

# **Bobby – EMT (Firefighter, DC Fire Academy, Virginia)**

- **Training & Experience**

- Career firefighter, EMT training expanded from 90 → 240 hours in the academy.
- CPR and resuscitation covered in EMT school, but comfort comes with experience.
- Instructors and medical directors highly involved; DC EMS emphasizes continuous improvement, new techniques, and equipment standardization.
- Uses Lifepak 15, ZOLL monitors, and in-line capnography (not originally taught in EMT school).

- **BVM Use**

- Oversqueezing/overventilation is a common issue among EMTs.
- Seal not too difficult once set, especially with strap masks (“set it and forget it”), but positioning in tight spaces is a challenge.
- Larger patients present greater difficulty.
- BVM considered a short-term solution until advanced airway management.
- Uses “C and E” grip; spacing is a big issue in urban environments.

- **CPR & AED**

- CPR performed a few times per week.
- AEDs and monitors often provide instructions; chest rise can still be hard to visualize.
- Never feels fully comfortable after first attempts—skill grows with repetition.

- **Workplace Context**

- Urban environment with frequent calls.
- Police often arrive too late (after patient has died).

- Emphasis on continual training, county dispatch matrix, and supervisor oversight.
- DC has access to blood products in the field (only supervisors carry).