

# Springdale Fire Department Paramedic Orientation Manual

All SFD members who attain Arkansas Department of Health certification (licensure) at the level of EMT-Paramedic (or new members possessing such certification) shall successfully complete the Springdale Fire Department Paramedic Orientation Manual prior to being given assignment as an Attending Paramedic.

The purpose of the program is to provide new paramedics a consistent and comprehensive overview of SFD Emergency Medical Service policy, procedure, protocol and standard best practices. The program will also provide documentation of the individual's capabilities and readiness for the assignment of attending paramedic to SFD Chief Officers and Medical Director.

The program consists of the member's demonstration of knowledge and practical skills. Additional assignments, such as participation in Continuous Quality Improvement peer review meetings may be made at the discretion of a Chief Officer. All additional assignments will be considered mandatory for successful completion of the program.

Upon receipt of documentation of the member's successful completion of all requirements contained in the Paramedic Orientation Manual including additional assignments (if any), the Fire Chief will at his discretion, release the member for assignment as an Attending Paramedic. Once released, the member is authorized to act as an Attending Paramedic, responsible for patient care in the pre-hospital setting, when on duty, assisting at SFD responses, or on authorized special assignment representing the Springdale Fire Department. After a member has been released to Attending Paramedic assignments, the member's performance, patient care, and behavior will be continually monitored\*.

The Springdale Fire Department expects all members to perform their duties ethically, within locally adopted protocols, and acceptable to national standard and best practice. If at any time a paramedic's performance falls below department standards the member will be subject to required additional training, possible loss of paramedic privilege and possible disciplinary action at the discretion of the Fire Chief. Paramedics may be suspended from Attending Paramedic status pending a thorough review of any concerns. In such cases, the paramedic will be authorized to act only in the capacity of EMT-Ambulance (Basic) while on duty and any other time when representing the Springdale Fire Department.

\*Any Paramedic may be required to complete this orientation program (or any part herein) as remediation or additional training. This will be at the discretion of the Fire Chief or his/her designee.

# SFD Paramedic Orientation Manual

## Requirements Outline

Prior to being assigned as an attending paramedic, members will fulfill the following requirements:

I. **Current Arkansas Department of Health certification (or licensure) at the level of EMT-Paramedic on file with Springdale Fire Department**

II. **Demonstrate the following skills, knowledge and abilities:**

Thorough Knowledge of Northwest Arkansas Regional EMS Protocols  
Thorough Knowledge of SFD EMS Policies and Procedures  
Working Knowledge of SFD Patient Care Report systems and billing paperwork  
Thorough Knowledge of SFD ambulance equipment inventory and usages  
Thorough Knowledge of local receiving hospitals, capabilities, and locations  
Advanced level patient triage, assessment, and treatment  
Experience in driving SFD ambulances

III. **Completion of the following additional requirements:**

Completion and verification of SFD preceptor observed ambulance calls  
Completion and verification of third crew member observation/participation  
Completion and verification of all skills and equipment knowledge forms  
Meeting with SFD Medical Director  
Meeting with EMS billing clerk  
Satisfactory review of Patient Care Reports by peer review committee

IV. **Authorization of Fire Chief**

Following unanimous recommendation of Paramedic Preceptor, Company Officer, Training Officer, Shift Commander, Division Chief of Operations, and SFD Medical Director

# **SFD Paramedic Orientation Manual**

## **Northwest Arkansas Regional EMS Protocols**

Each Paramedic candidate will receive a complete copy of the Northwest Arkansas Regional EMS Protocols. The candidate will be responsible for thorough familiarity with the protocol treatment modalities, medications, and protocol procedures. The protocols are written to delineate which treatments and procedures require advanced level certification (licensure).

Special attention should be given to procedures within the protocol book that address unique situations. These include, but are not limited to, withholding resuscitation, discontinuation of resuscitation, DNR, crime scenes, and trauma alerts.

Paramedic candidates will be observed for appropriate actions consistent with Northwest Arkansas Regional EMS Protocols at all times during the Paramedic Orientation Program. Any deviation from standard protocol shall be thoroughly documented and reported up the chain of command to the Division Chief of Operations. In addition, any deviation determined to be inappropriate may result in additional training requirements, delay of orientation completion, or disciplinary action as deemed necessary by any Officer of the Springdale Fire Department.

Each Paramedic candidate will complete a Protocol exam administered by the Training Officer prior to release from the Paramedic Orientation Program.

By signing below candidate acknowledges receipt of a complete copy of the Northwest Arkansas Regional EMS Protocol book.

\_\_\_\_\_  
Paramedic candidate

\_\_\_\_\_  
Date

# SFD Paramedic Orientation Manual

## EMS Policy, Procedure, and Standard Practice Review Check-off

Each of the following Policies, Procedures, and standard practices shall be reviewed for familiarity by the candidate with any attending Paramedic, Company Officer, or Shift Commander.

✓	<b>Policy/Procedure/Practice (reference)</b>	<b>Date Completed</b>	<b>+Initials</b>
	EMS response area and AMAs		
	Squad crew on scene responsibilities		
	SFD command structure on EMS responses		
	Hospital diversion (Procedure 4.6)		
	HIPPA (Policy 1.11)		
	Security of Units (Pol. 1.15)		
	Ambulance cot straps (Pol.2.6)		
	Backing vehicles (Pol.2.8)		
	Radio Traffic (Proc. 2.5, 2.6, 2.12)		
	Modes of response (Procedure 2.10)		
	Requesting law enforcement (Proc. 2.18)		
	Staging for police response		
	Requesting police for DOA		
	Dealing with abusive patients (Proc. 1.2)		
	Squad move ups and mutual aid (Proc. 4.3)		
	Controlled medications (Proc. 4.1)		
	Roadway operations (Proc. 2.15)		
	EMS supply room/restock procedures		
	Outdates (Proc. 4.7)		
	Compartment/kit seals (Proc. 4.9)		
	Daily/weekly cleaning of squad		
	Helicopter responses (Proc. 4.2)		
	Maintenance and requests (Proc. 6.1, 7.1-7.3)		
	Fueling (Proc. 6.4)		
	Report completion (Pol. 1.23, Proc. 4.8)		
	Football standby		
	EMS Protocols (Pol. 1.22)		
	EMS standby on fire scenes (Proc. 4.10)		

+Initials may be attending Paramedic, Company Officer, or Shift Commander

# **SFD Paramedic Orientation Manual**

## **EMS Billing and associated forms review**

Each candidate will schedule a meeting with the Springdale Fire Department EMS Billing Clerk. It is the candidate's responsibility to become familiar with required forms and their completion as well as standard billing practice. If any information presented is not clearly understood, ask questions as appropriate.

By signing this document the authorized Billing Clerk verifies that, at a minimum, the following information was discussed:

- Patient Care Reports and required patient and billing information
- Payment authorization and equipment used form ("pink sheets")
- Hospital face sheets
- Method of acquiring patient information from hospitals
- Standard billing practice for transports and non-transports
- Routine reports to Shift Commanders of complete documentation (smiley faces)

\_\_\_\_\_  
EMS Billing Clerk Signature

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

# SFD Paramedic Orientation Manual

## Equipment Inventory and Use

Each Paramedic candidate shall be familiar with all equipment carried and used by Springdale Fire Department ambulances. To accomplish this objective, the candidate will document ten completed daily squad inventories. Copies of the inventory sheets, signed by the candidate, will be placed in the included folder.

In addition, the following specific equipment shall be reviewed for familiarity and appropriate use:

<b>Equipment</b>	<b>Date</b>	<b>+Signature</b>
Ambulance cot		
Portable suction		
On-board suction		
Disposable CID/blocks		
Glucometer		
Burn kit		
OB kit		
Isolation kit		
Football kit		
S.T.A.R.T. triage kit		
Stair Chair		
Papoose board		
Chest Decompression kit		
Exposure/work comp forms		
Child safety seat		
Life vests/throw bag		

+Signature may be attending Paramedic, Company Officer, or Shift Commander

# SFD Paramedic Orientation Manual

## Local Receiving Hospitals

Springdale Fire Department makes every effort to transport patients to the closest appropriate medical facility in conjunction with patient preference. Patients who have no preference will typically be transported to NMC Springdale.

The following is a brief description of local receiving hospitals:

**Northwest Medical Center-Springdale (NMC-S)** 601 W. Maple Avenue, Springdale  
Our base hospital and primary contact for medical control  
Generally considered the closest appropriate facility for most patients (except OB)  
Emergency Department capable of stabilizing and treating any medical or trauma patient

**Washington Regional Medical Center (WRMC)** 3215 N. North Hills Blvd, Fayetteville  
May be the closest appropriate facility for patients in south and southwest response area  
Generally considered most appropriate facility when NMC-S is on divert  
Emergency Department capable of stabilizing and treating any medical or trauma patient

**Northwest Medical Center-Bentonville (NMC-B)** 3000 SE Medical Center Pkwy, Bentonville  
Generally considered closest appropriate facility when NMC-S **and** WRMC are on divert  
Emergency Department capable of stabilizing and treating any medical or trauma patient

**St. Mary's Hospital** 1200 W. Walnut, Rogers  
May be closest appropriate facility in northeast response area if both NMC-S **and** WRMC are on divert status  
Emergency Department capable of stabilizing and treating any medical or trauma patient

**Willow Creek Women's Hospital** 4301 Greathouse Springs Rd, Johnson  
Emergency Department not fully staffed and typically receives only OB patients  
Generally considered closest appropriate facility for any stable patient  $\geq 20$  weeks gestation  
Telephone contact is the most reliable communications method as the hospital radio may or may not be monitored

**Veteran's Administration Hospital (VA)** 1100 N. College Avenue, Fayetteville  
May accept stable patients (veterans)  
Emergency Department has limited acute care capabilities  
Contact with facility prior to transport for authorization when possible  
Telephone contact is the most reliable communications method as the hospital radio may or may not be monitored

# **SFD Paramedic Orientation Manual**

## **Driving Springdale Fire Department Ambulances**

Each Paramedic candidate is required to be familiar with the driving and operation of Springdale Fire Department ambulances prior to being assigned as attending Paramedic. The candidate will have on file with the Training Officer documentation of completing the National Safety Council course CEVO-Ambulance (or equivalent). In addition, each candidate will document a minimum of ten hours driving Springdale Fire Department ambulances in non-emergency mode\*.

Once the non-emergency driving time has been documented, each candidate will document driving Springdale Fire Department ambulances in emergency mode on a minimum of ten occasions (responses or transports)\*.

The driving requirements may be met concurrently with any other part of the Paramedic Orientation Program or prior to beginning the program.

\*Driving requirements may be waived, by the Training Officer, for any candidate who has met the objective through previous experience.



# SFD Paramedic Orientation Manual

## Emergency Driving

Date	Run Number	+Signature

+Signature may be any witnessing Springdale Fire Department member as authorized by a Company Officer or Shift Commander

Requirement Waived

\_\_\_\_\_  
Training Officer

\_\_\_\_\_  
Date

# **SFD Paramedic Orientation Manual**

## **Meeting with Medical Director**

Each candidate will meet with the Springdale Fire Department Medical Director. This informal meeting will be an opportunity for the Paramedic and physician to become acquainted in a professional capacity.

Meeting the Medical Director may occur at any time during the orientation program as mutual convenience and schedules allow.

\_\_\_\_\_  
Medical Director Signature

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

# SFD Paramedic Orientation Manual

## Skills Check-Off

The Paramedic candidate will review the following skills, procedures, and related protocols. Each skill needs to be practiced and demonstrated in the presence of a Springdale Fire Department Paramedic Preceptor who will then sign and date the form in the designated columns below. The candidate will then schedule a time with the Training Officer to demonstrate proficiency\*.

After each skill has been successfully demonstrated to the Training Officer, this form, along with a copy of the individual skill proficiency, will be placed in the candidate's training file as documentation of satisfactorily demonstrating these skills in the presence of the Training Officer.

<b>Skill/Procedure</b>	<b>Date</b>	<b>Preceptor Signature</b>
E-Z IO Drill		
ET Intubation/Confirmation		
Combi-tube placement		
Melker kit cricothyrotomy		
CPAP		
External Jugular kit		
Life-Pak 12 operation		
Cardiac arrest management		
Use of map books		

\*Reference the skill proficiency sheet for each skill

# SFD Paramedic Orientation Manual

## Skill Proficiency Standard E-Z IO Drill

The following is the minimum knowledge and skill(s) required to demonstrate proficiency:

✓	Skill (knowledge)	Comments
	Knows the location (in squad) equipment carried	
	Knows Indications for use	
	Knows Contraindications	
	Assembles necessary equipment with ease/no hesitation	
	Uses aseptic technique to prep site	
	Successfully drills and secures needle in correct location	
	Demonstrates flushing and fluid (med) administration	
	Disposes of contaminated supplies appropriately	

Acceptable Proficiency Demonstrated

Requires Remediation

\_\_\_\_\_  
Training Officer Signature

\_\_\_\_\_  
Date

# SFD Paramedic Orientation Manual

## Skill Proficiency Standard

### Endotracheal Intubation and Confirmation of tube placement

The following is the minimum knowledge and skill(s) required to demonstrate proficiency:

✓	Skill (knowledge)	Comments
	Knows location (in squad) of equipment	
	Knows indications for intubation	
	Knows contraindications	
	Selects and sets up required equipment	
	Selects appropriate blade and tube (size and/or type)	
	Successful intubation: less than 15sec. interruption of ventilation	
	Verifies tube placement (visualize, auscultate, CO2)	
	Secures tube appropriately	

Acceptable Proficiency Demonstrated

Requires Remediation

\_\_\_\_\_  
Training Officer Signature

\_\_\_\_\_  
Date

# SFD Paramedic Orientation Manual

## Skill Proficiency Standard King Airway Placement

The following is the minimum knowledge and skill(s) required to demonstrate proficiency:

✓	Skill (knowledge)	Comments
	Knows location (in squad) of equipment	
	Knows indications for use	
	Knows contraindications	
	Selects and sets up required equipment	
	Selects appropriate size	
	Successful placement: less than 15sec. interruption of ventilation	
	Verifies placement (blind insertion, auscultate, CO2)	
	Secures tube appropriately	

Acceptable Proficiency Demonstrated

Requires Remediation

\_\_\_\_\_  
Training Officer Signature

\_\_\_\_\_  
Date

# SFD Paramedic Orientation Manual

## Skill Proficiency Standard Melker Kit and Cricothyrotomy

The following is the minimum knowledge and skill(s) required to demonstrate proficiency:

✓	Skill (knowledge)	Comments
	Knows location (in squad) of equipment	
	Knows indications for use	
	Knows contraindications	
	Selects and sets up required equipment	
	Selects appropriate method (needle/surgical)	
	Successful placement: less than 30sec. interruption of ventilation	
	Verifies placement (landmarks, auscultate, CO2)	
	Secures device appropriately	

Acceptable Proficiency Demonstrated

Requires Remediation

\_\_\_\_\_  
Training Officer Signature

\_\_\_\_\_  
Date

# SFD Paramedic Orientation Manual

## Skill Proficiency Standard CPAP

The following is the minimum knowledge and skill(s) required to demonstrate proficiency:

✓	Skill (knowledge)	Comments
	Knows location (in squad) of equipment	
	Knows indications for use	
	Knows contraindications	
	Selects and sets up required equipment	
	End tidal CO2 monitored	
	Selects appropriate pressure	
	Assures mask seal/able to trouble shoot	
	Verifies improvement or discontinues CPAP	
	Contact receiving hospital to have respiratory at ED	

Acceptable Proficiency Demonstrated

Requires Remediation

\_\_\_\_\_  
Training Officer Signature

\_\_\_\_\_  
Date

# SFD Paramedic Orientation Manual

## Skill Proficiency Standard External Jugular Kit

The following is the minimum knowledge and skill(s) required to demonstrate proficiency:

✓	Skill (knowledge)	Comments
	Knows location (in squad) of equipment	
	Knows indications for use	
	Knows contraindications	
	Selects and sets up required equipment	
	Demonstrates procedure for E-J access	
	Aseptic technique	
	Verifies patent access	
	Secures catheter appropriately	

Acceptable Proficiency Demonstrated

Requires Remediation

\_\_\_\_\_  
Training Officer Signature

\_\_\_\_\_  
Date

# SFD Paramedic Orientation Manual

## Skill Proficiency Standard Life-Pak 12 Operation

The following is the minimum knowledge and skill(s) required to demonstrate proficiency:

✓	Skill (knowledge)	Comments
	Knows location (in squad) of equipment	
	Knows indications for use (each function: ex. 12ld, AED)	
	Knows contraindications (for any function AED, defib)	
	Selects and sets up required equipment for monitoring	
	Demonstrates procedure for 12 lead EKG (+interpret)	
	Demonstrates event marking	
	Access code summary information (current & archived)	
	Able to navigate options/settings	
	Able to synchronize calendar/clock with dispatch time	

Acceptable Proficiency Demonstrated

Requires Remediation

\_\_\_\_\_  
Training Officer Signature

\_\_\_\_\_  
Date

# SFD Paramedic Orientation Manual

## Skill Proficiency Standard Cardiac Arrest Management

The following is the minimum knowledge and skill(s) required to demonstrate proficiency:

✓ Skill (knowledge) Comments

	Functions as team leader to manage patient care	
	Directs, delegates, and supervises to maximize efficiency	
	Rhythm interpreted correctly	
	Treatment modality follows AHA and Protocol standard	
	Airway secured and ventilation rate appropriate	
	Capnography monitored	
	Vascular access gained	
	Appropriate medications administered and recorded	
	Effective CPR throughout	
	Overall care maximizes patient outcome potential	
	Code summary printed	
	Knowledge of field termination of resuscitation protocol	

Acceptable Proficiency Demonstrated

Requires Remediation

\_\_\_\_\_  
Training Officer Signature

\_\_\_\_\_  
Date

# SFD Paramedic Orientation Manual

## Skill Proficiency Standard Use of Map Books

The following is the minimum knowledge and skill(s) required to demonstrate proficiency:

✓	Skill (knowledge)	Comments
	Knows location of all maps carried in squads	
	Able to locate streets/addresses in City map	
	Able to locate streets/addresses in Washington Co. map	
	Able to locate streets/addresses in Benton Co. map	
	Knowledge of FMA/AMA boundaries	
	Uses white board or paper to record address at dispatch	
	Identifies assisting department by station (41, 51, etc.)	

Acceptable Proficiency Demonstrated

Requires Remediation

\_\_\_\_\_  
Training Officer Signature

\_\_\_\_\_  
Date

# SFD Paramedic Orientation Manual

## Third Crew Member Observation

Each Paramedic candidate will ride as the third crew member of a Springdale Fire Department ambulance for a minimum of two 24 hour shifts (or equivalent). The purpose of this observation time is to familiarize the candidate with Springdale Fire Department standard practices and crew member responsibilities. During this observation time, the Paramedic candidate may participate in patient care procedures under the direction of the attending Paramedic and to the level of his or her current Arkansas Department of Health certification (licensure). The Paramedic candidate will not function in the role of lead Paramedic during observation time.

\*\*This requirement may be waived, by the Training Officer, for any candidate who has met the objective through previous experience.

<b>Date</b>	<b>Number of Hours</b>	<b>Number of Calls</b>	<b>+Initials</b>

+Initials may be attending Paramedic, Company Officer, or Shift Commander

Requirement Waived

\_\_\_\_\_  
Training Officer

\_\_\_\_\_  
Date

# **SFD Paramedic Orientation Manual**

## **Review of Patient Care Reports**

Each Patient Care Report completed by the Paramedic candidate, during Preceptor Phase I (if applicable) and Preceptor Phase II, will be reviewed by the Springdale Fire Department Continuous Quality Improvement peer review committee. Questions or concerns raised by peer reviewers will be forwarded to the Training Officer. The Training Officer will discuss these comments, questions, or concerns with the candidate, the assigned Paramedic Preceptor, and the candidate's Company Officer.

Continuing or repetitive errors in patient care or documentation may result in delays completing the orientation program, an extension to a Preceptor phase, or disciplinary action as deemed most appropriate by the Fire Chief or his/her designee.

# SFD Paramedic Orientation Manual

## Preceptor Phase I

Each Paramedic candidate shall ride as the third crew member of a Springdale Fire Department ambulance, and function as the lead Paramedic, under the supervision of a Springdale Fire Department Paramedic Preceptor. The Paramedic Preceptor will evaluate the candidate's performance on every response and provide feedback on a written evaluation form as well as face to face communication.

Preceptor Phase I will last for a minimum of five 24 hour shifts (or equivalent)\*. In order to complete Preceptor Phase I, the candidate must have documented a minimum of 10 ALS Preceptor observed transports. For each transport there must be an evaluation form completed by a Springdale Fire Department Paramedic Preceptor. The candidate shall also complete a Patient Care Report for each response during Preceptor Phase I.

If necessary, Preceptor Phase I may be extended to a maximum of ten 24 hour shifts and/or 20 ALS Preceptor observed transports. In the event that satisfactory results are not demonstrated after this extension, the Fire Chief will determine if the candidate will continue with the Paramedic Orientation Program.

\* Preceptor Phase I requirements may be waived, by the Training Officer, for any candidate who has met the objective through previous experience. This may include any candidate who has met Preceptor requirements, through an accredited Paramedic training program, under the supervision of a Springdale Fire Department Paramedic Preceptor.

Date Completed	# ALS transports	Preceptor Signature

Or

Requirement Waived

Extension Granted until \_\_\_\_\_

\_\_\_\_\_  
Training Officer

\_\_\_\_\_  
Date

Notes:

# SFD Paramedic Orientation Manual

## Preceptor Phase II

Each Paramedic candidate shall function as the lead Paramedic under the supervision of a Springdale Fire Department Paramedic Preceptor. The Paramedic Preceptor will evaluate the candidate's performance on every response and provide feedback on a written evaluation form as well as face to face communication. Although it is recommended that the candidate be the third member of a crew, Preceptor Phase II may be completed without a third crew member. This will only occur at the discretion of the Shift Commander and with approval of the Division Chief of Operations.

Preceptor Phase II will last for a minimum of three 24 hour shifts (or equivalent). In order to complete Preceptor Phase II, the candidate must have documented a minimum of 10 ALS Preceptor observed transports\*. For each transport there must be an evaluation form completed by a Springdale Fire Department Paramedic Preceptor. The candidate shall also complete a Patient Care Report for each response during Preceptor Phase II.

If necessary, Preceptor Phase II may be extended to a maximum of five 24 hour shifts and/or 20 ALS Preceptor observed transports. In the event that satisfactory results are not demonstrated after this extension, the Fire Chief will determine if the candidate will continue with the Paramedic Orientation Program.

\*Preceptor Phase II will not be considered complete until at least one each of the following call types have been documented, and the candidate's performance determined to be satisfactory, during **either Preceptor Phase I or Preceptor Phase II**: cardiac related chest pain, respiratory distress, diabetic emergency, traumatic injury, patient refusal (no transport)

Date Completed	# ALS transports	Preceptor Signature

Or

Extension Granted until \_\_\_\_\_

\_\_\_\_\_  
Training Officer

\_\_\_\_\_  
Date

Notes:

# Springdale Fire Department EMS Field Evaluation Form

EMT/Paramedic: \_\_\_\_\_ Date: \_\_\_\_\_  
Incident Type: \_\_\_\_\_

Evaluator should place a checkmark in the appropriate box for each area evaluated. Check “not applicable” for those criteria not needing to be performed or not evaluated.

Evaluation Criteria	Excels at Skill Performance	Satisfactory Skill Performance	Deficient Skill Performance	Not Applicable
Assess Scene Safety				
Appropriate Triage				
Delegates/Directs Team				
Overall Patient Assessment				
Primary Assessment				
Secondary Assessment				
History Of Present Illness				
Past Medical History				
AMPLE History				
Interpretation of Vital Signs				
Determines Stable vs. Unstable				
Appropriate Diagnosis				
Accurate ECG Interpretation				
Appropriate Transport Mode				
Appropriate Interventions				
IV Administration				
Medication Selection/Admin.				
Pace of Assessment/Treatment				
Radio Report				
Professional Demeanor				
Communication with Patient				
Communication with Team				

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

Evaluator's Name: \_\_\_\_\_