

# Mesa County EMS System Version 10.0

## FIELD TRAINING OBJECTIVES WORKBOOK

Provider's Name and Level: \_\_\_\_\_

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

Field Trainer: \_\_\_\_\_

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

### DOCUMENTATION OF COMPLETION

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

Signature of FTO/AQD  
certifying completion \_\_\_\_\_

**This workbook outlines what the Mesa County EMS Medical Director feels is necessary to be covered prior to a probationary hire being released for unsupervised duty. This workbook itself is not required, but a signed front page is required demonstrating competency in all items identified in this workbook. Upon completion a copy of this signed coversheet must be given to the Mesa County EMS Coordinator for your file.**

## **ORIENTATION PROCEDURES FOR NEW PROVIDERS**

1. **Probationary period:** All EMT's, whether new to the system or having achieved a higher EMT certification, will serve the following probationary period when beginning patient care as an EMT in Mesa County under the medical direction of the Mesa County EMS Medical Director:
  1. EMTs – At least 2 months or 15 calls, whichever comes **last** (all supervised, EMT-B's have no unsupervised probation requirement).
  2. Current Mesa County EMT-I to Paramedic transition – 3 months
    - i. At least 1 month supervised, or 10 calls, whichever comes **last**.
    - ii. At least 2 months unsupervised, or 15 calls, whichever comes **last**.
  3. EMT Intermediates and Paramedics – 5 months
    - i. At least 3 months supervised or 20 calls, whichever comes **last**
    - ii. At least 2 months unsupervised or 15 calls, whichever comes **last**
  
2. **Supervised Probation:** Supervised probation means that each new EMT shall only perform patient care under the supervision of a Field Training Officer (FTO) of equal or higher State certification.
  1. For the initial 3 shifts, or 5 calls, whichever occurs **last** this must be as a third rider. For low-call-volume agencies this may be waived or adjusted by the EMSMD on a case by case basis- your FTO must contact the EMSMD
  2. During these 3<sup>rd</sup> rider shifts, provider must complete Section 1 and Objectives 1-5 in Section 2 of this workbook prior to going on to attending patients primarily.
  3. Following this the orientee may remain supervised as the second attendant on an ambulance. This doesn't relieve the FTO from primary responsibility for patient care, as the FTO will be considered the highest-level provider on each call.
  4. The FTO must review and help maintain the Orientation workbook or equivalent for each orientee, a copy of which will be given to each EMT by their FTO upon entry into program. The workbook or equivalent must be completed satisfactorily before the end of **supervised** probation.
  5. The EMT will meet regularly at "office hours" (held monthly) with the EMSMD (or their designee) to review cases and discuss the EMT's progress. The FTO assigned to that orientee must accompany that orientee to their monthly meetings with the EMSMD (or their designee).
  
3. **End of Supervised Probation:** Prior to release from supervised probation, the following must be accomplished:
  1. The time requirement and/or number of calls must have elapsed.
  2. The EMSMD (or their designee) must be satisfied with the EMT's proficiency.

3. The provider's FTO or agency AQD must attest that all items in this workbook have been covered satisfactorily by signing cover page and returning to the physician.
  4. A protocol test/quiz must be taken and passed. This may be delayed by the EMSMD.
  5. The EMT-I or Paramedic orientee must perform a mega code with the EMSMD (or their designee) to the satisfaction of the EMSMD – this may be accomplished in 2 ways:
    - i. EMT's who took a Mesa County Class may count their class-end practical if the EMSMD (or their designee) was running the mega codes.
    - ii. Mega codes will be scheduled as needed with the EMSMD (or their designee) to allow completion.
  6. Failure to accomplish any of the above requirements will result in extension of the supervised probationary period for a time period to be determined by the EMSMD.
4. **Unsupervised Probation:**
1. The orientee may provide care as the lead EMT during this period
  2. The orientee must continue to meet with the EMSMD (or their designee) **regularly (ideally monthly)**, but the FTO does not need to accompany the EMT to these meetings.
  3. **Completion of unsupervised probation:** will be at the discretion of the EMSMD (or their designee) after the time requirement and/or call numbers have been met; and may be extended at the sole discretion of the EMSMD (or their designee).
5. **Probation practice restrictions:**
1. NO EMT may provide patient care in the EMS system without understanding the Provider – Medical Director Relationship as specified in the protocols.
  2. EMT's are required to contact base for any medication not allowed by standing order; they **may not**, while in probation, take verbal medication orders from a higher level EMT on scene.
6. **How Office Hours Work:**
1. You must place 4-8 (no more, no less) PCR's in the supervising probationary physician's mailbox in the ER **10 (ten)** days before your scheduled office hours meeting date so we can review your cases
  2. Your AQD must call the Mesa County EMS coordinator (255-5078) and make an appointment during your physician's next office hours.
  3. Notify your FTO of the meeting time and date so they can plan to attend with you during your supervised probationary period.

## INTRODUCTION

Upon successful completion, the Field Training Officer (FTO) should sign off each objective. A signature indicates proficiency has been demonstrated, not just that the task has been reviewed. It is acceptable to date and initial each individual task, as it is completed, and then sign off on the section when it has been fully completed.

### **SECTION I - EMS Operational Objectives for EMT-B, I and P:**

#### **OBJECTIVE 1: APPARATUS INVENTORY**

- Task 1: Identify which items should be checked daily and at what point during the shift.  
 Task 2: Conduct an inventory of the apparatus utilizing the appropriate EMS Equipment Inventory Book.  
 Task 3: Demonstrate knowledge of the inventory schedule.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

#### **OBJECTIVE 2: RADIO EQUIPMENT AND PROCEDURES**

- Task 1: Locate and operate mobile radio. Review radio channel designations (dispatch, tactical, responding agencies, etc.)  
 Task 2: Demonstrate ability to locate and adjust volume, change frequencies, and operate every radio.  
 Task 3: Locate and operate portable radios. Demonstrate changing battery.  
 Task 4: Demonstrate operation of pager.  
 Task 5: Demonstrate correct voice volume and tone when transmitting.  
 Task 6: Demonstrate proficiency in comprehending transmissions.  
 Task 7: Recite radio procedure for trauma system entry and medical on-line consult with local hospitals.  
 Task 8: Identify how to communicate with other agencies; e.g., CareFlight, Fire Agencies, and Law Enforcement, Search and Rescue  
 Task 9: Recite use of emergency button.  
 Task 10: Review proper communication with GJRCC including dispatch protocols.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 3: HOSPITAL COMMUNICATION (OLMC)**

- Task 1: Identify minimum information required for on-line medical control (OLMC).  
 Task 2: Identify methods for OLMC contact, simulate contact.  
 Task 3: Demonstrate knowledge of Base Station phone numbers.  
 Task 4: Review Radio Report Procedure protocol.  
 Task 5: Recite minimum information to be reported to the destination hospital for Critical and Emergent trauma patients, acute and non-acute CVA/TIA, STEMI alerts.  
 Task 6: Review radio procedure for obtaining a Field Pronouncement from the EDP; review the Field Death Pronouncement/DNR Protocol.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 4: PRE-HOSPITAL CARE REPORT**

- Task 1: Review medical director charting standards and the Trip and Data Reports protocol.  
 Task 2: Write a pre-hospital care report (PCR).  
 Task 3: Demonstrate procedures for printing, faxing and transmitting PCRs at all receiving facilities in Mesa County.  
 Task 4: Explain the chart review process.  
 Task 5: Explain the role of the quality assurance process.  
 Task 6: Identify the role of the supervising physician and his/her relationship to the individual EMT.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 5: EQUIPMENT RESTOCKING / RETRIEVAL**

- Task 1: Demonstrate knowledge of equipment restocking protocol.  
 Task 2: Demonstrate restocking of kits and apparatus following an emergency call.  
 Task 3: State procedure for ordering EMS supplies.  
 Task 4: Demonstrate completion of re-supply form after an incident.  
 Task 5: Demonstrate knowledge of controlled substance restocking policies.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 6: OXYGEN SYSTEMS**

- Task 1: Locate portable oxygen cylinder and spare oxygen cylinder.  
 Task 2: Open portable valve and operate regulator.  
 Task 3: Recite minimum psi level for portable cylinder.  
 Task 4: Change regulator, ensuring no leaks are present.  
 Task 5: Locate and demonstrate replacement of the in-house oxygen tank.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 7: SUCTION SYSTEMS**

- Task 1: Demonstrate operation and troubleshooting of portable and in-house suction units.  
 Task 2: Locate and connect charging unit.  
 Task 3: Disassemble and reassemble portable suction unit and test for proper operation.  
 Task 4: Locate and demonstrate use of manual portable suction.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 8: COMMUNICABLE DISEASE PROTOCOL**

- Task 1: Define "body substance isolation / universal precautions" and explain how they are to be observed.  
 Task 2: Explain the procedure if an exposure should occur.  
 Task 3: Locate the phone number for the reporting of an occupational exposure.  
 Task 4: Describe decontamination procedure for personnel and equipment.  
 Task 5: Review infection control practices and procedures i.e. proper disposal of sharps.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 9: STRETCHER OPERATION**

- Task 1: Demonstrate use of floor mount locking mechanism.  
 Task 2: Remove gurney and locate / operate: Side release handle, foot release handle, head adjustment lever, and break down head bar.  
 Task 3: Place gurney into the trendelenburg position.  
 Task 4: With a partner, demonstrate lifting a loaded gurney into the ambulance, while using proper lifting techniques.  
 Task 5: Demonstrate raising the stretcher to a fully raised position, utilizing end-to-end and side-to-side positions.

- Task 6: Demonstrate proficiency transporting a patient on the stretcher on different terrain.
- Task 7: Demonstrate proper operation of bariatric equipment used to move patients.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 10: ABILITY TO WORK AS A TEAM MEMBER**

- Task 1: Demonstrate self-initiative in completing call related duties.
- Task 2: Demonstrate self-initiative in collateral duties.
- Task 3: Display ability to receive and utilize constructive criticism.
- Task 4: Show capacity to avoid scene disputes and resolve such disputes retrospectively.
- Task 5: Demonstrate ability to interact professionally with shift, transport agencies, and other allied health personnel.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 11: SCENE MANAGEMENT, SAFETY, AND SITUATIONAL AWARENESS**

- Task 1: Identify the importance of scene safety and situational awareness.
- Task 2: Discuss tactical positioning strategies on unstable scenes.
- Task 3: Discuss the radio communication procedures for requesting help from law enforcement and monitoring the law enforcement channels.
- Task 4: Identify procedures for restraining a patient, and the documentation that must follow.
- Task 5: Describe the procedure you must follow in the event you are injured by a violent patient. Include both your agency policy and Medical Advisor policy.
- Task 6: Identify strategies in de-escalation of potentially violent patients.
- Task 7: Describe 'reactionary gap' or defensible space".
- Task 8: Discuss scene indicators that may lead to a potential unstable scene.
- Task 9: Discuss how your personal attitude and mind-set can influence scene safety and situational awareness.
- Task 10: Review your agency's policy on Hazmat Awareness
- Task 11: Review your agency's ICS protocols.
- Task 12: Successfully demonstrate competency in 3 scenarios, developed by your FTO, involving safety / situational awareness.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

## **SECTION II - BLS Competency Objectives for EMT, I and P:**

### **OBJECTIVE 1: BAG-VALVE MASK (DISPOSABLE)**

- Task 1: Explain function of all parts and troubleshooting procedures.  
 Task 2: Demonstrate proper mask seal and ventilation on a manikin using both one and two person techniques.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

### **OBJECTIVE 2: AIRWAY MANAGEMENT**

- Task 1: Identify ancillary equipment needed for preparation for ET intubation.  
 Task 2: Demonstrate knowledge of location and setup of the following:
  - Tracheotomy supplies (Know location to assist ALS)
  - Chest Decompression supplies (Know location to assist ALS)
  - DeLee Suction
  - Suction Catheters
  - Adult and Pediatric NRB masks and cannulas.
  - OPA's and NPA's
 Task 3: Demonstrate location of equipment, sizing, proper insertion, and method for securing King-LTS rescue airway on a manikin.  
 Task 4: Demonstrate proper King tube placement confirmation methods, and proper documentation on the PCR.  
 Task 5: Discuss complications of King tube intubation.  
Note: King-LTS is allowed for EMT-B for patients in **MEDICAL** cardiac arrest- see Rescue Airway protocol

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

### **OBJECTIVE 3: NEBULIZER THERAPY**

- Task 1: State the indication for nebulizer treatment.  
 Task 2: Demonstrate correct assembly and troubleshooting of nebulizer.  
 Task 3: Demonstrate correct assembly of nebulizer to bag-valve-mask.  
 Task 4: Connect oxygen and set flow rate to generate appropriate nebulization.  
 Task 5: Monitor vital signs as per protocol.  
 Task 6: Demonstrate assembly of nebulizer to NRB mask.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---



**OBJECTIVE 4: CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)**

- Task 1: State the indications for CPAP.  
 Task 2: Demonstrate correct assembly and troubleshooting of CPAP equipment.  
 Task 3: Demonstrate correct setting of cm of H<sub>2</sub>O pressure  
 Task 4: Connect oxygen and set flow rate to generate appropriate pressure.  
 Task 5: Demonstrate knowledge of in-line nebulization during CPAP operations.  
 Task 6: Demonstrate knowledge of precautions and complications of CPAP.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 5: AUTOMATIC EXTERNAL DEFIBRILLATOR, 12 LEAD ACQUISITION**

- Task 1: Describe contents of outside pouches.  
 Task 2: Describe battery maintenance schedule and recycling of batteries in the battery support system.  
 Task 3: Demonstrate "Advisory on" and recite function of: Analyze, Charge, Record, Review, and ECG Size keys.  
 Task 4: Demonstrate use of "Fast-Patch" in simulated V-fib cardiac arrest scenario (Advisory Mode).  
 Task 5: Change paper roll.  
 Task 6: Demonstrate application of 12-lead electrodes, ECG acquisition and data transmission- ALS assist.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 6: OTHER EQUIPMENT**

- Task 1: Demonstrate application of extremity splints, including traction splints  
 Task 2: Demonstrate application of orthopedic stretcher (scoop).  
 Task 3: Review patient restraint protocol, demonstrate use of restraints.  
 Task 4: Demonstrate use of a stair chair.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 7: PATIENT HISTORY**

- Task 1: Effect a proper introduction to patient in non-authoritative manner.  
 Task 2: Establish patient's chief complaint.  
 Task 3: Establish predisposing factors.  
 Task 4: Ask appropriate questions pertaining to chief complaint

- Task 5: Establish past medical history.  
 Task 6: Recognize when to seek additional history from family/friends.  
 Task 7: Ascertain medications and allergies.  
 Task 8: Demonstrate ability to delegate information gathering tasks to others.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

### **OBJECTIVE 8: PHYSICAL EXAMINATION**

- Task 1: Demonstrate consistent approach to primary survey.  
 Task 2: Demonstrate ability to recognize serious/critical signs and symptoms.  
 Task 3: Demonstrate consistent approach to secondary survey (complete head to toe).  
 Task 4: Demonstrate ability to accurately measure vital signs (pulse, blood pressure, respiratory rate, GCS, pulse oximetry).  
 Task 5: Demonstrate how to troubleshoot the Glucometer.  
 Task 6: Demonstrate location of ALS drugs and Controlled Narcotics to assist ALS.  
 Task 7: Demonstrate proper use and recording of length based tape information in pediatric patients.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

### **OBJECTIVE 9: SPINAL IMMOBILIZATION**

- Task 1: Properly place supine patient onto long board, utilizing acceptable PHTLS techniques.  
 Task 2: Properly immobilize standing patient to long board, utilizing acceptable PHTLS techniques.  
 Task 3: Show proper strap placement, neutral alignment and special considerations for pediatric patients.  
 Task 4: Demonstrate proper sizing and application of cervical collar and properly securing the head.  
 Task 5: Verbalize appropriate times to use rapid extrication.  
 Task 6: Demonstrate, as a leader of a team, the proper sequence of rapid extrication from a vehicle, utilizing current MCEMS System techniques.  
 Task 7: Apply immobilization device to a victim sitting in a vehicle.  
 Task 8: Review "Spinal Immobilization" protocol, address use of cervical collar only and other methods of spinal immobilization i.e. towel roll or manual stabilization.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 10: BLS ADULT MEDICATIONS**

*With each of the medications below:*

- Task 1: State each drug's action, indications, contraindications, and precautions.
- Task 2: State the adult dose/dose range, and site of administration.
- Task 3: State how the drug is packaged and at what concentration.
- Task 4: List untoward effects.

<b>BLS</b>	
<b>Standing Order Drugs</b>	<b>Verbal Order (EDP) Drugs</b>
<b>EMT</b>	<b>EMT</b>
Oxygen	Albuterol
Aspirin	SL Nitroglycerin (assist only)
Epinephrine 1:1000 (Epi Pen)	MDI's (assist only)
Oral Glucose	Odansetron ODT
Naloxone IN	
OTC medications	
Nerve Agent Antidote Kit	
<b>EMT-IV</b>	<b>EMT-IV</b>
D50/D25	
Naloxone IV	
<b>AEMT</b>	<b>AEMT</b>
SL Nitroglycerin	Diphenhydramine – IV
Odansetron	Ipratropium
Lidocaine for IO placement	Epinephrine 1:1000 IM/SQ
	Nitroglycerin paste

Task 5: Demonstrate knowledge of interfacility approved medications, use and rules for monitoring.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

**OBJECTIVE 11: BLS PEDIATRIC MEDICATIONS**

*With each of the medications below:*

Task 1: State the **pediatric** dose, dose range, and site of administration for each of the medications below.

<b>BLS</b>	
<b>Standing Order Drugs</b>	<b>Verbal Order (EDP) Drugs</b>
Oxygen	Albuterol
Epinephrine 1:1000 (Epi Pen)	MDI's (assist only)
Oral Glucose	
D25W (EMT-B-IV)	

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

**OBJECTIVE 12: PROTOCOL SELECTION AND APPLICATION**

Task 1: Demonstrate appropriate protocol selection, and accurately direct treatment for the patient types listed below.

<b>EMT</b>				<b>EMT- I or Paramedic</b>		
<b>Protocol</b>	<b>Incident #</b>	<b>Date</b>	<b>----</b>	<b>Protocol</b>	<b>Incident #</b>	<b>Date</b>
Resp. Distress			-----	Resp. Distress		
Spine immob.			-----	Multisystem Trauma		
Medical			-----	Spinal Immob		
Refusal			-----	Abdominal Pain		
AMS			-----	Chest Pain		
-----	-----	-----	-----	Refusal		
-----	-----	-----	-----	AMS		
-----	-----	-----	-----	Pediatrics		

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

**OBJECTIVE 13: MULTIPLE-PATIENT SCENE PROTOCOL**

- Task 1: Define "Multiple-Patient Scene".
- Task 2: Explain the role of the Medical Branch Director and Triage Group Supervisor during an MCI.
- Task 3: Define "Mass Casualty Incident" and describe the major function groups.
- Task 4: Explain START triage.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

**OBJECTIVE 14: TRAUMA SYSTEM**

- Task 1: Review and explain the "Trauma Care Overview".
- Task 2: Review the Trauma Treatment Protocols.
- Task 3: Explain the Trauma Triage Destination Guidelines, with a description of criteria defining the differences between Critical and Emergent patients.
- Task 4: Discuss when to call for CareFlight, how to help land a helicopter, and helicopter safety.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

**OBJECTIVE 15: PATIENT REFUSAL**

- Task 1: Explain refusal procedure for an alert adult patient who the EMT feels should be transported.
- Task 2: Explain refusal procedure for an adult patient with an altered level of consciousness.
- Task 3: Complete a patient refusal form.
- Task 4: Review "Refusal" protocol, address the situation of a parent refusing for a child and the situation where a parent is unavailable.
- Task 5: Review and recite rules for which patients require medical control contact prior to refusal.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 16: IV INSERTION (EMT's IV Certified, AEMTs, EMT-I's, and Paramedics)**

- Task 1: Demonstrate proper vein selection.
- Task 2: Select proper catheter size.
- Task 3: Demonstrate proper site preparation and IV insertion procedures including use of aseptic technique.
- Task 4: Appropriately dispose of contaminated needle.
- Task 5: Secure catheter.
- Task 6: Successfully perform five field venipunctures.
- Task 7: Demonstrate knowledge of field IV complications and treatment of the complications.
- Task 8: Demonstrate use and proper placement of IO needle. (I's and P's only)
- Task 9: Obtain a blood glucose measurement using the Glucometer.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

## **SECTION III – EMT-I ALS Competency Objectives:**

### **OBJECTIVE 1: CONTROLLED DRUGS**

- Task 1: Identify types and amount of controlled drugs.  
 Task 2: Locate lockbox and keys.  
 Task 3: Demonstrate knowledge of controlled drug policy and inventory process.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

### **OBJECTIVE 2: CARDIAC MONITOR DEFIBRILLATOR**

- Task 1: Demonstrate "Monitor on". Recite function of: Energy Select, Charge, Sync, Lead Select, ECG size, HR Alarm, Record, Mark, and Review keys.  
 Task 2: Connect ECG leads for a 3-lead AND 12 lead ECG interpretation.  
 Task 3: Connect SpO2 lead (if available), demonstrate On/Off and Alarm functions. Discuss alternative measurement methods.  
 Task 4: Connect end tidal CO2 device (if available), demonstrate On/Off and Alarm functions. Discuss alternative measurement methods.  
 Task 5: Review: Pacer On, Rate, Start/Stop, Mode, and Output keys. Perform pacing protocol utilizing the generator provided.  
 Task 6: Demonstrate use of Paddles for adult and pediatric patients.  
 Task 7: Discuss troubleshooting and maintenance of the Cardiac Monitor Defibrillator.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

### **OBJECTIVE 3: AIRWAY MANAGEMENT**

- Task 1: Demonstrate proper technique for ET intubation.  
 Task 2: Demonstrate proper use of the bougie intubating stylet.  
 Task 3: Demonstrate ET tube placement confirmation methods and documentation on the Airway Form/PCR.  
 Task 4: Discuss complications of ET intubation.  
 Task 5: Discuss indications, equipment, proper technique and complications of needle Chest Decompression.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

**OBJECTIVE 4: SKILLS EVALUATION**

- Task 1: Demonstrate successful management of adult cardiac arrest scenario.  
 Task 2: Demonstrate successful management of a trauma scenario (critical patient).

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

**OBJECTIVE 5: EMT-I ADULT MEDICATIONS**

*With each of the medications below:*

- Task 1: State each drug's action, indications, contraindications, and precautions.  
 Task 2: State the adult dose/dose range, and sites of administration.  
 Task 3: State how the drug is packaged and at what concentration.  
 Task 4: List untoward effects.

**PLEASE NOTE: EMT-I must also be checked off on ALL BLS medications as well.**

EMT-I / ALS	
Standing Order Drugs	Verbal Order (EDP) Drugs
Cyanide antidote kit	Atropine Sulfate
MDI (assist only)	Adenosine
	Amiodarone – bolus only
	Epinephrine 1:10,000 - IV
	Fentanyl
	Droperidol
	Lidocaine
	Midazolam
	Sodium Bicarbonate

- Task 5: Demonstrate knowledge of interfacility approved medications, use and rules for monitoring.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

**OBJECTIVE 6: EMT-I PEDIATRIC MEDICATIONS**

*With each of the medications below:*

- Task 1: State the *pediatric* dose, dose range, and site of administration for each of the medications below.  
 Task 2: Demonstrate ability to calculate and draw up appropriate dosage of at least 3 different medications below.  
 Task 3: Demonstrate ability to set up and use a Buretrol  
 Task 4: Demonstrate ability to mix and deliver D25 to a pediatric patient (non-drip medication).

**PLEASE NOTE: EMT-I must also be checked off on ALL BLS medications as well.**

EMT-I / ALS	
Verbal Order (EDP) Drugs	Verbal Order (EDP) Drugs
Albuterol	Epinephrine 1:10,000
Atropine Sulfate	Fentanyl®
Adenosine	Ipratropium
Dextrose 25%	Lidocaine
Diphenhydramine	Sodium Bicarbonate
Epinephrine 1:1000	

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

### **OBJECTIVE 7: ECG INTERPRETATIONS**

- Task 1: Accurately interpret 10 ECG recordings (as selected by FTO).  
 Task 2: Discuss causes and treatment of the interpreted rhythms.  
 Task 3: Discuss the Cardiac Alert system, and proper notification procedures for the receiving hospital.  
 Task 4: Demonstrate knowledge of and appropriate ability to transmit ECG to ED of applicable.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

## **SECTION IV – Paramedic ALS Competency Objectives:**

### **OBJECTIVE 1: CARDIAC MONITOR DEFIBRILLATOR / CARDIOVERSION**

- Task 1: Demonstrate Electrical Cardioversion and use of Sync function.  
 Task 2: Review indications for and complications of cardioversion

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

---

### **OBJECTIVE 2: AIRWAY MANAGEMENT**

- Task 1: Identify ancillary equipment needed in preparation for NT intubation.  
 Task 2: Demonstrate proper technique for NT intubation.  
 Task 3: Discuss possible complications and treatment of complications of NT intubation.  
 Task 4: Successfully complete Surgical Cricothyrotomy training.  
 Task 5: Successfully complete Needle Cricothyrotomy training.



Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

**OBJECTIVE 3: EMT-P ADULT MEDICATIONS**

*With each of the medications below:*

- Task 1: State the drug action, indications, contraindications, and precautions.
- Task 2: State the adult dose/dose range, and site of administration.
- Task 3: State how the drug is packaged and at what concentration.
- Task 4: List untoward effects.
- Task 5: Practice mixing expired Dopamine, calculate and regulate an IV drip.

**PLEASE NOTE: EMT-P must also be checked off on ALL BLS and EMT-I medications as well.**

PARAMEDIC	
Drug	Drug
Dopamine	
Magnesium Sulfate	

Task 6: Demonstrate knowledge of interfacility approved medications, use and rules for monitoring.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

**OBJECTIVE 4: PARAMEDIC PEDIATRIC MEDICATIONS**

*With each of the medications below:*

Task 1: State the *pediatric* dose, dose range, and site of administration for each of the medications below.

**PLEASE NOTE: EMT-P must also be checked off on ALL BLS and EMT-I medications as well.**

ALS	
Drug	Drug
Dopamine	

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

**OBJECTIVE 5: INTERFACILITY TRANSFERS**

- Task 1: Review proper documentation procedures for interfacility transfers including correct provider impression categories.
- Task 2: Review proper documentation from sending facility needed for transfers which must accompany patient.
- Task 3: Review the limitations of what a paramedic may transfer and what red flags may indicate need for Critical Care Transport.
- Task 4: Review procedures for requesting mutual aid Critical Care Transport for interfacility transfers.

Date Completed: \_\_\_\_\_ Evaluator Signature: \_\_\_\_\_

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

\_\_\_\_\_

**End of document**