient status alert system
  - Module disconnect switch
3. Siren/PA console
  - Turning siren on/off
  - Explain sounds and uses of each
  - Air horn operations
  - PA system operations
4. Radio Operations
  - Radio use overview
  - Intercom system
  - Radio call sign (ie. 6501, 6502, 6503, 6504, Medic 6, Medic 7)

### Patient Compartment

1. Lighting controls
  - Timed light
  - Light switches/dimmers
2. Temperature controls
  - General operations
3. Oxygen
  - Electronic switch
  - Location of ports
  - Setting LPM with regulator
  - Moving regulator
  - Spare portable tanks
  - Checking/changing main tank
  - CPAP connections
4. Suction
  - Location of main unit
  - Switch location and operations
  - Location of portable unit
  - Operations of both suction units
5. Cot
  - Release mechanism
  - Wheel release mechanism
  - Head/Foot mechanism operations
  - Guardrail operations
  - Rear bumper step operation

6. Seating
  - Bench seat compartment release
  - Captain seat swivel operation
  - Wear your seatbelt
7. Lifepak 12 accessories
  - Release mechanism for mount
  - Charger operations (if applicable)
8. Inverter
  - General use

### 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

### What to do if the ambulance breaks down:

The basic principle is to take care of the patient first and then take care of the ambulance. Continue to transport if it is deemed safe, otherwise have dispatch page another ambulance to your location to continue the transport. Place the road triangles behind the ambulance following the directions supplied in the box.

If you are not transporting a patient when the failure/accident occurs, have dispatch page for another crew to respond to the location of the call. Contact a non-preference wrecker to tow the ambulance back to city garage.

Complete an incident report immediately after the incident and notify an officer of the ambulance service as soon as possible. Note: Review the disabled ambulance procedure guideline for detailed instructions.

### Cleaning the ambulance:

Follow the Exposure Control guideline in section 4.0.0 of the organizational book.

Ambulance restocking/inventory after a call:

Once you have completed a call, it's very simple to prepare the ambulance for another call. Each bag and cabinet in the ambulance is inventoried and tagged to be in service. After a call, take the bags that are missing inventory tags and note the untagged cabinets. The inventory book outlining the required supplies in each bag or cabinet is located between the front seats of the ambulance. Match the bag/compartment number with the sheet in the book and then make sure all items are accounted for and/or replaced. Tag the bag or compartment with an inventory tag. Write your employee number and the date on the tag so it is known who did the last inventory and when.

ALS Quick Response Vehicle(s) Operations:

You will be taken through a presentation on the use of the quick response vehicle(s). The vehicle is solely used by qualified paramedics on our service. Once you have been through the presentation, you will be given a tour of the vehicle and equipment inside.

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

- Vehicle Operations Powerpoint
- Vehicle & Equipment Tour

<b>Crew Scheduling &amp; Documentation of Run Reports (Section 3)</b>
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Section 3 of the probationary program will teach you how to enter your availability into the computer scheduling program and documentation of runs for River Falls EMS. Section 3 is broken into four parts.

Part 1 consists of an overview of the EMS Manager scheduling program that schedules our on call personnel. Our training calendar and upcoming events are also posted on this program. Note when you enter your schedule, you will have three color options for your availability for the month: green, yellow and red. Green is designated for the time that you are available for or prefer. Yellow is not used. Red is time you are unavailable for call time. Make sure the calendar shows the proper time you want available for the month before you log out. Remember, you must enter the minimum number of hours per month or you may get a call from an officer asking why you have not put in your minimum hours for on call time.

Part 2 includes watching a HIPAA video to stress the importance of patient confidentiality followed by a short quiz based off the video. A score of 90% is required to pass. Your FTE will go over any questions you have after the quiz.

Part 3 consists of going over the service paperwork in detail with your FTE. Our paperwork includes run notes, refusal forms, stand-by logs, firefighter rehab logs, Medicare/Medicade forms, MCI forms, mileage logs, and charge/skill tracker forms.

Part 4 consists of orientating you with the Imagetrend software that is used for entering the actual run reports. You want to become very familiar with entering data into the program, including patient care narratives. You will be required to hand write or type five patient care narratives of calls you went on. You will also want to know how to attach and scan the noted forms in part three above. Your FTE will go over all of this in detail with you.

*Crew Scheduling & Documentation of Run Reports Checklist (check when complete with each part)*

- EMS Manager Scheduling program
- HIPAA Video
- HIPAA Quiz (score) \_\_\_\_\_
- Run paperwork
- Imagetrend program
- 5 patient care narratives done

<b>Radio Operations &amp; Communications (Section 4)</b>
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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 the radio equipment in each ambulance and give a short radio report to your FTE using both a portable and mobile radio. 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
- Simulated Hospital report using radio

<b>Mapping &amp; Driving (Section 5)</b>
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Section 5 will consist of three parts. The first 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 navigate to or from the call, you did not help the patient in any way.

The second part will consist of watching an Opticom video. Opticom is a pre-emption device that turns the stoplights green in the direction you are traveling in the ambulance. The video will outline how the system works and how to tell you if you have control of the stop lights or not. In River Falls, the white confirmation light tells you if you have control of the intersection or not. If the white light is solid in the direction you are traveling, you have control of the intersection. If the white light is flashing in the direction you are traveling, some other emergency vehicle has control of the intersection.

Part 3 will consist of driving an ambulance with your FTE. You will be required to back up using your mirrors and maneuver around an obstacle course. Once your FTE feels that you have a good feel for driving the ambulance and you feel comfortable driving under controlled situations, they will sign you off.

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

- Map reading
- Map Quiz (score) \_\_\_\_\_
- Opticom Video
- Ambulance Driving

<p><b>Equipment &amp; Skill Competencies</b> <b>(Section 6)</b></p>
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Section 6 of the probationary program involves evaluating and testing your knowledge on the equipment and procedures used on the ambulance service. These are based off of the current approved medical direction guidelines and national registry standards. This section also includes orientation of the specific equipment used.

This section breaks down the equipment and procedures into the different license levels used by the service. You will be required to complete the appropriate level that you will be operating at. Higher levels start from the EMT-Basic level and work their way up to their appropriate level.

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.

**EMT-Basic** (check when complete and satisfactory with each part)

<b>Equipment/Procedure</b>	<b>Date Complete</b>	<b>Employee Initials</b>	<b>FTE/MD Initials</b>	<b>Satisfactory (Y or N)</b>
Blood Glucose Machine				
Combitube Insertion				
Long Backboard & KED				
Blood Pressure (Machines & Manual )				
IM & Sub Q shots				
CPAP machine & connectors				
LP 12 Overview (Defib, Monitor, 12 Lead ECG's)				
Lifepak 500 Overview				

**EMT-Intermediate Tech**

Equipment/Procedure	Date Complete	Employee Initials	FTE/MD Initials	Satisfactory (Y or N)
IV Supplies/Needles				
Set up an IV				

**EMT-Intermediate 99**

Equipment/Procedure	Date Complete	Employee Initials	FTE/MD Initials	Satisfactory (Y or N)
ET Tube Insertion				
ET Tube Introducer				
FAST 1 IO &/or EZ-IO				
Ped IO (Illinois needle)				
Needle Chest Decompression				
LP 12 (Cardiac Pacing)				
LP 12 (Cardioversion)				

**EMT-Paramedic/RN**

Equipment/Procedure	Date Complete	Employee Initials	FTE/MD Initials	Satisfactory (Y or N)
Transport Ventilators				
Pericardiocentesis				
Needle Cricothyrotomy				
Additional Placement for obtaining 12 Lead ECG's				
Hospital IV Pumps				
Ambulance IV Pumps				
Rapid Sequence Induction				

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 program. 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 national registry exam sheets 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 license level)* All levels must complete this portion.

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

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 1 ½ -month mark and again at the 3-month mark.

**FTE Specific Evaluation Criteria**

- ✓ Interaction of probationary member with ambulance crews, patients, and hospital staff.
- ✓ 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 on the back of 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 hours worked and availability.
- ✓ Review of the probationary member’s run documentation and report reviews.
- ✓ 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.

1 ½ Month Review Date: \_\_\_\_\_

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

EMT Signature: \_\_\_\_\_

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

**EMT Comments:**

**FTE Comments:**

**Director/Operations Supervisor Comments:**

Goals for next 1 ½ months:

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

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

EMT Signature: \_\_\_\_\_

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

**EMT Comments:**

**FTE Comments:**

**Director/Operations Supervisor Comments:**









## Probationary Program Checklist

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

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

1 ½ Month Review Date: \_\_\_\_\_ 3 Month Review Date: \_\_\_\_\_

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

Date Became Active Member: \_\_\_\_\_