

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 | |
| <hr/> | |
| <input type="checkbox"/> Medical Records (PCR) & Documentation of | EMS Orientation completed by _____ |
| <input type="checkbox"/> EMS Research currently in progress | <hr/> |
| <input type="checkbox"/> Administrative Forms & Requirements | Date orientation completed _____ |

HOSPITAL ORIENTATION

- | | |
|--|--|
| <input type="checkbox"/> Tour of the Emergency Department the EMT-P | <input type="checkbox"/> Hospital policies regarding the role of |
| 1. General floor plan to facility and EMG Dept. | <input type="checkbox"/> Chain of communications for problems/concerns |
| 2. Patient entry sites/receiving rooms | <input type="checkbox"/> Resource information at the Base Hospital |
| 3. Familiarization with ED staff/base liaisons | <input type="checkbox"/> Other (as determined by Base Liaison) |

- | | |
|---|--|
| <input type="checkbox"/> Pharmacy/supply restocking procedures & policies | <input type="checkbox"/> SUTTER SOLANO MEDICAL CENTER |
| 1. Medications & IV Supplies | <hr/> |
| 2. Narcotics | Orientation completed by _____ |
| 3. Medical Equipment | <hr/> |

- | | |
|---|------------|
| <input type="checkbox"/> Base Hospital Tape Reviews | Date _____ |
| <input type="checkbox"/> Interfacility transfer policies/procedures | <hr/> |

NORTHBAY MEDICAL CENTER

Orientation completed by _____

Date _____

VACAVALLEY

Orientation completed by _____

Date _____

KAISER VALLEJO

Orientation completed by _____

Date _____

KAISER VACAVILLE

Orientation completed by _____

Date _____

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 on its primary channel
 - 3. Contact each base 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, Mare Island Naval Shipyard, Skagg's Island)
 - 3. Jail and detention facilities (including CMF)
 - 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. Marineworld
- Medical Facility Locations
 - 1. All receiving hospitals in the county (tour each facility)
 - 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.
- Unusual Occurrences & Reporting Mechanisms
- 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 _____