

	Initials	C #
16. Describe how to properly restock the unit with medical supplies after each call and at shift change.	_____	_____
17. Demonstrate how to fill portable bottles, change main O ₂ , and the oxygen cascade system. Identify the appropriate pressures for when this shall occur.	_____	_____
18. Demonstrate how to properly use and test the glucometer.	_____	_____
19. Demonstrate how to place the LP 15 into AED mode.	_____	_____
20. Demonstrate how to transmit an EKG.	_____	_____
21. Demonstrate proper re-packing of LP 15 cords.	_____	_____
22. Demonstrate how to change the LP 15 batteries.	_____	_____
23. Demonstrate how to charge the LP 15 using the on-board system.	_____	_____
24. Demonstrate how to assist the paramedic with setting up CPAP.	_____	_____
25. Demonstrate how to set up an I.V. line and med lock.	_____	_____
26. Describe the proper procedure for maintenance of an existing I.V.	_____	_____
27. Locate the CDS compartment in both newer and older style units.	_____	_____
28. Explain the purpose of a Knox Box key.	_____	_____
29. Explain where the Knox Box key is located and how it is accounted for.	_____	_____
30. Explain what to do if there is an issue with missing, damaged, or contaminated equipment.	_____	_____
31. Describe the procedures for equipment left at the hospital.	_____	_____

Date Completed: ____/____/____ **Officer:** _____ **C#:** _____

	Initials	C #
III. EMS Policy Review <i>These policies are to be reviewed with the EMS District Officer.</i>		
32. Review Personnel 17, Infection Control Plan.	_____	_____
33. Review TAC 30, Multiple Casualty Incident Response.	_____	_____
34. Review TAC 32, Volatile Incidents and Signal 13 Procedures.	_____	_____
35. Review 400-02, Accidents Involving Apparatus, Personal Injury, and Property Damage.	_____	_____
36. Review 400-08, Station Operations.	_____	_____
37. Review 400-21, Response Procedures.	_____	_____
38. Review 400-21A, Roadway Incident Safety Procedures.	_____	_____
39. Review 600-10, Routine Patient Care.	_____	_____
40. Review 600-11, Inventory, Inspection, and Maintenance of Medic Units and EMS Vehicles.	_____	_____

- | | Initials | C # |
|--|-----------------|------------|
| 41. Review 600-12, Reports and Forms Utilized by Emergency Medical Services. | _____ | _____ |
| 42. Review 600-14, EMS Supply Requisition and Inventory System. | _____ | _____ |
| 43. Review 600-19, Incidents Involving Law Enforcement Agencies. | _____ | _____ |
| 44. Review 600-26, Bariatric Response. | _____ | _____ |
| 45. Review 600-27, Electronic Patient Care Reports. | _____ | _____ |

Date Completed: ___/___/___ **Officer:** _____ **C#:** _____

IV. Hospital Alert Policy

- | | Initials | C # |
|--|-----------------|------------|
| 46. Describe "Yellow Alert." | _____ | _____ |
| 47. Describe "Red Alert." | _____ | _____ |
| 48. Describe "Blue Alert." | _____ | _____ |
| 49. Describe "Mini Disaster." | _____ | _____ |
| 50. Describe "Re-Route." | _____ | _____ |
| 51. Describe "Trauma Bypass." | _____ | _____ |
| 52. Identify the systems and/or platforms which may be utilized to check on hospital statuses. | _____ | _____ |
| 53. Explain how a hospital is placed on and removed from "Re-Route" in Baltimore County. | _____ | _____ |

Date Completed: ___/___/___ **Officer:** _____ **C#:** _____

V. EMS Specialty Responses and Responsibilities

- | | Initials | C # |
|---|-----------------|------------|
| 54. Describe the proper procedure when utilizing MSP Aviation (e.g., landing/take off). | _____ | _____ |
| 55. Describe the medic unit's role and responsibilities on major incident scenes (e.g., working fires, HAZMAT incidents, or similar calls which may require rehab). | _____ | _____ |
| 56. Describe the proper procedures for a "medic stand-by" for law enforcement operations. | _____ | _____ |

Date Completed: ___/___/___ **Officer:** _____ **C#:** _____

Initials **C #**

VI. Patient Advocacy and Customer Service

This section is to be reviewed with the EMS District Officer.

- 57. Define patient advocacy. _____
- 58. Define customer service. _____
- 59. Identify and explain the external resources (non-fire department) which are available for use by EMS providers. _____
- 60. Explain the procedure for receiving a complaint and the information a provider should provide to someone requesting information for the process. _____

Date Completed: ____/____/____ **Officer:** _____ **C#:** _____

Initials **C #**

VII. Vehicle Operations

- 61. Demonstrate how to properly complete a Form 330 (Vehicle Inspection) to the satisfaction of the station officer. _____
- 62. Explain any condition which would render a unit to be placed out of service in accordance with SOP 400-09. _____
- 63. Describe what information is required to complete a Form 189. _____
- 64. Demonstrate how to use the onboard GPS. _____
- 65. Demonstrate how to read an ADC map book. _____
- 66. Demonstrate how to read a box map. _____
- 67. Explain the proper procedure when taking equipment to the shop. _____
- 68. Explain the proper procedure to be taken when changing over into a different unit. _____
- 69. Explain the proper procedure when taking equipment to electronic services (the radio shop). _____
- 70. Demonstrate the proper use of both the mechanical and manual stretchers. _____
- 71. Demonstrate the proper use of the stair chair (all applicable models). _____
- 72. Describe general troubleshooting procedures for all equipment. _____
- 73. Consistently demonstrates safe operation (to include maneuvering, backing, and emergency driving) of the medic unit to the satisfaction of the field paramedic/EMT. _____

Date Completed: ____/____/____ **Officer:** _____ **C#:** _____

Initials **C #**

VIII. EMS Operations

- 74. Identify all local hospitals in the surrounding area. _____
- 75. Identify all local trauma centers. _____
- 76. Identify all specialty referral centers. _____
- 77. Complete 10 patient care reports to the satisfaction of the field paramedic. _____
- 78. Complete 2 patient refusals to the satisfaction of the field paramedic (training refusals may be utilized to satisfy requirements). _____
- 79. Complete 10 NFIRS reports to the satisfaction of the field paramedic. _____
- 80. Complete 10 approved short forms to the satisfaction of the field paramedic. _____
- 81. Explain the purpose and process for submitting short forms to the hospital as well as patient hand-off procedures. _____
- 82. Complete and document a full medic unit inventory, on the required form, to the satisfaction of the field paramedic. _____
- 83. Describe when and how to order EMS supplies and equipment. _____

Date Completed: ____/____/____ **Officer:** _____ **C#:** _____

Initials **C #**

IX. Basic Life Support Skills Review

This section is designed to prepare the candidate for the skills evaluation at the Fire-Rescue Academy. All skills must be performed to the satisfaction of the EMS District Officer. These skills are not intended to be performed on calls for service. It is highly recommended that all station members participate in these skills as a review.

- 84. Complete a focused medical assessment. The medical assessment should include the administration of a BLS medication. _____
- 85. Complete a rapid trauma assessment with full spinal immobilization. _____
- 86. Perform as the team lead on a cardiac arrest (CPR/AED) scenario. _____
- 87. Treat an eye injury. _____
- 88. Treat a sucking neck wound. _____
- 89. Treat a sucking chest wound. _____
- 90. Treat an evisceration. _____
- 91. Control bleeding with a tourniquet. _____
- 92. Treat a shoulder injury. _____
- 93. Treat an injury to the humerus. _____

	Initials	C #
94. Apply a bent elbow splint.	_____	_____
95. Apply a straight elbow splint.	_____	_____
96. Treat an injury to the radius/ulna.	_____	_____
97. Treat a hip injury.	_____	_____
98. Treat a femur injury.	_____	_____
99. Apply a bent knee splint.	_____	_____
100. Apply a straight knee splint.	_____	_____
101. Treat a tibia/fibula injury.	_____	_____
102. Treat an ankle injury.	_____	_____

Date Completed: ____/____/____ **Officer:** _____ **C#:** _____

DATE OF PACKET COMPLETION: _____

SIGNATURE OF PARTICIPANT: _____

SIGNATURE OF EMS OFFICER: _____

SIGNATURE OF COMPANY OFFICER: _____

Once this packet has been completed, please schedule the final turn-in with the Fire-Rescue Academy by filling out the appropriate request form on the FRA's website at <http://www.baltimorecountyfra.org/>