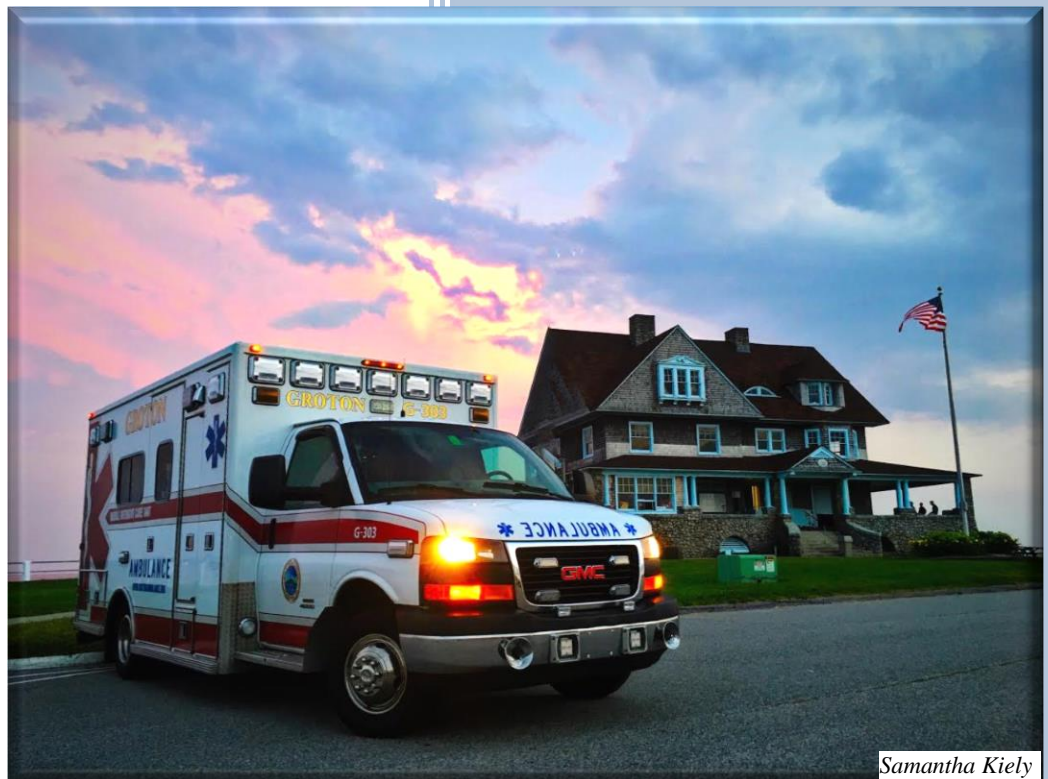




# Groton Ambulance Association Inc.



*Samantha Kiely*

# Probationary EMT Training Program

Groton Ambulance

Version 1

August 2017

Welcome to Groton Ambulance. In order to make you a professional EMT for the Groton Ambulance Association, we are putting you through our formal probationary program. This program will hopefully make you competent in our department operations and patient care guidelines. Our goal is to provide the best possible care to the residents of the Town and City of Groton.

During the next three 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 the Training Officer 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 (5) will be observation. After 20 calls a review will be conducted. You will record the runs on the ambulance call log. Please fill out the form with all appropriate information.

The formal probationary program is broken into (4) four sections, each with specific criteria to accomplish and check off. The (4) four sections consist of:

1. Orientation
  - a. Paperwork and GAA Overview
    - i. By-laws
    - ii. Standard Operating Procedures
  - b. Mandatory Training Courses
  - c. Physical – To be scheduled at Pequot Health Center
  - d. N-95 Fit Test
2. Ambulance Operations
  - a. Equipment Familiarization
  - b. Radio Communications and Operations
3. Documentation of Run Reports
  - a. Paper PCR's – First 5 calls (Observation Calls)
  - b. EPCR's – EMS Charts or ESO Solutions
    - i. EMS Call Log
  - c. Assessment Proficiency
  - d. FTO – Evaluation Forms
    - i. EMS Calls
    - ii. Daily Performance Review - End of Shift Report.
4. Driver Training
  - a. Separate Policy and Training program

The above sections will be outlined further in this booklet with specific items needed to be checked off within each section. Any of the FTO's will be able to assist you with what needs to be done.

The time it takes to complete this program will ultimately depend on you. After the successful completion of the probationary program, with approval of the Training Officer, you will be recommended to the Board of Directors and Membership as an Active Member. If you do not complete the program, you will be terminated from the service.

The pace of the program depends on your effort to accomplish it. You are responsible for your own pace, so please make sure you do not fall behind. You will be expected to complete the program within 6 month time period. Please take the initiative to complete this program in the time allotted.

If you should have any questions, please feel to ask. We are here to ensure you get the most out of your training and become a great EMT for Groton Ambulance.

### ***THE MISSION OF GROTON AMBULANCE ASSOCIATION***

TO PROVIDE EFFICIENT, HIGH QUALITY EMERGENCY MEDICAL CARE, AND SAFE TRANSPORTATION TO A MEDICAL FACILITY FOR ANY RESIDENT OR VISITOR TO GROTON.

WE WILL COMMIT TO BEING A RESOURCE FOR THE EDUCATION OF THE PUBLIC ON ISSUES PERTAINING TO EMERGENCY CARE.

WE WILL CREATE A SAFE WORKING ENVIRONMENT THAT ENCOURAGES CONTINUING EDUCATION, AND THE ACHIEVEMENT OF PERSONAL GOALS WHILE CONTINUALLY STRIVING TO ACCOMPLISH OUR PRIMARY MISSION.

BY WORKING TOGETHER; REMAINING WELL ORGANIZED AND COMMITTED TO QUALITY MEMBERSHIP, PARTICIPATION AND CONTINUOUS IMPROVEMENT; WE CAN BEST MEET THE CHALLENGES OF THE FUTURE.

# Section 1: Orientation

In this section, you will go over the initial paperwork, mandatory training requirements, how to use EMS Manager for scheduling purposes and GAA By-laws and Standard Operating Procedures.

	Initials:	Date:
Copies of EMS Certifications	_____	_____
<ul style="list-style-type: none"><li>• EMR _____</li><li>• EMT _____</li><li>• AEMT _____</li><li>• Paramedic _____</li></ul>		
Copy of Driver's License	_____	_____
HIPAA and Confidentiality Form	_____	_____
EMS Manager Access:	_____	_____
<b>Login:</b>		
<b>Temp Pass:</b>		
GAA Email Access:	_____	_____
<a href="mailto:@grotonambulance.com">@grotonambulance.com</a>		
<b>TEMP PASS:</b>		
EMS Charts Access:	_____	_____
<b>User:</b>		
<b>Temp Pass:</b>		
E-Learning Access:	_____	_____
<a href="mailto:@grotonambulance.com">@grotonambulance.com</a>		
<b>Temp Pass:</b>		
Key Fob Issued	_____	_____
Uniforms Issued	_____	_____
<ul style="list-style-type: none"><li>• T-Shirts _____</li><li>• Polo Shirts _____</li><li>• Job Shirts _____</li><li>• EMS Pants _____</li></ul>		
GAA Bylaws	_____	_____
<ul style="list-style-type: none"><li>• Location (Watch Desk)</li></ul>		

GAA Standard Operation Procedures \_\_\_\_\_

- Location (Watch Desk)

TO BE COMPLETED PRIOR TO RIDE TIME:

**MANDATORY**

	<u>Completed:</u>	<u>Date:</u>
Pre-employment Physical	_____	_____
<ul style="list-style-type: none"> <li>• Pequot Health Center Occupational Health</li> </ul>		

N-95 Fit Test	_____	_____
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**E-LEARNING TRAINING**

A "How" to Overview of ELearning	_____	_____
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Blood-Borne Pathogens	_____	_____
<ul style="list-style-type: none"> <li>• Blood-Borne SOP</li> </ul>		

Air-borne Diseases	_____	_____
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Hazardous Communications	_____	_____
<ul style="list-style-type: none"> <li>• GAA Haz-Com SOP</li> </ul>		

HIPAA Training	_____	_____
<ul style="list-style-type: none"> <li>• GAA HIPAA SOP</li> </ul>		

Fire Extinguisher Training	_____	_____
<ul style="list-style-type: none"> <li>• Fire Extinguisher Inspection Form</li> <li>• Fire Emergency Plan</li> </ul>		

Sexual Harassment Training	_____	_____
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Workplace Safety

\_\_\_\_\_

\_\_\_\_\_

- Workplace Violence
- Workplace Harassment

TO BE COMPLETED DURING TRAINING PROCESS

CT DCF Child Abuse Training

\_\_\_\_\_

\_\_\_\_\_

Groton-New London Airport Training

\_\_\_\_\_

\_\_\_\_\_

State of CT Statewide Protocols

\_\_\_\_\_

\_\_\_\_\_

FEMA – NIMS

\_\_\_\_\_

\_\_\_\_\_

- IS 100 \_\_\_\_\_
- IS 200 \_\_\_\_\_
- IS 700 \_\_\_\_\_

# Section 2: Ambulance Operations

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. **You will also complete several full inventories of the 5 Ambulances using the Daily Ambulance Check Sheet.**

Knowing where your medical supplies are located and how to use them is extremely important in providing high quality patient care. Your FTO 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.

Make sure you become familiar with each ambulance. Use the attached check list with your FTO to guide you through the basic operations of each ambulance in our fleet.

### ***What to do if the ambulance breaks down: (May also be covered in Driver's Training Section)***

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 Policy in Groton Ambulance OSHA Compliance 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 after replacing missing items. 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.

**Section 2: Equipment Familiarization**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

GA #: \_\_\_\_\_

	<u>FTO Initials</u>		<u>Dates</u>	
	<u>Location</u>	<u>Proficiency</u>		
<b>PATIENT MOVEMENT</b>				
1. Power Stretcher	_____	_____	_____	_____
2. Scoop Stretcher	_____	_____	_____	_____
3. LONG BOARD	_____	_____	_____	_____
4. STAIR CHAIR	_____	_____	_____	_____
5. INFANT CAR SEAT	_____	_____	_____	_____
<b>OXYGEN</b>				
1. FIRST IN BAG (Trauma Bag)	_____	_____	_____	_____
2. MAIN O2 REFILLING	_____	_____	_____	_____
3. PORTABLE REFILLING	_____	_____	_____	_____
4. MANUAL BYPASS	_____	_____	_____	_____
<b>SUCTION</b>				
1. On-board / Portable	_____	_____	_____	_____
<b>IMMOBILIZATION</b>				
1. LONG BOARD	_____	_____	_____	_____
2. KED	_____	_____	_____	_____
3. PEDI-BOARD	_____	_____	_____	_____
4. HEAD IMMOBILIZER	_____	_____	_____	_____
5. C-COLLARS	_____	_____	_____	_____
<b>SPLINTING</b>				
1. FRACTURE PACK	_____	_____	_____	_____
2. BOARD SPLINTS	_____	_____	_____	_____
3. VACUUM SPLINTS	_____	_____	_____	_____
4. TRACTION SPLINTS	_____	_____	_____	_____
<b>Automatic Chest Compressor</b>				
1. Lucas 3 Device	_____	_____	_____	_____

**Completed 5 full inventories:**

[ ] 300

[ ] 301

[ ] 302

[ ] 303

[ ] 304



**Section 2: Radio Communications and Operations**

This section of the program will give you a good understanding of how radios, and radio systems work. The topics covered in this section will include:

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

You will have to demonstrate to your FTO how to properly use the radio equipment in each ambulance and give a short radio report to your FTO using both a portable and mobile radio. The more hands-on radio practice you do the better.

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

- Simulated Run Using Radio.
- Simulated Hospital Report / Med Patch.
- Performs minimum of 5 Med Patches to the Hospital.
- Demonstrates proficiency with Med Patches to FTO.

Hospital	Date	Comments	FTO Initials

When Proficient with Med Patches, FTO sign-off:

FTO Initials: \_\_\_\_\_

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

## Hospital Med Patch Guide

There are two channels we use to ask for a Med Patch to the Hospitals.

1. Med 9 to Dispatch for patches to L&M, Pequot and Backus (Contact Norwich C-Med)
2. Westerly Hospital Channel for Patches to Westerly ER (Found on Dispatch Radio)

In your patch, you should include the following information:

- Your Ambulance ID
- Age
- Sex
- Chief Complaint
- Transporting ALS or BLS
- Interventions (If any)
- Vitals
- Any Pertinent History
- Estimated Time of Arrival (ETA)

Example: On Med Channel 9 to Dispatch (GFA, Waterford or Norwich C-Med)

“Groton Fire Alarm, G303 requesting a Med Patch to L&M”

Dispatch: “G303 go to Med Channel 8” You should acknowledge that you received this message.  
“Received switching to Med 8.”

Med Channel 8

“G303 standing by on Med 8 for L&M”

L&M: “L&M on go ahead”

This Groton Ambulance (Ambulance ID) currently in route to your facility with a (AGE) year old (SEX) (Female/Male) Patient is (Alert / Not Alert) complaining of (Chief Complaint). We are transporting (ALS or BLS). Patient treatment has included (Any Interventions) and vitals are as follows (BP, HR, RR, O2 Saturation %, Pain Level, BGL) (May include Pertinent Hx.) Our ETA is (# Minutes), any further questions?

Once Hospital advises no further questions, clear yourself of the Med Channel and return to Home Channel (Med 9)

VHF (High Band Radio) Dispatch Radio: Westerly Hospital Channel

UHF (Med Radio): Pequot Med 9

Backus Hospital: Norwich C-Med on Med 9.



5 Observation Calls Checklist

[ ] Completed 5 Paper PCR prior to using emsCharts.

<u>Chart Completed</u>	<u>Suggestions to work on.</u>	<u>Date Completed</u>	<u>Trainee Initials</u>	<u>FTO Initials</u>
Y / N				

**Assessment Proficiency**

This portion of your evaluation will be to prove to our Training Officer the skills and knowledge that you have learned through the program. Through actual practice with patients, under the supervision of the FTO, you will have to use proper assessment techniques, patient care protocols, medications, and equipment as appropriate. You will be evaluated on patient assessment and management skills according to the State of CT Statewide Protocols. You must satisfactorily prove your competence in the disciplines prior to completing your probationary period.

**Patient Assessment & Management Skills**

<b><u>Skills</u></b>	<b><u>Date Completed</u></b>	<b><u>Trainee's Initials</u></b>	<b><u>FTO Initials</u></b>	<b><u>Satisfactory</u></b> Y / N
<b>Medical Assessment Proficiency</b>				
<b>Trauma Assessment Proficiency</b>				

**EMS Call Log**

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

GA #: \_\_\_\_\_

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

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

DATE	ALS / BLS	TYPE / DESCRIPTION	FTO EVAL Y / N	PRIMARY EMT - (FTO)	COMMENTS


Groton Ambulance Association

Call Evaluation Form

**SAMPLE – FORMS (DO NOT USE)**

Trainee's Name: \_\_\_\_\_

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

Level: [ ] EMR [ ] EMT

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

EMS Incident #: \_\_\_\_\_

Evaluation Key:

[1] Poor understanding of skill or concept

[2] Basic understanding of skill or concept; needs work.

[3] Adequate performance and comprehension

[4] Superior comprehension; proficient skills

[N/A] Not Applicable

**FTO/Preceptor: please circle the corresponding number and fill in any spaces below that apply.**

**Skills**

Primary Assessment      1 2 3 4 N/A  
Airway Management      1 2 3 4 N/A  
Vital Signs              1 2 3 4 N/A  
Blood Glucose Check    1 2 3 4 N/A  
Splinting                1 2 3 4 N/A  
Hemorrhage Control    1 2 3 4 N/A  
Interventions Admin.    1 2 3 4 N/A

Secondary Assessment      1 2 3 4 N/A  
Proper History Taking      1 2 3 4 N/A  
CCR / CPR                1 2 3 4 N/A  
Automatic External Defibrillator    1 2 3 4 N/A  
SMR / Spinal Immobilization    1 2 3 4 N/A  
Infection Control            1 2 3 4 N/A

**Other BLS Skills –**

\_\_\_\_\_ 1 2 3 4 N/A  
\_\_\_\_\_ 1 2 3 4 N/A  
\_\_\_\_\_ 1 2 3 4 N/A  
\_\_\_\_\_ 1 2 3 4 N/A

\_\_\_\_\_ 1 2 3 4 N/A  
\_\_\_\_\_ 1 2 3 4 N/A  
\_\_\_\_\_ 1 2 3 4 N/A  
\_\_\_\_\_ 1 2 3 4 N/A

**Documentation**

Documentation skills      1 2 3 4 N/A

Legible & Complete      Yes No

Adequate documentation      Yes No

(OVER)



## SAMPLE – FORMS (DO NOT USE)

(If No, please check the areas below that were deficient)

- |   |   |
|---|---|
| <input type="checkbox"/> Patient demographics<br><input type="checkbox"/> History of present illness<br><input type="checkbox"/> Two sets of vital signs<br><input type="checkbox"/> Physical exam findings<br><input type="checkbox"/> Changes in patient status | <input type="checkbox"/> Chief Complaint (in patient’s own words)<br><input type="checkbox"/> Past medical history (allergies, meds, etc...)<br><input type="checkbox"/> Pertinent negatives & positives<br><input type="checkbox"/> Continuity of care<br><input type="checkbox"/> Treatment given |
|---|---|

### Radio Report

Med Patch Skills	1	2	3	4	N/A		Med Patch Clear and Concise	Yes	No
Properly presents patient	1	2	3	4	N/A		Repeats back any orders	Yes	No

### Scene Management

Hazard and Safety Recognition	1	2	3	4
Incorporates scene/bystander information into working diagnosis	1	2	3	4
Completes physical, history, and initial treatment in a timely manner	1	2	3	4
Proficient and compliant with state/regional protocols	1	2	3	4
Treats patient & other personnel with dignity and respect	1	2	3	4
Leadership and resource coordination	1	2	3	4

### Comments

Please provide any additional information (Positive and Negative) that you feel was pertinent on this call.  
Especially, elaborate on any areas/skills that need improvement and what course of action will be taken.

(Use additional paper if needed.)

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**SAMPLE – FORMS (DO NOT USE)**

**Groton Ambulance Association Inc.**

**Trainee - End of Shift Review**

<b>Name:</b>	<b>Ambulance:</b>	<b>Shift:</b>	<b>Date:</b>
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<b>Evaluator/FTO:</b>
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**OVERALL SHIFT PERFORMANCE**

<p><b>0 ..... Unacceptable; fails to/unable to meet objective with prompting; below standards</b></p> <p><b>1 ..... Needs improvement; meets objective with assistance and prompting</b></p> <p><b>2 ..... Meets expectations/standard; acceptable performance without prompting</b></p> <p><b>3 ..... Exceeds standard; above acceptable performance</b></p> <p><b>4 ..... Outstanding/superior; shows exceptional performance</b></p> <p><b>N/A ..... Not Applicable</b></p> <p><b>RT ..... Remedial Training (“RT1” first time, “RT2” second time, etc. - Total “RT” is per day)</b></p>
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<b>EVALUATION FACTORS</b>	<b>Rating</b>	<b>Feedback; Remedial Training Done &amp; Time Spent</b>
Safety (awareness/compliance)		
Routes of travel (geography/access knowledge)		
Patient assessment skills		
Professionalism		
Teamwork (attitude towards EMS work)		

Treatment skills		
Complex problem solving; Scene control		
Radio communication		
Documentation		
Interaction with the patient		
Interaction with coworkers/other agencies		
Equipment/Supplies use; Restocking		
Acceptance of feedback		
Self-initiated field study		
Non self-initiated field study		

**REFERENCE ONLY**

**Training Plan:**

**Additional Comments:**