



# STANDARD OPERATING GUIDELINE

Number 104-01

## Disciplinary Actions

EFFECTIVE DATE: 09/25/2000	REVISION DATE: 01/29/2016	APPROVED BY: RONALD D. ROMES	PAGE: 1 OF 1
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**PURPOSE:** The intent of this policy is to provide a consistent and objective means of correcting, improving and reviewing outcomes of employee behavior/performance and administering discipline.

**SCOPE:** This procedure applies to all Lincoln County EMS (LCEMS) employees.

**PROCEDURE:** Employees who violate Lincoln County policies and procedures or whose performance does not meet expectations shall be subject to disciplinary action. Counseling is a corrective and progressive process; however, there are offenses serious enough to warrant actions such as immediate suspension or discharge.

Disciplinary action is necessary for behavior modification. The least severe action necessary to accomplish that goal should be considered by the issuing supervisor. Disciplinary action shall be issued as soon as possible after an issue or violation has been identified.

First offense incidents may result in a documented **ORAL Warning**, depending on the severity of the offense. Oral warnings are documented in a written format to facilitate tracking of offenses.

Second offense incidents may result in a **WRITTEN Warning**, depending on the severity of the offense.

Third offense incidents may result in a **FINAL WRITTEN WARNING**, depending on the severity of the offense.

Fourth offense incidents may usually result in a **RECOMMENDATION FOR TERMINATION**, depending on the severity of the offense.

All infractions shall be documented on the approved Lincoln County Notification of Violation of Policy and/or Procedures form and documented in StarLife. The form shall be signed and dated and forwarded to the Deputy Director of EMS for review and disposition.



# STANDARD OPERATING GUIDELINE

Number 104-02

## Management Staff

EFFECTIVE DATE: 08/01/2015	REVISION DATE:	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 3
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**PURPOSE:** The intent of this policy is to set forth standards for the duties and responsibilities of the management staff of Lincoln County Emergency Medical Services (LCEMS).

**SCOPE:** This policy applies to all members of LCEMS Management team designated as Shift Supervisor, Assistant Supervisor and Field Training Officer.

**PROCEDURE:** The primary mission of the LCEMS management staff shall be to operate a cost effective, comprehensive emergency medical service system that meets or exceeds National Standards. The LCEMS management staff shall accomplish this mission by monitoring personnel performance and compliance with organizational standards as defined in the LCEMS Standard Operating Guidelines (SOG's). All LCEMS management staff shall follow, uphold, and enforce the organizational protocols, policies and procedures.

The primary responsibility of the management team shall be to ensure that all calls for service are answered in accordance with LCEMS SOG 101-05 *Duty to Act* and LCEMS SOG 102-05 *System Response and Scene Time*.

Other important responsibilities of the management team include but are not limited to, leading by example, facilitating the operational needs of subordinates, capitalizing on personnel's strengths, addressing personnel's weaknesses, providing employee counseling sessions, maintaining equipment, apparatus and facilities, and accurately completing all required documentation, including counseling sessions and disciplinary actions.

The management team shall review and be knowledgeable of the standards/guidelines of such agencies as NCOEMS, OSHA, National Curriculum, NFPA, NIOSH, ANSI and the North Carolina Fire and Rescue Commission. All management staff shall obtain the following FEMA/NIMS courses within twelve (12) months of appointment: ICS 300, ICS 400, IS-701a, IS-702a, IS-703a, and IS-704a

### **Shift Supervisor**

The specific roles and responsibilities of the Shift Supervisor on a daily basis include but are not limited to:

- Daily Quality Assurance review of Electronic Patient Care Reports (ePCR's)
- Investigation and documentation of all on-the-job injuries, motor vehicle collisions involving LCEMS personnel, incident reports and customer complaints.

# STANDARD OPERATING GUIDELINE

Number 104-02



## Management Staff

EFFECTIVE DATE: 08/01/2015	REVISION DATE:	APPROVED BY: RONALD D. ROMBS	PAGE: 2 OF 3
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- Managing the electronic documentation system regarding staffing, unit availability, vehicle maintenance, equipment maintenance, disciplinary actions, etc.
- Verifying, issuing, resealing and replacing controlled substances.
- Responding to all significant calls for service, to include cardiac arrest, significant motor vehicle collisions, requests for air medical services, multi-casualty incidents, and any incidents involving Lincoln County employees and/or Lincoln County response agencies.
- Notifying LCEMS Administration when:
  - Any incident involves County personnel/equipment, a political/elected official or any high profile individual.
  - There are controlled substance discrepancies or diversions identified.
  - Any LCEMS employee is arrested or suspected to be involved in illegal activity.
  - There is a multi-casualty incident or an incident that may draw the attention of the media.
  - Any incident of a sensitive nature (i.e., suspected terrorist activity, local or national security involvement, suspicious or high profile incidents).
  - Any other situation in which the Shift Supervisor feels it is significant to report.
- Other delegated tasks by LCEMS Administration or designee.

### **Assistant Supervisor**

The specific roles and responsibilities of the Assistant Supervisor on a daily basis include but are not limited to:

- Function as shift supervisor in their absence
- Assist the shift supervisor with daily operations
- Mentor employees in need of developing a better understanding of the LCEMS protocols, policies and procedures from an operational perspective.



# STANDARD OPERATING GUIDELINE

Number 104-02

## Management Staff

EFFECTIVE DATE: 08/01/2015	REVISION DATE:	APPROVED BY: RONALD D. ROMBS	PAGE: 3 OF 3
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- Assist with the orientation of new employees assigned to their respective shifts.
- Perform associated duties as directed or assigned.

## Field Training Officer

The specific roles and responsibilities of the Field Training Officer on a daily basis include but are not limited to:

- Function as shift supervisor in the absence of the shift supervisor and the assistant supervisor.
- Assist the shift supervisor with daily operations in the absence of the assistant supervisor
- Obtain and maintain in a current status NC EMT-Paramedic certification, NC OEMS Level I EMS Instructor EMT-Paramedic credential, AHA ACLS Provider and Instructor credential, AHA BCLS Provider and Instructor credential, AHA PALS Provider and Instructor credential, ITLS/PHTLS Instructor credential and AMLS Instructor credential.
- Attend additional courses as deemed necessary by Administration.
- Periodically monitor the clinical competence of technicians on their assigned shift and report any identified deficiencies and suggested remedial intervention in writing to the Training Coordinator.
- Assist the Training Coordinator with annual skills testing, technical scope of practice evaluations, and other testing for their respective shift and system providers as requested.
- Assist with the orientation of new employees assigned to their respective shifts.
- Conduct Quality Assurance review of charts from the previous shift as directed by the Training Coordinator or designee.
- Perform other associated duties as directed or assigned.



# STANDARD OPERATING GUIDELINE

Number 104-03

## Special Operations and Response (SOAR) Teams

EFFECTIVE DATE: 05/15/2007	REVISION DATE: 01/29/2016	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 4
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**PURPOSE:** The intent of this procedure is to set forth standards for the selection, training, deployment and operations of the Lincoln County Emergency Medical Services (LCEMS) Special Operations and Response Teams.

**SCOPE:** This procedure applies to all members of LCEMS Special Operations and Response (SOAR) Team members and/or employees applying for appointment to a SOAR Team.

**POLICY:** It shall be the intent of LCEMS to provide, support and maintain the following SOAR Teams:

- Tactical Medicine Team
- Child Passenger Safety (CPS) Team
- Bike Team
- Ambulance Strike Team (AST)
- Mobile Medical Treatment Facility/Disaster Medical Unit (MMTF/DMU) Team
- State Medical Assistance Team (SMAT)

SOAR Team members shall be required to obtain and maintain minimal training and educational requirements and standards for the respective discipline as set forth by the regulating entity.

SOAR Team activation and deployment shall be requested through the Lincoln County Communications Center, On-duty Shift Supervisor, and/or LCEMS Administration by the regulating entity. SOAR team members shall be responsible for contacting the On-duty Shift Supervisor to advise them of an assignment and when the assignment is completed. The On-duty Shift Supervisor shall accurately document the SOAR team member's time in the appropriate electronic database systems.

It shall be the responsibility of all SOAR Team members to provide dedicated Advanced Life Support (ALS) services during team activations and training sessions in accordance with the LCEMS SOG's and medical protocols, policies and procedures.

SOAR Team members shall attend a **minimum of 85%** of all required training sessions, meetings, etc. to remain active on the team.

The Deputy Director or designee shall be responsible to prepare a monthly on-call schedule to ensure maximum coverage as required for each team.



# STANDARD OPERATING GUIDELINE

Number 104-03

## Special Operations and Response (SOAR) Teams

EFFECTIVE DATE: 05/15/2007	REVISION DATE: 01/29/2016	APPROVED BY: RONALD D. ROMBS	PAGE: 2 OF 4
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SOAR Team members shall be required to respond to all pages within ten (10) minutes and be physically on site in proper uniform with all necessary equipment within one (1) hour of page or at the scheduled time.

SOAR Team members are prohibited from consuming alcohol for a minimum of twelve (12) hours prior to the start of their on-call responsibilities.

SOAR Team members shall complete a minimum of one ePCR for all responses. Additional required documentation shall be completed during and/or at the end of each operational period. The required EMD code for all SOAR Team responses shall be **99A00**.

Each SOAR Team member is responsible for proper safe guarding, cleaning and maintenance of all issued equipment and uniforms. All issued items shall be returned to LCEMS, in serviceable condition upon separation from the team.

The SOAR Team Leader for each discipline shall compile and review a list of required equipment quarterly. This equipment list shall be provided to and maintained by the LCEMS Logistics Officer.

SOAR Team members may resign their positions at any time by providing written notification to the Deputy Director. Team members may be removed from the team as a result of disciplinary action as deemed necessary by the LCEMS Director.

**PROCEDURE:** It shall be the Director's sole discretion to determine open application periods for membership to each SOAR Team.

Each SOAR Team discipline has specific requirements, however, all employees requesting appointment to any SOAR Team shall be required to possess and/or successfully complete the following requirements:

- Lincoln County probation
- Successful completion (60% or greater) of the LCEMS SOG Examination
- Successful completion of the discipline specific initial training program requirements
- Letter of recommendation from two (2) management team members



# STANDARD OPERATING GUIDELINE

Number 104-03

## Special Operations and Response (SOAR) Teams

EFFECTIVE DATE: 05/15/2007	REVISION DATE: 01/29/2016	APPROVED BY: RONALD D. ROMBS	PAGE: 3 OF 4
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- Valid National Registry Certification

### Tactical Medicine Team

Additional requirements for the Tactical Medicine Team are as follows:

- Paramedic III
- Successful completion of the physical agility test
- Satisfactory clearance of a criminal background check and periodic polygraph testing
- Medical clearance to perform Tactical Medicine duties from the member's primary care physician

### Child Passenger Safety (CPS) Team

Additional requirements for the CPS Team are as follows:

- Successful completion of the CPS Technician certification course
- Participation in a minimum of 4 CPS/Safe Kids Lincoln County events annually
- Installation of minimal required Child Safety seats to maintain CPS Technician certification
- Maintain continuing education requirements for CPS Technician certification

### Bike Team

Additional requirements for the Bike Team are as follows:

- Successful completion of the International Police Mountain Bike Association (IPMBA) course within 12 months of appointment to the team
- Participation in a minimum of 50% of Special Events annually
- Medical clearance to perform Bike Team duties from the member's primary care physician

# STANDARD OPERATING GUIDELINE

Number 104-03



## Special Operations and Response (SOAR) Teams

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### Ambulance Strike Team (AST)

Additional requirements for the AST are as follows:

- Successful completion of the Ambulance Strike Team training course

### Mobile Medical Treatment Facility/Disaster Medical Unit (MMTF/DMU) Team

Additional requirement(s) for the AST are as follows:

- Successful completion of the MMTF/DMU Team training course

### State Medical Assistance Team (SMAT)

Additional requirements for the SMAT are as follows:

- Successful completion of all training required by the Metrolina Healthcare Preparedness Coalition
- Participation in a minimum of two (2) MHPC or Special Events annually

# LINCOLN COUNTY EMERGENCY MEDICAL SERVICES



*“Committed to Improving the Health & Safety of our Community”*

STANDARD OPERATING GUIDELINE NUMBER 104-05

## ASSESSMENT CENTER

### INTERNAL APPLICANTS

(REVISED JANUARY 2016)

## 1) APPLICATION PACKET

ALL APPLICANTS MUST COMPLETE AND SIGN A **LINCOLN COUNTY APPLICATION FOR EMPLOYMENT**. THE FOLLOWING DOCUMENTS MUST BE COMPLETED, SIGNED AND NOTARIZED AS INDICATED AND INCLUDED WITH THE APPLICATION PACKET:

- **AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

- **DRIVING RECORD**

APPLICANTS ARE REQUIRED TO SIGN AND DATE A NORTH CAROLINA DEPARTMENT OF TRANSPORTATION **DRIVER'S DISCLOSURE FORM**.

- **CREDENTIALS/CERTIFICATIONS**

APPLICANTS ARE REQUIRED TO SUBMIT A COPY OF ALL CREDENTIALS AND CERTIFICATIONS (BCLS, ACLS, PALS, ITLS, PHTLS, EVD, STATE CERTIFICATION, AND NATIONAL REGISTRY CERTIFICATION) WITH THE APPLICATION. **ALL ORIGINAL DOCUMENTS MUST BE AVAILABLE FOR IMMEDIATE REVIEW ON THE DATE OF THE INTERVIEW PANELS.**

THE FOLLOWING DOCUMENTS MUST BE COMPLETED AND SIGNED AS INDICATED AND PRESENTED TO LINCOLN COUNTY EMERGENCY MEDICAL SERVICES ADMINISTRATION PRIOR TO THE SCHEDULED START TIME OF THE PHYSICAL AGILITY ASSESSMENT:

- **ACKNOWLEDGEMENT OF PHYSICAL AGILITY ASSESSMENT RISK AND RELEASE**

## 2) ELIGIBILITY VERIFICATION

AN ADMINISTRATIVE PANEL WILL REVIEW THE APPLICATION PACKET TO VERIFY COMPLETENESS AND THAT THE CANDIDATE IS ELIGIBLE FOR EMPLOYMENT WITH LINCOLN COUNTY. ONCE ELIGIBILITY HAS BEEN VERIFIED, THE CANDIDATE WILL BE SCHEDULED FOR THE NEXT AVAILABLE ASSESSMENT CENTER. CANDIDATES SCHEDULED FOR AN ASSESSMENT CENTER, WILL NEED TO CONTACT LCEMS ADMINISTRATION WITHIN FORTY-EIGHT HOURS OF THE SCHEDULED ASSESSMENT CENTER DATE, SHOULD THERE BE A NEED TO RESCHEDULE. **CANDIDATES WHO FAIL TO GIVE PROPER NOTICE OF ABSENCE WILL BE INELIGIBLE FOR THE ASSESSMENT CENTER FOR A PERIOD OF SIX MONTHS.**

NOTE: STEPS 3-6 ARE CONDUCTED IN THE MORNING OF THE DAY OF THE PROCESS. CANDIDATES WILL BE NOTIFIED BY THE END OF THE DAY BY AN ADMINISTRATOR WHETHER THEY WILL PROCEED IN THE ASSESSMENT PROCESS. CANDIDATES OFFERED TO PROCEED WILL BE NOTIFIED OF THE SCHEDULED DATE AND TIME TO APPEAR BEFORE THE INTERVIEW PANELS.

**ANYONE WHO APPEARS TO BE UNDER THE INFLUENCE OF DRUGS AND/OR ALCOHOL WILL BE DENIED THE OPPORTUNITY TO TEST.**

**3) WRITTEN EXAM** (All examinations are commensurate with the level of the position of application)  
(You **MAY** CALL (704) 736-9385 OR (704) 736-9386 TO SCHEDULE AN APPOINTMENT TO TAKE THE WRITTEN EXAMINATION PRIOR TO THE SCHEDULED ASSESSMENT CENTER DATE)

A 100-QUESTION WRITTEN EXAM CONSISTING OF MULTIPLE CHOICE, ESSAY, FILL-IN THE BLANK, AND/OR SCENARIO BASED QUESTIONS. QUESTIONS WILL BE TAKEN FROM NATIONALLY ACCEPTED TEXTBOOKS, NATIONAL STANDARDS (UNITED STATES DEPARTMENT OF TRANSPORTATION, ETC.), AND OTHER PROFESSIONAL STANDARDS (ACLS, BTLS, PHTLS, PALS, ETC.) **A MINIMUM SCORE OF 60% IS REQUIRED** TO CONTINUE IN THE ASSESSMENT PROCESS.

(CURRENTLY EMPLOYED WITH LCEMS - **INTERNAL APPLICANTS ONLY**)

A 100-QUESTION WRITTEN EXAM CONSISTING OF MULTIPLE CHOICE QUESTIONS TAKEN FROM CURRENT LCEMS SOGS, PROTOCOLS, POLICIES AND PROCEDURES. BONUS POINTS SHALL BE AWARDED AND APPLIED TO THE INDIVIDUAL TOTAL ASSESSMENT CENTER SCORE FOR **TEST SCORES EQUAL TO OR GREATER THAN 60%**. POINTS SHALL BE AWARDED AS FOLLOWS:

60 – 70	2 POINTS
70 – 80%	3 POINTS
80 – 90%	4 POINTS
90 – 100%	5 POINTS

**4) ORGANIZATION BRIEFING**

APPLICANTS WILL RECEIVE A BRIEFING ABOUT LINCOLN COUNTY EMERGENCY MEDICAL SERVICES.

**5) PRACTICAL CASE SCENARIOS** (All scenarios are commensurate with the level of the position of application)

CANDIDATES WILL PERFORM TWO (MEDICAL AND TRAUMA) PRACTICAL SCENARIOS. THE SCENARIOS WILL CONTAIN MODERATE SCENE COMPLICATIONS WELL WITHIN THE NORMAL SCOPE OF PRACTICE OF THE POSITION OF APPLICATION. **A MINIMUM SCORE OF 60% IS REQUIRED** TO CONTINUE IN THE ASSESSMENT PROCESS.

**NOTE: IN ADDITION, A MINIMUM OVERALL COMBINED AVERAGED SCORE ON THE WRITTEN AND PRACTICAL OF 70% IS REQUIRED (WRITTEN SCORE: 60% AND PRACTICAL SCORE: 80% = COMBINED SCORE: 70%).**

**6) PHYSICAL AGILITY ASSESSMENT**

THE FOLLOWING INFORMATION IS DESIGNED TO DESCRIBE THE PHYSICAL TASKS YOU WILL BE REQUIRED TO PERFORM FOR LINCOLN COUNTY EMS. APPLICANTS WILL NEED TO WEAR COMFORTABLE CLOTHING AND RUNNING SHOES. THE COURSE WILL INCLUDE:

- THE APPLICANT WILL FOLLOW DIRECTIONS TO A PREDETERMINED LOCATION OF AN EMS APPARATUS. AFTER RECEIVING INSTRUCTIONS TO **START**, THE APPLICANT WILL:
- **ACCESS A REMOTE LOCATION WITH EQUIPMENT** – REMOVE FROM THE APPARATUS A MEDICAL BAG (25 LBS.) AND A LIFEPAK 10 MONITOR (20 LBS.) AND CARRY THE EQUIPMENT 110 FEET AND PLACE THE EQUIPMENT ON THE GROUND.
- **O2 REGULATOR CONNECTION** - THE APPLICANT WILL PROPERLY CONNECT AN OXYGEN REGULATOR TO AN OXYGEN (D CYLINDER) BOTTLE.
- **75-FOOT RESCUE DRAG** - THE APPLICANT WILL DRAG, ON A FLAT SURFACE, A 165 LB. HUMAN-FORM MANNEQUIN A TOTAL DISTANCE OF 75 FEET. GRASP THE MANNEQUIN (UNDER THE ARMS AND AROUND THE CHEST OR BY THE RESCUE HARNESS), LIFTING THE MANNEQUIN'S BUTTOCKS OFF THE GROUND, THEN DRAG THE MANNEQUIN 75 FEET), THEN PLACE THE MANNEQUIN ON THE GROUND.
- **CARDIOPULMONARY RESUSCITATION** - THE APPLICANT WILL PERFORM FIVE MINUTES OF ONE RESCUER, ADULT CPR ACCORDING TO CURRENT AMERICAN HEART ASSOCIATION GUIDELINES.

### **CRITERIA FOR PASSING THE PHYSICAL AGILITY ASSESSMENT**

- **APPLICANTS MAY SAFELY PLACE AN OBJECT ON THE GROUND TO REPOSITION THEIR TECHNIQUE OR GRIP; HOWEVER THEY CANNOT DROP ANY EQUIPMENT OR THE MANNEQUIN.**
- **APPLICANTS MUST COMPLETE ALL EVENTS IN 10 MINUTES OR LESS.**
- **APPLICANTS MUST COMPLETE ALL EVENTS IN THE PRESCRIBED SEQUENCE.**
- **APPLICANTS MUST COMPLETE THE FULL FIVE MINUTES OF CPR. CPR MUST BE EFFECTIVE AND IN ACCORDANCE WITH CURRENT AMERICAN HEART ASSOCIATION GUIDELINES**
- **UPON COMPLETION OF THE ASSESSMENT, APPLICANTS WILL BE TOLD THEIR TIME AND WILL BE INFORMED OF THEIR PASS/FAIL STATUS.**

### **7) OFFER TO CONTINUE THE ASSESSMENT**

APPLICANTS WHO SUCCESSFULLY PASS THE WRITTEN EXAM, PRACTICAL CASE SCENARIOS AND THE PHYSICAL AGILITY ASSESSMENT WILL RECEIVE AN OFFER TO ADVANCE TO THE NEXT PHASE OF THE ASSESSMENT. THIS OFFER IS CONTINGENT UPON:

- APPLICANT MUST REMAIN ELIGIBLE FOR EMPLOYMENT AND THAT NO INFORMATION PERTAINING TO THE APPLICANT COMES TO THE ATTENTION OF LINCOLN COUNTY

EMERGENCY MEDICAL SERVICES THAT WOULD CAUSE THE DEPARTMENT TO REVOKE ITS OFFER TO PROCEED.

- APPLICANTS MUST RECEIVE A FORMAL OFFER TO PROCEED WITH THE ASSESSMENT PROCESS FROM THE **DIRECTOR OF EMERGENCY MEDICAL SERVICES**.

## **8) PEER REVIEW PANEL**

THE INTERVIEW IS DESIGNED TO ASSESS THE CANDIDATE'S ABILITY TO FUNCTION SUCCESSFULLY AS A TEAM MEMBER. THE APPLICANT MAY BE ASKED QUESTIONS DESIGNED TO DEMONSTRATE CERTAIN KNOWLEDGE, SKILLS, AND ABILITIES CONSIDERED BASIC TO EFFECTIVE PERFORMANCE AT THE POSITION OF APPLICATION. THIS PANEL WILL CONSIST OF THREE TECHNICIANS OF A SIMILAR LEVEL AS THE POSITION OF APPLICATION.

## **9) ADMINISTRATIVE REVIEW PANEL**

THE INTERVIEW IS DESIGNED TO ASSESS THE CANDIDATE'S ABILITY TO FUNCTION SUCCESSFULLY AS A TEAM MEMBER OR INDIVIDUALLY. THE APPLICANT MAY BE ASKED QUESTIONS DESIGNED TO DEMONSTRATE CERTAIN KNOWLEDGE, SKILLS, AND ABILITIES CONSIDERED BASIC TO EFFECTIVE PERFORMANCE AT THE POSITION OF APPLICATION. THIS PANEL WILL CONSIST OF THREE MEMBERS FROM THE LINCOLN COUNTY EMS ADMINISTRATIVE STAFF.

## **10) CONDITIONAL OFFER OF EMPLOYMENT**

APPLICANTS WHO SUCCESSFULLY PASS THE WRITTEN EXAM AND PRACTICAL CASE SCENARIOS WITH A MINIMUM COMBINED AVERAGED SCORE OF 70% AND SUCCESSFULLY COMPLETE THE PHYSICAL AGILITY ASSESSMENT MAY RECEIVE A CONDITIONAL OFFER OF EMPLOYMENT. THIS OFFER IS CONTINGENT UPON:

- **DIRECTOR'S INTERVIEW**
- APPLICANT MUST RECEIVE A **RECOMMENDATION FOR HIRE** FROM THE PEER REVIEW PANEL
- APPLICANT MUST RECEIVE A **RECOMMENDATION FOR HIRE** FROM THE ADMINISTRATIVE REVIEW PANEL
- APPLICANT MUST BE MEDICALLY CERTIFIED TO MEET OSHA RESPIRATORY FITNESS STANDARD FOR RESPIRATORS.
- APPLICANT MUST COMPLETE A PRE-EMPLOYMENT DRUG SCREEN.
- APPLICANT MUST COMPLETE A PRE-EMPLOYMENT BACKGROUND CHECK.
- APPLICANT MUST REMAIN ELIGIBLE FOR EMPLOYMENT BETWEEN NOW AND THE NEXT AVAILABLE START DATE, AND THAT NO INFORMATION PERTAINING TO THE APPLICANT

COMES TO THE ATTENTION OF LINCOLN COUNTY EMERGENCY MEDICAL SERVICES THAT WOULD CAUSE THE DEPARTMENT TO REVOKE ITS CONDITIONAL OFFER.

- APPLICANTS MUST RECEIVE A FORMAL OFFER OF EMPLOYMENT FROM THE DIRECTOR OF EMERGENCY MEDICAL SERVICES.

FOR MORE INFORMATION, PLEASE CONTACT OUR ADMINISTRATIVE OFFICE AT [www.lincolncounty.org/ems](http://www.lincolncounty.org/ems) OR CALL 704-736-9385.



**STANDARD OPERATING GUIDELINE Number 104-06**

**Employee**  
**Orientation Packet**

(Revised 12/2015) 

**Employee Name:** \_\_\_\_\_

## **Welcome**

We would like to welcome you as a new member of Lincoln County Emergency Medical Services System. Our management team and field personnel are here to assist you in any way possible. We are a team and will utilize a team-oriented approach in making this transition a positive experience for you. If you need any assistance, have questions or comments please feel free to contact us.

## **The Purpose**

The purpose of this manual is to guide you during your orientation process with Lincoln County Emergency Medical Services System. This process will ensure that you receive sufficient knowledge and that you are clinically prepared for your role as a health care provider to the citizens and visitors of Lincoln County.

## **Mission Statement**

The mission of Lincoln County EMS will be to create and operate a cost effective, comprehensive, emergency medical service system that meets or exceeds national standards.

## **Vision Statement**

Lincoln County EMS will establish the industry benchmark for the delivery of the highest quality emergency medical and rescue related services in the State of North Carolina. We will accomplish this task through retention of quality medical and administrative personnel, establishment of a safety conscious, employee friendly workplace, and quality education, research and community involvement.

## **Trainee's Responsibilities**

Ensure you have this manual with you at all times. Present the manual to the trainer each shift you report for duty. It is your responsibility to keep up with your training time requirements. Each section must be completed within the following time constraints to maintain employment and can be extended by administrative staff at the request of the employee, on a case by case basis. The request for an extension should be sent by email to the Deputy Director and the Training Coordinator by the employee and/or preceptor. You are allowed to function at the level at you are upgrading to.

- *New members advancing to the EMT-Basic level: 1 month*
- *EMT-Basic members advancing to the EMT-Intermediate level: 1 month*
- *EMT-Intermediate members advancing to the EMT-Paramedic I level: 2 months*
- *EMT-Paramedic I members advancing to the EMT-Paramedic II level: 6 months*

Time frames begin from the date the employee begins being paid at the level they will function at. These times are not cumulative.

Not all personnel will be eligible to upgrade from the EMT-Paramedic II level to the EMT-Paramedic III level. (Please see Section 4B for requirements for EMT-Paramedic III.)

Current part-time employees will be required to meet the same criteria as required by an Assessment Center in regards to the written examination and practical examination prior to upgrading to a higher level of certification (SOG 104-05). Part-time employees must ensure that the number of hours worked correspond with the minimum working requirements outlined in SOG 101-01. You are only allowed to wear the certification patch for the level in which you are currently employed at. **It is your responsibility to inform the shift supervisor of your present level of function when you schedule shifts or are assigned to a shift; you must notify them immediately if you are required to work with a trainer/preceptor.** Until you have completed this packet at the appropriate certification level, you **will not** be allowed to function as a second person on an ambulance under any circumstances unless.

During your ride time, you will be expected to function at your approved level and perform all skills within your scope of practice. You will be expected to become competent in daily operations of the system including but not limited to understanding organizational safety, the geographical area of Lincoln county, map reading, computer operations and electronic data collection, maintaining cleanliness of unit and station, location and operation of equipment, and familiarity with and an understanding of Standard Operating Guidelines and Treatment Protocols.

### **Trainer's Responsibilities**

The trainer must submit a Performance Evaluation Form (See Appendix A) for each ride time period for the trainee. It is imperative that the trainer be open and honest with the trainee and effectively communicate with them on their deficient areas. The trainer is responsible to sign each item in Section 3 of this document. By signing these items off, the trainer is attesting that the trainee is knowledgeable and competent in each of these specific areas. When the trainee completes this booklet, the trainer will provide a letter of recommendation for release to the Training Coordinator for review.

### **Training Coordinator's and FTO's Responsibilities**

It is the responsibility of the Training Coordinator to ensure the trainee receives a copy of this manual and verify their responsibilities have been explained. The FTO will be in contact with their shifts trainers **and review the trainee's evaluation forms/manual periodically during the trainee's orientation period to ensure progress and address any deficiencies/trends.** The FTO shall update the Training Coordinator on the progress and/or any deficiencies that need to be addressed. Once the trainee completes the training manual and the trainer provides the Training Coordinator with a letter of recommendation for release, **the Training Coordinator will review the trainee's documents/manual.** If approved, the Training Coordinator will inform the Medical Director, Director, Deputy Director, and all management team via email notification. The trainee will then be allowed to ride as a second person on an ambulance at their approved level.

## **Contact Numbers**

### **Administration**

Director ..... 704-736-9385  
Administrative Assistant ..... 704-736-9385  
Admin Fax ..... 704-736-1924  
Deputy Director ..... 704-736-9387  
Training Coordinator ..... 704-736-9386  
Performance Improvement ..... 704-736-9955  
Shift Supervisor's Office ..... 704-736-9388  
Supervisor Fax ..... 704-736-1925  
Logistics ..... 704-736-4904

### **Stations**

Medic 1 / 11 ..... 704-736-8920  
Medic 2 / 12 ..... 704-736-9954  
Medic 3 / 13 ..... 704-276-1816  
Medic 4 / 14 ..... 704-483-4988  
Medic 5 / 15 ..... 704-483-1317  
Medic 8 ..... 704-735-4271  
Medic 9 / 19 ..... 704-732-9049  
Medic 17 ..... 704-732-0528

## **LCEMS Stations and Addresses**

### **Lincolnton City FD** (Medic 1 / 11)

116 West Sycamore St  
Lincolnton, NC 28092

Door Code: 1907

### **LCEMS Station 1** (Medic 2 / 12)

720 John Howell Memorial Drive  
Lincolnton, NC 28092

Door Code: 1425

### **LCEMS Station 3** (Medic 3 / 13)

120 Cedar Grove Church Rd  
Vale, NC 28168

Door Code: 1425

### **LCEMS Station 4** (Medic 4 / 14)

1595 N NC Highway 16  
Denver, NC 28037

Door Code: 1425

### **Denver Fire Department** (Medic 5 / 15)

3956 N NC Highway 16  
Denver, NC 28037

Door Code: 1425

### **Alexis Fire Department** (Medic 17, QRV 20)

4639 Old Plank Rd  
Iron Station, NC 28080

Door Code: 3542

### **Pumpkin Center Volunteer FD** (Medic 8)

2911 Lee Lawing Rd  
Lincolnton, NC 28092

Door Code: 5413

### **Howard's Creek Volunteer FD** (Medic 9 / 19)

3604 West Highway 27  
Lincolnton, NC 28092

Door Code: 1425\*

### **CHS-Lincoln ER**

433 McAlister Rd  
Lincolnton, NC 28092

Phone: 980-212-1300

## **Section 1: In-Processing/Out-Processing**

*This section is to be completed by the Administrative Assistant, Deputy Director, Training Coordinator, Performance Improvement Coordinator and Logistics Officer.*

### Equipment

<input type="checkbox"/> Uniforms		
<input type="radio"/> Uniform pants	issued _____	returned _____
<input type="radio"/> Uniform shirts	issued _____	returned _____
<input type="radio"/> Boots	issued _____	returned _____
<input type="radio"/> Badge/Insignia	issued _____	returned _____
<input type="radio"/> Name Tag	issued _____	returned _____
<input type="radio"/> Jacket	issued _____	returned _____
<input type="checkbox"/> Turnout gear		
<input type="radio"/> Helmet	issued _____	returned _____
<input type="radio"/> Pants	issued _____	returned _____
<input type="radio"/> Coat with hood	issued _____	returned _____
<input type="radio"/> Flashlight	issued _____	returned _____
<input type="radio"/> Goggles	issued _____	returned _____
<input type="radio"/> Extrication gloves	issued _____	returned _____
<input type="radio"/> Gear bag	issued _____	returned _____
<input type="radio"/> Ear plugs	issued _____	returned _____
<input type="radio"/> Safety glasses	issued _____	returned _____
<input type="checkbox"/> Communication Equipment		
<input type="radio"/> Radio, HT w/charger	issued _____	returned _____
<input type="radio"/> Cell Phone	issued _____	returned _____
<input type="checkbox"/> County ID (IT)	issued _____	returned _____
<input type="checkbox"/> Base door codes	issued _____	
<input type="checkbox"/> Truck Narc Safe Code	issued _____	

### Documentation

- Contact Information Form
- Charts Setup/Operative IO/EmsCharts/County Email/Fuel ID #
- NP95 Fit Test Complete
- Annual Physical/PPD Test Completed
- Employee Expectation Form
- Driving Record
- Criminal Background Check

Certifications/Copies as applicable

- Driver's License**
- Hepatitis B Vaccination
- PPD
- Employee Physical Forms
- ID Card
- State Certification Card
- National Registry Certification Card
- ACLS
- PALS
- BCLS
- ICS 100
- ICS 200
- ICS 300
- ICS 400
- IS 700
- IS 800
- EVD/NAPD/CEVO Driving Course Certification

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## **Section 2: Training Academy Schedule**

<b>November 30<sup>th</sup> 2015</b>		<b>Signature</b>
0800-1000	Orientation at HR Department	Rita
1000-1100	Uniform Fitting/Tyvek suit: Overview / Administrative Paperwork	Parker/Rita
1100-1200	HIPPA	Lynch
1200-1300	Lunch	
1300-1700	Blood Borne Pathogens PPE (Tyvek suit, gloves, mask, etc), Haz Mat, Duke Power Training; Safety Training	Lynch
<b>December 1<sup>st</sup> 2015</b>		
0800-1200	Pharmacology/RSI/Airway Management/Mechanical Ventilator/Capnography	Mesmer
1200-1300	Lunch	
1300-1700	Pharmacology/RSI/Airway Management/Mechanical Ventilator/Capnography:	Mesmer
<b>December 2<sup>nd</sup> 2015 For this day you are in conference room/Bay area</b>		
08:00-1100	Performance Improvement/EMSMC Online Documentation Overview	Huffman
1100-1200	Harassment DVD	Huffman
1200-1300	Lunch	
1300-1700	SOGs/Policies/Procedures/BradGoodman	Green
<b>December 3<sup>rd</sup> 2015 For this day you are in conference room/Bay area</b>		
0800-1200	Stair chair/stretcher operations (body mechanics, <b>safe procedures, practical's with equipment</b> ); Operative IQ/Unit check-off/check-in/check-out Units and Equipment; Radios and all major equipment (LP 12/15/Flowsafe/ResQPOD)	Rucker
1200-1330	Lunch	
1300-1700	Team Focused CPR; EMS Charts Training	Rucker
<b>December 4<sup>th</sup> 2015</b>		
0800-1200	<b>CEVO III; Driver's Training</b> N95 Fit Testing; shift assignments	Mesmer
1200-1300	Lunch	
1300-1700	<b>CEVO III; Driver's Training</b> N95 Fit Testing; shift assignments	Mesmer

The Trainer must review the following policies with the trainee. In signing the trainee (employee) off, you are attesting that the trainee is **knowledgeable and competent** in the operation, use and indications for the following.

SOG	Employee Signature	Date Completed and Trainer Signature
115-01 Hospital Selection Diversion		
115-02 Air Transport - Use Of Flight Services		
115-03 Child Abuse Recognition and Reporting		
115-04 Children with Special Health Care Needs (NC KIDBase)		
115-05 Criteria for Death - Withholding Resuscitation		
115-06 Discontinuation PreHospital Resuscitation		
115-07 DNR		
115-08 EMS Documentation and Data Quality		
115-09 Domestic Violence Adult Protective Services Recognition and Reporting		
115-10 Infant Abandonment - Temporary Custody		
115-11 Patient without Protocol		
115-12 Physician on Scene		
115-13 State Poison Control Center		
115-14 Safe Transport of Pediatric Patients		
115-15 Transport		
115-16 Law Enforcement Requests for Blood Sample		
115-18 Trauma Activation Criteria		
115-19 Deceased Subjects		
115-20 MOST		
115-21 Documentation of Vital Signs		
115-22 Disposition		

The Trainer must review the following policies with the trainee. In signing the trainee (employee) off, you are attesting that the trainee is **knowledgeable and competent** in the operation, use and indications for the following.

SOG	Employee Signature	Date Completed and Trainee Signature
115-23 EMS Back in Service Time		
115-24 EMS Dispatch Center Time		
115-25 EMS Wheels Rolling (Turn-Out) Time		
115-26 Viasys LTV 1200		
115-27 Rapid Sequence Induction		

### **SOG 115-17 Controlled Substance Policy**

In signing the trainee (employee) off, you are attesting that the trainee is **knowledgeable and competent** in the operation, use and indications for SOG 115-17.

<b><u>Date</u></b>	<b><u>Employee Signature</u></b>	<b><u>Trainers Signature</u></b>

## **Online Training**

<b>ResQPOD</b>	<b>Date Completed</b>	<b>Email certificate to Chad.</b> <a href="mailto:cparlier@lincolncounty.org">cparlier@lincolncounty.org</a>
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<http://www2.fisdap.net/ResQPOD/>

The ResQPOD On-line Learning Module consists of three parts:

1. A 32-slide narrated PowerPoint presentation
2. A 15-question multiple-choice quiz that is based upon the PowerPoint presentation
3. A completion certificate may be printed for those who obtain a passing score of 90% or better on the quiz.

You will be asked to create a unique user name and password to log in. Please list Lincoln County EMS in their registration.

## **EMS Management & Consultants Documentation Training**

<b>Date:</b>	<b>Email certificate to Chad.</b> <a href="mailto:cparlier@lincolncounty.org">cparlier@lincolncounty.org</a>
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You must complete the introduction to Patient Care Report Documentation Training and Module 1 through 9. Please note there is a quiz for each module. Once you have completed all 9 modules you will receive a certificate of completion. Please ensure you provide a copy of this certificate to the training coordinator.



## **EmsCharts Online CE Training for BLS and ALS Providers:**

<b>Class</b>	<b>Employee Signature</b>	<b>Trainer Signature</b>
King LTD Airway		
MAD Device 2014		
LCEMS Epi Training		
Heartware LVAD		
Bayer Breeze 2		
CAT Tourniquet		

## **EmsCharts Online CE Training for ALS Providers:**

<b>Class</b>	<b>Employee Signature</b>	<b>Trainer Signature</b>
Verapamil and Zofran		
Medication Update		
Lifepak 15 Inservice Video		
LTV 1200 Ventilator		
Propofol		
Diltiazem 2015		

## **Employee Physical and County Identification**

All trainees must have completed a physical with the Lincoln County Health Department and must have been to IT to have County ID made.

<b>Date</b>	<b>Procedure</b>	<b>Trainer's Signature</b>
	Physical completed with PPD read and on file	
	HEPA Fit Testing completed and on file	
	County ID Card	

## **Note: For sections 3A, 3B, AND 3C**

### **Evaluations**

The trainer will complete the **Lincoln County EMS shift evaluation worksheet** for all patient contacts, they should also fill out the daily preceptor log when necessary to alert other preceptors of the status of the trainee. When the trainer is confident that the trainee is **competent and knowledgeable AT THE ENTRY LEVEL OF CURRENT CERTIFICATION**, the trainer will submit a letter of recommendation to the Training Coordinator and the employee will progress to the next portion of the orientation manual as applicable for their position.

## **Section 3: Training Manual**

### **Section 3A: EMT Training Manual**

#### **1. Third Person Ride Time**

- Your ride time is to be scheduled through the Training Coordinator or designee.
- Trainees with **less than 2 years** of field experience in a 911 service must complete a minimum of **73.5** hours of ride time on an ALS unit with a trainer. Trainees must have a **minimal** of **10** successful /competent-no prompting 911 calls documented on the **Lincoln County EMS shift evaluation worksheet** before being released to the EMT level.
- Trainees with **more than 2 years** of experience in a 911 service must complete a minimum of **36.75** hours of ride time on an ALS unit with a trainer. Trainees must have a **minimal** of **5** successful /competent-no prompting 911 calls documented on the **Lincoln County EMS shift evaluation worksheet** before being released to the EMT level.
- The employee must be **lead on BLS calls or successfully perform the role of an EMT completing tasks** as expected on ALS calls for examples: obtaining a BGL, vital signs, applying oxygen, obtaining a 12 lead ECG (ACQUISITION) for the Paramedic.

<b>Date</b>	<b>Hours</b>	<b>Unit</b>	<b>Trainer's Signature</b>

#### **2. Driving and Geographical Orientation**

You will be required to obtain a certification of an accepted emergency vehicle driving course prior to operating any Lincoln County Emergency Medical Services System vehicle. You will be required to know how to operate all controls and switches in the ambulance. You must be able to safely operate the ambulance in emergency and non-emergency responses. You will also be expected to navigate to a scene utilizing a map or mapping system.

- A.** To verify your map reading skills, the trainer will give you 5 addresses that you must locate on a map or mapping system and document the most appropriate route to that address. The trainer will verify the directions written by the trainee are accurate and sign for each address.

■ Address 1: \_\_\_\_\_

■ Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

■ Address 2: \_\_\_\_\_

■ Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

■ Address 3: \_\_\_\_\_

■ Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

■ Address 4: \_\_\_\_\_

■ Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

■ Address 5: \_\_\_\_\_

■ Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

**B. After completion of Driver's Training Section A, the trainee will be required to successfully back the unit a minimal of 8 times. (Can be completed on scene, backing into bay, parking space in a public parking area, etc.).**

Date	Location	Trainer's Signature

**C. After completion of Driver's Training Section A and B, the trainee will be required to drive to a minimum of 10 calls (of which 7 must be emergency calls) under the discretion of the Trainer.**

Date	Traffic Mode	Location	Trainer's Signature
	<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency		
	<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency		
	<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency		
	<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency		
	<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency		
	<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency		
	<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency		
	<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency		
	<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency		
	<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency		

### **3. Base Locations:**

The Trainer must review the following skills with the trainee. In signing the trainee off, you are attesting that the trainee is **knowledgeable and competent** in the operation, use and indications for each item reviewed.

<b>Date</b>	<b>Base Site</b>	<b>Trainer's Signature</b>
	West Base; St. 3	
	Howards Creek	
	Lincolnton Fire Department	
	Central Base	
	Pumpkin Center	
	Denver Fire Department	
	Station 4	
	Alexis Fire Department	

### **4. Refueling Procedures**

The Trainer must review the following skills with the trainee. In signing the trainee off, you are attesting that the trainee is **knowledgeable and competent** in the operation, use and indications for each item reviewed.

<b>Date</b>	<b>Procedure</b>	<b>Trainer's Signature</b>
	Fueling Procedures	
	Fueling Locations	

### **5. Part-time Education**

All Part-time employees must review scheduling procedures with designated Shift Supervisor.

<b>Date</b>	<b>Procedure</b>	<b>Trainer's Signature</b>
	Availability Calendar	
	Scheduling	

## 6. Equipment Orientation

The Trainer must review all of the following equipment with the trainee. In signing the trainee off, you are attesting that the trainee is **knowledgeable and competent** in the operation, use and indications for each item reviewed.

Date	Equipment	Trainer's Signature
	Life-Pak 15/ Rad 57	
	Suction-on board / Suction-portable	
	CAT Tourniquet	
	Glucometer (operation/maintenance)	
	Pulse ox / Capnography	
	Res-Q Pod	
	Oxygen regulator / change-out (portable)	
	Oxygen regulator / change-out (on board)	
	Meconium Aspirator	
	Pedi-mate	
	Stair Chair	
	Scoop Stretcher	
	KED/XP-1	
	IV setup and supplies/Saline Lock	
	Spinal Immobilization / Splinting	
	Cell Phone	
	Flashlights/ Fire Extinguisher	
	Scanner	
	Titan Mega Mover	
	Laryngoscope / blades	
	Computer Docking Station	
	Oxygen delivery devices	
	CPAP	
	Transport Ventilator	
	Portable and Mobile Radio Operations	
	Viper Radio	

## 7. Skills Review

The Trainer must review each of the following skills with the trainee. In signing the trainee off, you are attesting that the trainee is **knowledgeable and competent** in the operation, use and indications for each item reviewed.

Date	Procedure	Trainer's Signature
	Airway Management-Basic Maneuvers	
	Airway Management-Basic Adjuncts	
	Airway Management-BIAD	
	Airway Management-Suctioning	
	APGAR Scoring	
	Cardiopulmonary Resuscitation/Team Focused CPR	
	Defibrillation Automated/Semi-automated	
	Documentation / Forms	
	Oxygen Administration	
	Orthostatic Vitals	
	Patient Assessment	
	Rule Of Nines	
	Splinting	
	Techniques	
	Wound Care including Hemorrhage Control	

## 8. Medication Review

The trainee is responsible for knowing the following medications. By signing the trainee off, the Trainer is attesting that the trainee is **knowledgeable and competent** in the mechanism of action, indications, contraindications, side effects, dosage, route and the protocol relating to each of the following medications. The Trainer must also verify that the trainee is **knowledgeable and competent** in the drug administration routes listed below.

Date	Medication / Route	Trainer's Signature
	Albuterol	
	Aspirin	
	Epinephrine 1:1000 / Auto Injector	
	Glucose, Oral	
	Nitroglycerin	

	Ibuprofen	
	Oxygen	
	Medication Administration-Oral	
	Medication Administration- Injection (IM and Auto Injector)	
	Medication Administration-Nebulizer / Inhalation / Atomizer	

## 9. Operational Review

The Trainer will review the following and assist the trainee with any questions related to protocols, policies, procedures.

Date	Operational Procedure	Trainer's Signature
	<b>System Status</b>	
	<b>Reading of District Maps</b>	
	<b>OPSCAD</b>	
	<b>Creating Special Reports</b>	
	<b>Filling out 214s</b>	
	<b>Firefighter Rehabilitation</b>	
	<b>Specialized EMD Codes (fire standby, etc)</b>	
	<b>Activating STEMI, Code Stroke, Trauma Alerts</b>	
	<b>Activating MedCenter Air</b>	
	<b>Handling DOAs/Body Bag Process</b>	
	<b>Handling patients with a DNR/MOST</b>	
	<b>Handling of patients requiring an APS or CPS form</b>	
	<b>Review of daily base duties</b>	
	<b>Hospital selection</b>	
	<b>Use of poison control</b>	
	<b>START Triage</b>	
	<b>Reporting lost and/or stolen items</b>	
	<b>Reporting an exposure</b>	
	<b>Mobile Crisis Use</b>	
	<b>Special Events Medication Administration Record</b>	
	<b>Behavioral Health and Alternative Destination Transports Protocol and Procedure</b>	

## **10. Protocol Review**

The Trainer will review **all protocols** with the trainee. The Trainer will assist the trainee with any questions related to protocols and assist in preparing the trainee for a panel review session. The trainee is responsible for all protocols in their scope of practice.

Date Completed: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_

**Note:**

**BLS Providers:** All online training on pages 10 must be completed before being released to second person EMT.

**ALS Providers:** All online training on pages 10 and 11 must be completed before being released to EMT-Intermediate second person or Paramedic I status.

## **Section 3 B: EMT-Intermediate Training Manual**

### **1. Third Person Ride Time**

- Your ride time is to be scheduled through the Training Coordinator or designee.
- Trainees with **less than 2 years** of field experience in a 911 service must complete a minimum of **98** hours of ride time on an ALS unit with a trainer. Trainees must have a **minimal** of **8** successful /competent-no prompting 911 calls documented on the **Lincoln County EMS shift evaluation worksheet** before being released to the Intermediate level.
- Trainees with **more than 2 years** of field experience in a 911 service must complete a minimum of **49** hours of ride time on an ALS unit with a trainer. Trainees must have a **minimal** of **4** successful /competent-no prompting 911 calls documented on the **Lincoln County EMS shift evaluation worksheet** before being released to the Intermediate level.
- The employee must be **lead on ALS calls or successfully perform the role of an EMT-Intermediate completing tasks** as expected on ALS calls for examples: obtaining a BGL, vital signs, applying oxygen, obtaining a 12 lead ECG (ACQUISITION), IV Access, etc. for the Paramedic before moving to the Intermediate level. The employee must successfully **complete all tasks** as expected (entry level) at the intermediate level.

<b>Date</b>	<b>Hours</b>	<b>Unit</b>	<b>Trainer's Signature</b>

### **2. Intravenous Access**

The trainee must have three (3) successful IVs.

<b>Date</b>	<b>Location and Catheter Size</b>	<b>Trainer's Signature</b>

### 3. Skills Review

The Trainer must review each of the following skills with the trainee. In signing the trainee off, you are attesting that the trainee is **knowledgeable and competent** in the operation, use and indications for each item reviewed.

Date	Procedure	Trainer's Signature
	Airway Management-Endotracheal Intubation	
	Venous Access-Peripheral	
	Venous Access-Blood Draw	

### 4. Medication Review

The trainee is responsible for knowing the following medications. By signing the trainee off, the Trainer is attesting that the trainee is **knowledgeable and competent** in the mechanism of action, indications, contraindications, side effects, dosage, route and the protocol relating to each of the following medications. The Trainer must also verify that the trainee is **knowledgeable and competent** in the drug administration routes listed below.

Date	Medication / Route	Trainer's Signature
	Atrovent/ Ipratropium Bromide	
	Epinephrine 1:1000 / Auto Injector	
	Nitroglycerin	
	Crystalloid Solutions	
	Diphenhydramine	
	Glucagon	
	D50	
	D25	
	D10	
	Narcan (IV, IN)	
	Medication Administration-Oral	
	Medication Administration- Injection (IM and Auto Injector)	
	Medication Administration-Nebulizer / Inhalation / Atomizer	

## 5. Protocol Review

The Trainer will review **all protocols** with the trainee. The Trainer will assist the trainee with any questions related to protocols and assist in preparing the trainee for a panel review session. The trainee is responsible for all protocols in their scope of practice.

Date Completed: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_

## **Section 3 C: EMT-Paramedic Training Manual**

## 1. Third Person Ride Time

- Your ride time is to be scheduled through the Training Coordinator.
- Trainees with **less than 2 years** of field experience in a 911 service must complete a minimum of **122.5** hours of ride time on an ALS unit with a trainer. Trainees must have a **minimal** of **14** successful /competent-no prompting 911 calls documented on the **Lincoln County EMS shift evaluation worksheet** before being released to the Paramedic level.
- Trainees with **more than 2 years** of field experience in a 911 service must complete a minimum of **61.25** hours of ride time on an ALS unit with a trainer. Trainees must have a **minimal** of **8** successful /competent-no prompting 911 calls documented on the **Lincoln County EMS shift evaluation worksheet** before being released to the Paramedic level.
- The employee must successfully lead the team on all ALS calls **completing tasks** as expected for an entry level Paramedic.

## 2. Skills Review

The Trainer must review each of the following skills with the trainee. In signing the trainee off, you are attesting that the trainee is **knowledgeable and competent** in the operation, use and indications for each item reviewed.

Date	Procedure	Trainer's Signature
	12 lead EKG interpretation	
	Airway-Cricothyrotomy	
	Cardiac Pacing	
	Cardioversion	
	Carotid Massage / Vagal Maneuvers	
	Chest Decompression	
	Defibrillation-Manual	
	Tracheal Suctioning (ET, Tracheostomy)	
	Venous Access-Existing Catheters	
	Venous Access-Intraosseous	
	Ventilator Operation	

## 3. Medication Review

The trainee is responsible for knowing the following medications. By signing the trainee off, the Trainer is attesting that the trainee is **knowledgeable and competent** in the mechanism of action, indications, contraindications, side effects, dosage, route and the protocol relating to each of the following medications. The Trainer must also verify that the trainee is **knowledgeable and competent** in the drug administration routes listed below.

Date	Medication / Route	Trainer's Signature
	Adenosine	
	Amiodarone	
	Atropine	
	Bumex	
	Calcium Chloride	
	Decadron	
	Diazepam	
	Diltiazem	

	Dopamine	
	Epinephrine 1:10,000	
	Etomidate	
	Furosemide	
	Haldol	
	Hydroxyocobalamin	
	Ketamine	
	Labetalol	
	Lidocaine	
	Magnesium Sulfate	
	Methylprednisolone	
	Midazolam	
	Morphine Sulfate	
	Ondansetron (SL, IV)	
	Pralidoxime	
	Promethazine	
	Rocuronium	
	Sodium Bicarbonate	
	Succinylcholine	
	Vasopressin	
	Vecuronium	
	Verapamil	

#### **4. Protocol Review**

The Trainer will review all protocols with the trainee. The Trainer will assist the trainee with any questions related to protocols and assist in preparing the trainee for a panel review session. The trainee is responsible for all protocols in their scope of practice.

Date Completed: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_

## **Section 4: Upgrade Manual**

## **Section 4 A: EMT-Paramedic Upgrade to Paramedic II**

## 1. Second Person Ride Time

- Once you have been released to ride at Paramedic I status, Trainees with **less than 2 years** of field experience in a 911 service must ride as a second person for a minimum of **171.5** hours with a trainer while functioning as an ALS provider. The trainee **will attend (RIDE) all BLS/ALS** calls during this time **so that the trainer will** be able to evaluate the trainee's ability to function on their own.
- Once you have been released to ride at Paramedic I status, Trainees with **more than 2 years** of field experience in a 911 service must ride as a second person for a minimum of **85.75** hours with a trainer while functioning as an ALS provider. The trainee **will attend (RIDE) all BLS/ALS** calls during this time **so that the trainer will** be able to evaluate the trainee's ability to function on their own.
- During this ride time as a Paramedic I the trainee must have a minimal of **10 successful** ALS calls documented on the **Lincoln County EMS shift evaluation worksheet** or additional ride time will be required.

## 2. Protocol Test

**The trainee must complete and pass the protocol test with a minimal score 90%.**

Class Name	Date	Instructor's Signature
Protocol Test ( <b>≥ 90%</b> )		

## 3. Specialty Training

There are specialty training classes that each Paramedic I must complete and pass in order to become eligible to upgrade to a Paramedic II status. These classes will be offered on an “as needed” basis and may be done individually. Specialty classes will be added to the required list as the scope of practice and equipment expands and changes.

*These classes must be successfully completed prior to the trainee upgrading from Paramedic I to Paramedic II. If the classes are not offered within the trainee’s 6 month time frame, the trainee will be required to take the next available class to maintain Paramedic II status.*

### a. Rapid Sequence Induction Training Program

#### Initial Certification Program

In order to properly train and orient employees to the Lincoln County Emergency Medical Services (LCEMS) rapid sequence induction (RSI) program the following criteria must be met.

The employee:

1. Must be released as a Paramedic Level I in accordance to the requirements listed in the LCEMS Orientation Packet.
2. Must attend all required classroom education sessions.
3. Must attend all required laboratory education sessions.
4. Must attend all scheduled operating room clinical rotations and must successfully perform 3 live Endotracheal Intubations.
5. Must successfully complete a written exam and a practical skills testing station.

### Section 1: Paramedic Level I

All employees must complete the required minimal third party ride time, skills verification, equipment verification and protocol verification as outlined in the LCEMS Orientation Packet. The employee must be signed off by a LCEMS Field Training Officer (or approved preceptor / mentor), the LCEMS Training Coordinator and the LCEMS Medical Director. Once this section is complete, the employee shall attend the classroom education session as outlined in section 2 of this document.

### Section 2: Classroom Education

All employees must attend a classroom session that will include a review of airway and respiratory anatomy, RSI pharmacology, intubation techniques and induction techniques.

### Section 3: Laboratory Education

All employees must attend a lab session that will prepare them for field implementation of the RSI procedures with scenario-based learning and timed induction procedures.

### Section 4: OR Rotation

All employees must attend a **minimum** of one Operating Room clinical rotations at sponsor hospital. In addition, all employees must successfully perform 3 live endotracheal intubations during these clinical sessions. If additional OR clinical time is needed to meet the minimal skills requirements, employees shall be scheduled for additional sessions.

### Section 5: Testing Procedures

Once all other requirements have been met, all employees shall successfully complete a written examination with a minimum score of 90%. In addition to a written exam, all employees shall successfully complete 2 scenario-based skills testing stations with a minimum score of 90%.

*The process of being released at a Paramedic II level should take **no more than** 6 months from the date of hire or the date the employee begins functioning as a Paramedic at LCEMS. If the employee is unable to achieve Paramedic II status **within 6 months** and has had ample time/opportunity to progress, the trainee will be released of employment by LCEMS.*

## **Annual Recertification Program**

In order to maintain certification for RSI performance, all employees must complete the following annual recertification procedure. The employee:

1. Must successfully complete a written examination and scenario-based skills testing station with a minimum score of  $\geq$  90%.
2. Must perform a minimum of 3 successful intubations annually. This may be accomplished by successful intubations in the field, participating in pre-hospital RSI cases with successful intubation, practical scenarios with mannequins, AND / OR successful completion of in-hospital intubations through the OR clinical rotation program.

## **LINCOLN COUNTY EMS CMC-LINCOLN OR CLINICAL EXPERIENCE**

Thank you for the opportunity for Lincoln County EMS employees to come to CMC-Lincoln OR for airway management clinical experience.

Understanding airway management is a critical component of patient care, and given the current research regarding the immediate need to improve airway management in the prehospital environment, we ask the clinical staff to please instruct Lincoln County EMS employees on the following objectives.

The Paramedic will:

- Understand the need for thorough assessment of the airway in planning appropriate airway management
- Demonstrate proven assessment techniques in assessing a patient for potential difficulties
  - Assess for difficult bag mask application utilizing the MOANS mnemonic
  - Assess for difficult intubation utilizing the LEMON mnemonic
  - Assess for difficult extraglottic or supraglottic devices utilizing the RODS mnemonic
  - Assess for difficult surgical cricothyrotomy utilizing the SMART mnemonic
- Understand the importance of proper positioning to align airway axis and improve approach to the airway and glottic views
- Identify Mallampati scales on patients encountered during the clinical experience
- Identify Cormack-Lehane laryngeal view grades on patients encountered during the clinical experience
- Understand and be able to demonstrate proper techniques to manage an airway using basic airway adjuncts, including oral airways, nasal airways, and mask seal during bag-mask ventilations
- Understand and be able to demonstrate proper techniques during insertion and use of extraglottic or supraglottic airway devices (LMA, King, etc.)
- Understand and be able to demonstrate proper techniques to endotracheal intubation
- Discuss proper medication administration to facilitate airway management
- Assess and diagnose findings to indicate if airway placement is successful or unsuccessful

Lincoln County EMS employees are to be actively involved in all areas of airway management and education as deemed appropriate by CMC-Lincoln OR staff. This clinical experience is about learning comprehensive airway management from experts who do it every day, not just orotracheal intubation, even if that requires students to only observe cases.

Today's EMS employee is:

CMC-Lincoln OR Staff

---

Employee Print Name  
clinical

Staff please print name at the **END** of

Date: \_\_\_\_\_

Date: \_\_\_\_\_

If there are questions, concerns or problems, please feel free to contact Chad A. Parlier at  
[cparlier@lincolncounty.org](mailto:cparlier@lincolncounty.org) or 980-429-6529.

**Rapid Sequence Induction Check Sheet**

<b>SECTION 1 PARAMEDIC LEVEL I COMPLETION</b>			
<b>DATE</b>	<b>TRAINING COORDINATOR SIGNATURE</b>		
<b>SECTION 2 CLASSROOM EDUCATION</b>			
<b>DATE</b>	<b>TIMES</b>	<b>INSTRUCTOR SIGNATURE</b>	
<b>SECTION 3 LABORATORY EDUCATION</b>			
<b>DATE</b>	<b>TIMES</b>	<b>INSTRUCTOR SIGNATURE</b>	
<b>SECTION 4 OR ROTATION</b>			
<b>DATE</b>	<b>TIMES</b>	<b>NUMBER OF SUCCESSFUL INTUBATIONS</b>	<b>PRECEPTOR SIGNATURE</b>
<b>SECTION 5 EXAMINATION PROCEDURES</b>			
<b>WRITTEN EXAM</b>			
<b>DATE</b>	<b>SCORE</b>	<b>EXAMINER SIGNATURE</b>	
<b>PRACTICAL EXAM</b>			
<b>DATE</b>	<b>SCORE</b>	<b>EXAMINER SIGNATURE</b>	

## **Section 4 B: EMT-Paramedic III Upgrade**

### **1. Qualifications**

In order to upgrade from Paramedic II status to Paramedic III (QRV medic) status, the employee must possess the following qualifications:

- 2 years of experience as an independent EMT-Paramedic provider and at least 1 year experience as a Paramedic II provider with LCEMS
- National Registry Certification
- Successful completion of QRV Written Exam administered by LCEMS Training Coordinator or FTO
- Successful completion of QRV Practical Exam administered by LCEMS Training Coordinator or FTO
- Letter of Recommendation from LCEMS Field Training Officer
- Letter of Recommendation from Shift Supervisor

Once the above qualifications have been satisfied, the employee seeking upgrade to Paramedic III status must ride as a second person with a currently qualified Paramedic III on a QRV for evaluation for a minimum of **24** hours and successfully **lead a minimal of 2** QRV 911 calls.

Date	Hours	Unit	Trainer's Signature

### **2. Evaluations**

The trainer will submit a daily performance evaluation of the employee's progress and the **Lincoln County EMS shift evaluation worksheet** for all patient contacts. When the trainer is confident that the trainee is **competent and knowledgeable**, the trainer will submit a letter of recommendation to the Training Coordinator. The **Training Coordinator will be responsible for reviewing the employee's evaluations and training manual.** After reviewing the trainee's documents, the Training Coordinator will submit the employee's documents and a Letter of Release to the Director and Medical Director. Upon approval of the Director and the Medical Director, the trainee will then be released to Paramedic III status.

*The maximum amount of ride time with a trainer that will be allowed for upgrading to Paramedic III status is 48 hours. If the employee does not receive a recommendation for upgrade from the trainer, the employee may reapply for upgrade status after six months.*

## **Daily Preceptor Log Instructions:**

- The daily preceptor log is for preceptors to write any information they wish to pass on to the next preceptor. This may include: items not yet covered, areas in which they feel the employee may need additional instruction, strengths and weaknesses, and overall general information about their day with the employee.
- Please fill out the name of the employee and the date at the top of the form.
- Please write as much as you wish, if you need additional space please feel free to use another form. There will be copies in the supervisors office for your convenience.
- When you are finished writing your log for the day please print and sign your name at the bottom.
- Please make sure you place these sheets in the back of the employee handbook.
- These must be finished prior to the end of shift so that the next preceptor who rides with the employee knows any and all information to most effectively train the employee.
- If you have any questions please contact your on duty FTO.
- Prior to the end of the shift ensure you have completed

**Note: Please use the evaluations forms located at the back of the manual. The next 4 pages are for reference only.**

# Daily Preceptor Log

Name of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name:				Date:				Lincoln County EMS Shift Evaluation Worksheet 720 John Howell Memorial Drive Lincolnton NC 28092							
Page ___ of ___		Time In:		Time Out:		Preceptor Name:				Unit:					
Directions: Each contact must be rated by the employee first, and rated by the preceptor second. Mark employee ratings in a row marked "E" and the preceptor's in row "P". Comment on any discrepancies on the back. Preceptors complete shaded section.				Ratings: N/A = Not applicable - not needed or expected. 0 = Unsuccessful - required excessive prompting; includes "not attempted" when employee was expected to try. 1 = Marginal - inconsistent, not yet competent. 2 = Successful/competent - no prompting											
Patient Age	Gender	Impression and/or Differential Diagnosis	LOC, Complaints, Event, Circumstances	Summary of Treatments Rendered Successfully	Circle Patient Contact Type	Rater	Clinical Objectives						Comments & Immediate Plan for Improvement for Next Contact		
						E	Physical Exam	Initials	Impression/Tx Plan	Plan	Skill Performance	Communication	Professional Behavior	Team Leadership	Preceptor Initials
1					ALS BLS	E									
						P									
2					ALS BLS	E									
						P									
3					ALS BLS	E									
						P									
4					ALS BLS	E									
						P									
5					ALS BLS	E									
						P									
6					ALS BLS	E									
						P									
7					ALS BLS	E									
						P									

Comments on any unsatisfactory ratings or discrepancies:

---

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---

Areas that need improvement & plan for improvement in future shifts:

---

---

---

---

Employee reported on time, well groomed, in uniform and prepared to begin shift?  Yes  No

Behavior was professional:  Accepts feedback openly  Self-motivated  Efficient  Flexible  Careful  Confident

Comments:

Employee asked relevant questions and participated in learning, used down time to highest potential?  Yes  No

Preceptor would like a  phone call or  email from an FTO or Training Coordinator? (Please provide contact info in next box.)

Contact Info:

Employee Signature:

I agree with above ratings.

Preceptor Signature:

I agree with above ratings.

Clinical objectives:

Pt Interview/Hx Gathering: Employee completes an appropriate interview and gathers appropriate history; listens actively, makes eye contact, clarifies complaints, respectfully addresses patients; demonstrated compassion and/or firm bedside manners depending on the needs of the situation.

Physical Exam: Employee completes and appropriate focused physical exam specific to the chief complaint and/or comprehensive head to toe physical examination.

Communication: Employee communicates effectively with the team, provides and adequate verbal report to other healthcare providers, completes and through patient narrative.

Impression & Tx Plan: Employee formulates an impression and verbalizes an appropriate treatment plan.

Professional Behavior Objectives: Employee demonstrates they are:

Self-Motivated: Takes initiative to complete assignments and improve/correct problems, strives for excellence, incorporates feedback, adjusts behavior/performance.

Efficient: Keeps assignments and treatment times to a minimum, releases other personnel when not needed, organizes team to work faster/better.

Flexible: Makes adjustments to communication style, directs team members, changes impression based off of findings.

Careful: Pays attention to detail of skills, documentation, patient comfort, set-up and clean-up, completes tasks thoroughly.

Confident: Makes decisions, trusts and exercises good personal judgement, is aware of limitations and strengths.

Accepts Feedback Openly: listens to preceptor and accepts constructive feedback without being defensive (interrupting, giving excuses).

RATINGS: N/A = Not applicable - not needed or expected; This is a neutral rating. (Example: Employee expected to only observe, or the patient did not need intervention). 0 = Unsuccessful - required excessive prompting: includes "not attempted" when employee was expected to try. This is an unsatisfactory rating. 1 = Marginal - inconsistent, not yet competent; This includes partial attempts. 2 = Successful/competent - no prompting. NOTE: Ideally, employees will progress their role from observation to participation in simple skills, to more complex assessments and formulating treatment plans. Employees will progress at different rates and case difficulty will vary. Employees should be active and ATTEMPT to perform skills and assess/treat patients early even if this results in frequent prompting and unsuccessful ratings. Unsuccessful ratings are normal and expected in the early stages of the clinical learning process when employees need prompting. Improvement plans MUST follow any unsuccessful or inconsistent ratings.

## Approvals

Level	Trainer Recommendation	Letter of Release	Employee Action Form	Database Update	Training Coordinator	Director	Medical Director	Date
<b>EMD</b>								
<b>EMT- Basic</b>								
<b>EMT- Intermediate</b>								
<b>EMT- Paramedic I</b>								
<b>EMT- Paramedic II</b>								
<b>EMT- Paramedic III</b>								



# STANDARD OPERATING GUIDELINE

Number 104-04



## Logistics

EFFECTIVE DATE: 10/01/2007	REVISION DATE: 01/29/2016	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 2
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**PURPOSE:** The intent of this procedure is to set forth standards for the selection, education, duties and responsibilities of the Logistics Officer.

**SCOPE:** This procedure applies to all members of Lincoln County Emergency Medical Services (LCEMS) designated as Logistics Officer and/or employees applying for appointment as a Logistics Officer.

**PROCEDURE:** The number of employees used in the capacity of Logistics Officer shall be determined by the Director.

The Logistics Officer(s) shall retain their original position number, job title, pay grade and step; however, the responsibilities of the Logistics Officer shall be as a result of an addendum to their LCEMS job description.

The Logistics Officer(s) will have a standard of conduct that demonstrates their role as a leader, mentor, and role model. Additionally, the Director may revoke the Logistics Officer status of any individual who violates department policy or critical criterion set forth above.

The Logistic Officer(s) shall:

- Promote, implement, uphold, and enforce the protocols, policies and procedures as directed by LCEMS Administration.
- All dissenting opinions shall only be expressed to superiors along with suggested solutions.
- Maintain and publish all MSDS sheets
- Evaluate, order, inventory, and stock all equipment, medications (except controlled substances), uniforms and supplies.
- Maintain and monitor the equipment budget.
- Act as department liaison with all vendors
- Serve as Chairman of the equipment committee.
- Assure entry of supplies used and maintenance of adequate inventory supplies.
- Maintain the liquid oxygen system and assure adequate number of filled oxygen tanks.

# STANDARD OPERATING GUIDELINE

Number 104-04



## Logistics

EFFECTIVE DATE: 10/01/2007	REVISION DATE: 01/29/2016	APPROVED BY: RONALD D. ROMBS	PAGE: 2 OF 2
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- Assure the inventory, stocking & mission ready status of the Service Support Unit (Q-540), Mobile Medical Treatment Facility and Disaster Medical Unit.
- Perform other associated duties as directed.

Logistics Officer(s) must obtain the following certifications within twelve (12) months of appointment:

- ICS 300 and ICS 400
- Advanced Safety Operations
- Managing EMS Systems

Failure to obtain these certifications may result in revocation of the appointment. The Training Coordinator may grant an extension to qualified individuals due to lack of class availability.



**STANDARD OPERATING GUIDELINE Number 104-08**

# **Agency Responder** **Orientation Program**

**(Revised July 2015)**

**Responder Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Packet Completion Date:** \_\_\_\_\_

## **Welcome**

We would like to welcome you as a new member of Lincoln County Emergency Medical Services System. Our management team and field personnel are here to assist you in any way possible. We are a team and will utilize a team-oriented approach in making this transition a positive experience for you. If you need any assistance, have questions or comments please feel free to contact us.

## **The Purpose**

The purpose of this manual is to guide you during your orientation process with Lincoln County Emergency Medical Services System. This process will ensure that you receive sufficient knowledge and that you are clinically prepared for your role as a health care provider to the citizens and visitors of Lincoln County.

## **Mission Statement**

The mission of Lincoln County EMS will be to create and operate a cost effective, comprehensive, emergency medical service system that meets or exceeds national standards.

## **Vision Statement**

Lincoln County EMS will establish the industry benchmark for the delivery of the highest quality emergency medical and rescue related services in the State of North Carolina. We will accomplish this task through retention of quality medical and administrative personnel, establishment of a safety conscious, employee friendly workplace, and quality education, research and community involvement.

## **Trainee's Responsibilities**

Ensure you have this manual with you at all times. Present the manual to the trainer each shift you report for duty. It is your responsibility to keep up with your training time requirements. The certification section must be completed within the following time constraints to maintain membership. You are allowed to function at the level at which you are upgrading to.

### *1. New members advancing to the EMT-Basic level: 30 days*

You are only allowed to wear the certification patch for the level in which you are currently certified at. It is your responsibility to inform the chief officer of your department of your present level of function and that you must work with a trainer/preceptor when you schedule shifts. Until you have completed this packet at the appropriate certification level, you **will not** be allowed to function as a second person on any apparatus.

During your ride time, you will be expected to function at your approved level and perform all skills within your scope of practice. You will be expected to become competent in the operations of the system including but not limited to understanding organizational safety, the geographical area of Lincoln county, map reading, computer operations and electronic data collection, maintaining cleanliness of unit and station, location and operation of equipment, and familiarity with and an understanding of Standard Operating Guidelines and Treatment Protocols.

### **Trainer's Responsibilities**

The trainer must submit a Performance Evaluation Form (See Appendix A) for each ride time period for the trainee. It is imperative that the trainer be open and honest with the trainee and effectively communicates with them on identified areas of deficiency. The trainer is responsible to sign each item in Section 3 of this document. By signing these items off, the trainer is attesting that the trainee is knowledgeable and competent in each of these specific areas. When the trainee completes this booklet, the trainer will provide a letter of recommendation, along with the completed training packet, to the Provider Agency Liaison and the LCEMS System Training Coordinator for review.

### **Training Coordinator's Responsibilities**

It is the responsibility of the Training Coordinator to provide the trainee with a copy of this manual and verify their responsibilities have been explained. The Training Coordinator will be in contact with the trainer and review the trainee's evaluation forms. Once the trainee completes the training manual and the trainer provides the Training Coordinator with a letter of recommendation, the Training Coordinator will review the trainee's documents. If approved, the Training Coordinator will generate a Letter of Release. This Letter of Release will then be sent to the Director and Medical Director for approval. Once approved, a copy of the Letter of Release will be given to the department's Chief Officer, the Provider Agency Liaison and the trainee. The trainee will then be allowed to ride as a second person on an apparatus at their approved level.

## **Testing Procedures / Requirements**

Prior to beginning the orientation program, the trainee will be required to contact the system Training Coordinator to schedule a testing date if  $\geq$  one (1) year has passed since completing their initial training. The testing procedures and requirements are as follows:

### **WRITTEN EXAM**

(ALL EXAMINATIONS ARE COMMENSURATE WITH THE LEVEL OF THE POSITION OF APPLICATION)

(You **must** call (704) 736-9385 or (704) 736-9386 to schedule an appointment to take the written examination prior to the scheduled Orientation Program date) (**EMT-B's ONLY** may substitute NCOEMS State or National Registry examination results for the written examination score providing the examination results are less than 12 months old)

A 100-question written exam consisting of multiple choice, essay, fill-in the blank, and/or scenario based questions. Questions will be taken from nationally accepted textbooks, national standards (United States Department of Transportation, etc.), and other professional standards (ACLS, BTLS, PHTLS, PALS, etc.) **A minimum score of 60% is required** to continue in the orientation process.

**ANYONE WHO APPEARS TO BE UNDER THE INFLUENCE OF DRUGS AND/OR ALCOHOL WILL BE DENIED THE OPPORTUNITY TO TEST.**

### **PRACTICAL CASE SCENARIOS**

(ALL SCENARIOS ARE COMMENSURATE WITH THE LEVEL OF THE POSITION OF APPLICATION)

Candidates will perform one (medical or trauma) practical scenario. The scenario will contain moderate scene complications well within the normal scope of practice of the level of certification. **A minimum score of 60% is required** to continue in the orientation process.

**NOTE: In addition, a minimum overall combined averaged score on the written and practical of 70% is required (Written score: 60% and Practical score: 80% = Combined score: 70%).**

## **LCEMS Contacts**

Director	704-736-9385
Administrative Assistant	704-736-9385
Admin Fax	704-736-1924
Deputy Director	704-736-9387
Training Coordinator	704-736-9386
Shift Supervisor's Office	704-736-9388
Supervisor Fax	704-736-1925
Logistics	704-736-4904

Central	704-736-9954
West Base	704-276-1816
East Base	704-483-4988
Denver Base	704-483-1317
Pumpkin Center Base	704-735-4271
Howard's Creek Base	704-732-9049
Alexis Base	704-7320528

## **System Department Contacts**

Station 1	Denver FD	704-483-5115
Station 2	North Brook VFD	704-2762774
Station 3	East Lincoln VFD	704-822-5999
Station 4	Boger City VFD	704-735-6046
Station 5	Howard's Creek VFD	704-735-9874
Station 6	Union VFD	704-276-2944
Station 7	Southfork VFD	704-735-3446
Station 8	Crouse VFD	704-735-2247
Station 9	Lincolnton City FD	704-736-8920
Station 10	North 321 VFD	704-735-5797
Station 11	Pumpkin Center VFD	704-735-4271
Station 20	Alexis VFD	704-263-5810
West Lincoln Rescue Squad		704-276-9905
Lincoln County Communications		704-735-8202
CMC-Lincoln ED		980-212-1300

# **Section 2:** **Lincoln County EMS System** **Requirements**

*To be completed by the LCEMS System Training Coordinator or Field Training Officer/Preceptor*

## **1. Documentation/Certifications**

The following documentation must be submitted prior to beginning the orientation program Provider Affiliation Form

- Driver's License
- State Certification Card
- National Registry Certification Card
- Accepted Driving Credential (EVD)
- BCLS (CPR)

## **Lincoln County EMS System** **Orientation Academy**

<u>Date</u>	<u>Topic</u>	<u>Hours</u>	<u>Instructor</u>
	Orientation and System Overview	<b>0.5</b>	
	BBP	<b>1.0</b>	
	START Triage	<b>0.5</b>	
	Documentation of the Patient Care Report (EPCR)	<b>0.5</b>	
	HIPPA	<b>1.0</b>	
	System Policies and Procedures System SOG's	<b>1.0</b>	
	Epinephrine IM Lincoln County	<b>1.5</b>	
	ResQPOD and Team Focused CPR (Includes airway management skills King LTD with colormetric CO2 device))	<b>1.5</b>	
	Lifting and Moving	<b>0.5</b>	
	Units and Equipment Overview	<b>0.5</b>	

## 2. Equipment Orientation

This section is to be completed during the third person ride time by the Lincoln County Emergency Medical Services Training Coordinator or designee (FTO/Preceptor). The trainee must review all of the following equipment. In signing the trainee off, the trainer is attesting that the trainee is **knowledgeable and competent** in the operation, use and indications for each item reviewed.

Date	Equipment	Location	Trainer's Initials
	EKG Monitor / Defibrillator		
	Suction-on board		
	Suction-portable		
	Glucometer (operation/maintenance)		
	Pulse ox / Capnometry		
	Res-Q Pod		
	Oxygen regulator / change-out (portable and on board)		
	Meconium Aspirator		
	Pedi-mate		
	Stair Chair		
	Titan Mega Mover		
	KED/XP-1		
	MAST Trousers		
	IV Supplies and Setup		
	Spinal Immobilization / Strapping		
	Splints		
	Flashlights		
	Fire Extinguisher		
	Laryngoscope / blades		
	Long Backboard		
	Oxygen delivery devices		
	CPAP		

### 3. Skills Review

This section is to be completed during the classroom orientation period by the Lincoln County Emergency Medical Services Training Coordinator or designee. The trainee must review each of the following skills. In signing the trainee off, the trainer is attesting that the trainee is **knowledgeable and competent** in the operation, use and indications for each item reviewed.

Date	Procedure	Trainer's Signature
	Airway Management-Basic Maneuvers	
	Airway Management-Basic Adjuncts	
	Airway Management-CPAP	
	Airway Management-Suctioning	
	Airway Management-BIAD	
	APGAR Scoring	
	Cardiopulmonary Resuscitation	
	Defibrillation Automated/Semi-automated	
	Documentation / Forms	
	Oxygen Administration	
	Orthostatic Vitals	
	Patient Assessment	
	Rule Of Nines	
	Rad 57	
	Splinting Techniques	
	Wound Care including Hemorrhage Control	

#### 4. Medication Review

This section is to be completed during the classroom orientation period by the Lincoln County Emergency Medical Services Training Coordinator or designee. The trainee must review each of the following medications. By signing the trainee off, the trainer is attesting that the trainee is **knowledgeable and competent** in the mechanism of action, indications, contraindications, side effects, dosage, route and the protocol relating to each of the following medications. The trainer must also verify that the trainee is **knowledgeable and competent** in the drug administration routes listed below.

Date	Medication / Route	Trainer's Signature
	Albuterol	
	Aspirin	
	Epinephrine 1:1000 IM	
	Oral Glucose	
	Nitroglycerin	
	Oxygen	
	Medication Administration-Oral	
	Medication Administration- Injection (SQ, IM, Auto Injector, Atomizer)	
	Medication Administration-Nebulizer / Inhalation	

#### 5. Third Person Ride Time

Your ride time is to be scheduled through the departmental Provider Agency Liaison in conjunction with the LCEMS Training Coordinator. Each trainee must complete a **minimum of 12 hours** of ride time on a unit with a trainer.

Date	Hours	Unit	Trainer's Signature

## **Section 3:Agency Specific**

<b><u>Module</u></b>	<b><u>Topic</u></b>	<b><u>Hours</u></b>	<b><u>Instructor</u></b>
<b>1</b>	Departmental Apparatus and Equipment used for medical responses	<b>Variable</b>	
<b>2</b>	Emergency Vehicle Operator's Course	<b>20</b>	
<b>3</b>	Annual Physical / Vaccinations (as required by department)	<b>N/A</b>	
<b>4</b>	emsCharts/emergency reporting software Setup (as required by department)	<b>N/A</b>	

# **Requirements**

*To be completed by the departmental PAL or Training Officer.*

## **Departmental Requirements**

1. This section must be completed by all members of Lincoln County Emergency Medical Services System providers. Each agency has different types of apparatus for medical response; therefore, the trainee must be familiar with each type of vehicle operated by the department they are a member of. It will be the responsibility of the Provider Agency Liaison of each department to verify that the trainee is competent in all aspects of operating agency specific vehicles. The Provider Agency Liaison will evaluate the trainee in accordance with Lincoln County EMS System Policy in operation of County vehicles.

<b>Date</b>	<b>Vehicle Type and #</b>	<b>Trainer's Signature</b>

**A.** To verify your map reading skills, the trainer will give you 5 addresses that you must locate on a map or mapping system and document the most appropriate route to that address. The trainer will verify the directions written by the trainee are accurate and sign for each address.

■ Address 1: \_\_\_\_\_

■ Directions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

- Address 2: \_\_\_\_\_
  - Directions: \_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

- Address 3: \_\_\_\_\_
  - Directions: \_\_\_\_\_

Trainer's Signature: \_\_\_\_\_

- Address 4: \_\_\_\_\_
  - Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Trainer's Signature: \_\_\_\_\_
  
  
- Address 5: \_\_\_\_\_
  - Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- Trainer's Signature: \_\_\_\_\_

## 2. Protocol Review

The Provider Agency Liaison will review all protocols with the trainee. The trainer will assist the trainee with any questions related to protocols. The trainee is responsible for all protocols in their scope of practice.

Date Completed: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_

## **Daily Performance Evaluation**

Trainee: \_\_\_\_\_ Date: \_\_\_\_\_

Rate the trainee in each category as follows: (1) excellent (2) acceptable (3) needs improvement (4) unacceptable

**GENERAL** (comment on the general appearance, demeanor, ability to accept constructive criticism, patient relations, etc.)



Rating

**SKILL PERFORMANCE** (comment on the overall skills performance, knowledge of protocols and procedures, familiarity of equipment, etc.)



Rating

**AREAS IN NEED OF IMPROVEMENT** (comment on the areas of the trainee which need attention/improvement)



Rating

FTO/Mentor signature: \_\_\_\_\_

## **Orientation Completion Form**

### **Level of Progression**

\_\_\_\_\_ EMT Basic Section completed

**Letter of Recommendation  
from Liaison**

**Letter of Release from  
Training Coordinator**

\_\_\_\_\_ EMT Basic

\_\_\_\_\_ EMT Basic

### **Approved By**

Field Training Officer/Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Chief Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Training Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_



# STANDARD OPERATING GUIDELINE

Number 104-07

## Out Processing

EFFECTIVE DATE: 12/01/2007	REVISION DATE: 01/29/2016	APPROVED BY: RONALD D. ROMBS	PAGE: 1 OF 2
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**PURPOSE:** The intent of this policy is regulate out-processing of employees to ensure recovery of all county equipment and obtain input that will assist in the recruitment and retention of employees.

**SCOPE:** This procedure applies to all members of Lincoln County Emergency Medical Services (LCEMS).

**PROCEDURE:** Recruitment and retention of quality pre-hospital care providers is an important priority for LCEMS.

Employees who wish to terminate their employment with LCEMS shall:

- Provide a written letter of resignation to the Director no later than 14 days prior to their last working shift.
- Prior to the last day worked, contact the Logistics Officer and schedule an appointment to return all county owned equipment, including but not limited to, uniforms, turnout gear, helmet, goggles, gloves, flashlight, County ID card, fuel cards, portable radio, and cellular devices.
- If requested, complete an exit interview with the Director.
- Complete, sign and submit their final time sheet in the appropriate electronic software prior to the end of the last scheduled shift.

Terminated employees shall:

- Contact the Logistics Officer upon notice of termination, and schedule an appointment to return all county owned equipment, including but not limited to, uniforms, turnout gear, helmet, goggles, gloves, flashlight, County ID card, fuel cards, portable radio, and cellular devices.

Upon receipt of a letter of resignation or notice of termination of an employee, the following shall occur.

- The Administrative Assistant shall complete and forward an Employee Action Form to Human Resources, inform all staff of the resignation/termination, and update electronic databases to reflect the resignation/termination.
- The Logistics officer shall make arrangements to obtain all LCEMS issued equipment from the employee.

# STANDARD OPERATING GUIDELINE

Number 104-07



## Out Processing

EFFECTIVE DATE: 12/01/2007	REVISION DATE: 01/29/2016	APPROVED BY: RONALD D. ROMBS	PAGE: 2 OF 2
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The Director shall conduct an exit interview with the employee as appropriate and disseminate the information obtained during the exit interview to the Deputy Director and Training Coordinator in an effort to identify trends, problems and concerns of resigning employees.

The Deputy Director and Training Coordinator shall develop problem resolution strategies to address problems, trends and problems identified in the exit interview and ensure employees have a copy of their medical and training records.