

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 | _____ |
| <input type="checkbox"/> EMS Research currently in progress | EMS Orientation completed by |
| <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 | |
| 1. Medications & IV Supplies | |
| 2. Narcotics | |
| 3. Medical Equipment | <input type="checkbox"/> SUTTER SOLANO MEDICAL CENTER |
| <input type="checkbox"/> Base Hospital Tape Reviews | _____ |
| <input type="checkbox"/> Interfacility transfer policies/procedures | Orientation completed by |

_____ Date

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