

SOLANO COUNTY EMT & PARAMEDIC ORIENTATION FORM

NAME: _____

Auth #: _____

EMT-P ORIENTATION PROVIDED BY THE EMS OFFICE

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| <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 | |
| 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 | _____ |
| <input type="checkbox"/> EMS Research currently in progress | EMS Orientation completed by |
| <input type="checkbox"/> Administrative Forms & Requirements | _____ |
| | Date orientation completed |
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NAME: _____

Auth #: _____

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

- | | |
|---|--|
| <p><input type="checkbox"/> Communications</p> <ol style="list-style-type: none">1. Contact the Solano Sheriff's Office Dispatch2. Contact each base hospital on its primary channel3. Contact each base hospital on its landline4. Dispatch procedures5. Location of biotelemetry base hospital towers6. Ambulance communication equipment
MEDCOM, MEDNET, other frequencies <p><input type="checkbox"/> Local Geographical Requirements</p> <ol style="list-style-type: none">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 flow4. Traffic patterns that inhibit ambulance response5. Ambulance Zones/EMSA Grid System <p><input type="checkbox"/> Emergency entry and escort to unique facilities within the region.</p> <ol style="list-style-type: none">1. Access to airports2. Military Bases (Travis AFB)3. Jail and detention facilities (including CSP and CMF Solano)4. Large industrial complexes that require a special security pass5. Large complexes that have large populations with a large geographic space (i.e., colleges, county fairgrounds, sports complexes, etc.)6. Six Flags <p><input type="checkbox"/> Medical Facility Locations</p> <ol style="list-style-type: none">1. All receiving hospitals in the county2. Urgent, prompt, acute care centers3. Nursing homes4. Out-patient surgery facilities5. Large industrial first aid stations6. Hospitals outside the county that patients are routinely transported to <p><input type="checkbox"/> Local Law Enforcement Policies impacting EMS Operations</p> <ol style="list-style-type: none">1. 51-50 Cases2. Patients under custody3. DOA cases4. Crime scenes5. Elderly & Child Abuse <p><input type="checkbox"/> EMS aircraft & non-transporting EMS units</p> <ol style="list-style-type: none">1. How to access EMS aircraft2. Transfer of care to/from other EMS personnel <p><input type="checkbox"/> Active First Responder/Fire Agencies</p> <p><input type="checkbox"/> Completion of Medical Record Requirements</p> | <p><input type="checkbox"/> Infectious Disease procedures</p> <p><input type="checkbox"/> Equipment/Medical Supplies on Ambulance</p> <ol style="list-style-type: none">1. Know how to use all equipment on unit2. Narcotic Security3. Daily check-out procedures <p><input type="checkbox"/> Identification & location of EMS support agencies and how to activate their response:</p> <ol style="list-style-type: none">1. Fire2. Heavy Rescue3. Military Assistance4. California Highway Patrol (CHP)5. Police & Sheriff units6. Crisis Intervention Response units7. Search & Rescue8. Radiation/Hazardous Materials9. Helicopter landing sites10. Coroner11. Others (that respond to EMS Incidents) <p><input type="checkbox"/> HAZ-MAT exposures</p> <ol style="list-style-type: none">1. Decontamination of staff/patients2. Decontamination of the ambulance <p><input type="checkbox"/> Medical Mutual Aid</p> <p><input type="checkbox"/> DNR (Do Not Resuscitate Orders)</p> <p><input type="checkbox"/> Physician on-scene of an emergency call</p> <p><input type="checkbox"/> AMA Cases</p> <p><input type="checkbox"/> Emergency & Non-EMG Interfacility Transfers</p> <p><input type="checkbox"/> Equipment malfunctions</p> <p><input type="checkbox"/> Safe Driving of the ambulance in both emergency & non-emergency modes.</p> <p><input type="checkbox"/> Field Advisory Reports</p> <p><input type="checkbox"/> All other orientation requirements required by employer prior to being allowed to function on an ALS unit without another EMT-P.</p> |
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- 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: _____