

SOLANO COUNTY EMT & PARAMEDIC ORIENTATION FORM

NAME: _____ Auth #: _____

EMT-P ORIENTATION PROVIDED BY THE EMS OFFICE

- | | |
|---|--|
| <input type="checkbox"/> County Treatment Protocols | <input type="checkbox"/> Requirements to maintain EMT-P certification and/or authorization |
| <input type="checkbox"/> EMS Policy/Procedure Manual | <input type="checkbox"/> On-Scene Medical Authority |
| <input type="checkbox"/> Audit/Counseling Forms | <input type="checkbox"/> EMS Certification review process |
| <input type="checkbox"/> County MCI/Disaster Plan | <input type="checkbox"/> Other (as determined by EMS Agency Staff) |
| <input type="checkbox"/> County EMS Organizational Structure | <input type="checkbox"/> |
| 1. EMS Medical/Administrative Personnel | |
| 2. EMS Clerical Staff | |
| 3. EMS Committees | |
| 4. EMS Office (Location & Hours) | |
| 5. Solano Office of Emergency Services (OES) | |
| <input type="checkbox"/> EMS Office Q. A. Plan | |
| <input type="checkbox"/> ALS w/o Base Hospital Contact | |
| <input type="checkbox"/> C.E. & Educational Resources | |
| 1. Base Hospital Meetings | |
| 2. C. E. Requirements/Forms | |
| 3. C. E. Approval Mechanism | |
| <input type="checkbox"/> Medical Records (PCR) & Documentation of | EMS Orientation completed by _____ |
| <input type="checkbox"/> EMS Research currently in progress | _____ |
| <input type="checkbox"/> Administrative Forms & Requirements | Date orientation completed _____ |

SOLANO COUNTY EMT & PARAMEDIC ORIENTATION FORM

NAME: _____ Auth #: _____

ORIENTATION PROVIDED BY THE EMT-P EMPLOYER (Identify: _____)

- Communications
 - 1. Contact the Solano Sheriff's Office Dispatch
 - 2. Contact each base hospital on its primary channel
 - 3. Contact each base hospital on its landline
 - 4. Dispatch procedures
 - 5. Location of biotelemetry base hospital towers
 - 6. Ambulance communication equipment
MEDCOM, MEDNET, other frequencies
 - Local Geographical Requirements
 - 1. Roads, traffic patterns (unique locations where ambulance movement is inhibited because of width, size, or weight of the Ambulance).
 - 2. Best routes to medical facility(s)
 - 3. Bridges, railroad tracks and other obstructions to normal traffic flow
 - 4. Traffic patterns that inhibit ambulance response
 - 5. Ambulance Zones/EMSA Grid System
 - Emergency entry and escort to unique facilities within the region.
 - 1. Access to airports
 - 2. Military Bases (Travis AFB)
 - 3. Jail and detention facilities (including CSP and CMF Solano)
 - 4. Large industrial complexes that require a special security pass
 - 5. Large complexes that have large populations with a large geographic space (i.e., colleges, county fairgrounds, sports complexes, etc.)
 - 6. Six Flags
 - Medical Facility Locations
 - 1. All receiving hospitals in the county
 - 2. Urgent, prompt, acute care centers
 - 3. Nursing homes
 - 4. Out-patient surgery facilities
 - 5. Large industrial first aid stations
 - 6. Hospitals outside the county that patients are routinely transported to
 - Local Law Enforcement Policies impacting EMS Operations
 - 1. 51-50 Cases
 - 2. Patients under custody
 - 3. DOA cases
 - 4. Crime scenes
 - 5. Elderly & Child Abuse
 - EMS aircraft & non-transporting EMS units
 - 1. How to access EMS aircraft
 - 2. Transfer of care to/from other EMS personnel
 - Active First Responder/Fire Agencies
 - Completion of Medical Record Requirements
- Infectious Disease procedures
 - Equipment/Medical Supplies on Ambulance
 - 1. Know how to use all equipment on unit
 - 2. Narcotic Security
 - 3. Daily check-out procedures
 - Identification & location of EMS support agencies and how to activate their response:
 - 1. Fire
 - 2. Heavy Rescue
 - 3. Military Assistance
 - 4. California Highway Patrol (CHP)
 - 5. Police & Sheriff units
 - 6. Crisis Intervention Response units
 - 7. Search & Rescue
 - 8. Radiation/Hazardous Materials
 - 9. Helicopter landing sites
 - 10. Coroner
 - 11. Others (that respond to EMS Incidents)
 - HAZ-MAT exposures
 - 1. Decontamination of staff/patients
 - 2. Decontamination of the ambulance
 - Medical Mutual Aid
 - DNR (Do Not Resuscitate Orders)
 - Physician on-scene of an emergency call
 - AMA Cases
 - Emergency & Non-EMG Interfacility Transfers
 - Equipment malfunctions
 - Safe Driving of the ambulance in both emergency & non-emergency modes.
 - Field Advisory Reports
 - All other orientation requirements required by employer prior to being allowed to function on an ALS unit without another EMT-P.

Employer Orientation completed by _____

Date _____

I understand that my EMT-P orientation is complete with submission of this form to the EMS office properly signed-off with five patient care audits completed by the Base Hospital Liaisons.

EMT-P _____

Date: _____