

Standard Operating Procedures Manual

City of Poquoson Fire and Rescue



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EMS OPERATIONS

SOP#: EMS 8.00

Title: BLS Preceptorship Program

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BLS PRECEPTORSHIP PROGRAM

I. PURPOSE

The purpose of this policy is to assure that all newly certified EMT's have spent an adequate amount of time providing patient care under the supervision of an attendant-in-charge to qualify them to individually be responsible for patient care provision.

This SOP is not all-inclusive and cannot encompass all situations that may be encountered.

II. APPLICABILITY

All career and volunteer personnel

III. POLICY

It shall be the policy of the Department that prior to promotion to Attendant In Charge all personnel shall have demonstrated a specified combination of training and hands-on experience.

Basic Training Requirements:

All of the following must be completed:

- Possess a current American Heart Association Basic Life Support for Health Care Providers card (or equivalent). A list of currently acceptable cards is available on the VA OEMS website.
- Possess a current Commonwealth of Virginia Office of Emergency Medical Services Emergency Medical Technician certificate.

The AIC precepting shall consist of 3 phases:

Phase 1 (Observation/Orientation): The Trainee will observe the released provider for one full cycle on patient assessment, care, treatment, transport and hospital turnover procedures. Volunteer members will observe for a minimum of 40 documented hours or 5 calls. The trainee should be familiar with all the equipment in the medic unit and how to use all equipment that is allowed by their certification level.

Phase 2 (Team Member/Team Leader): The trainee will assess, care for, treat, transport and turnover the patient with the assistance (as needed) of the preceptor. This phase will last for a minimum of 10 patient transports. The trainee must show they have completed the minimum required skills to progress from this phase. The trainee must also have completed all assigned protocol and medication testing with a minimum 80%. A written recommendation from the preceptor to the EMS Officer is required for the trainee to progress to Phase 3.

Minimum requirements to move from Phase 2 to Phase 3 – Complete all equipment checklists and competencies. Completed all items in the BLS Skills section.

Phase 3 (Team Leader/Probationary Release): The OMD has granted the EMS Officer the authority to release a trainee under “Probationary” status after specific minimum requirements are

met. A trainee must already be a released Medic Unit Operator to achieve this phase. During this phase, the trainee will be a Probationary AIC and may act as the second crew member on a medic unit provided that their preceptor is the first crew member. The Trainee will handle all patient assessments, care, treatment, transport and hospital turnovers. The preceptor will be there to assist and advise as needed. This phase will last for 10 patient transports. If at any point during a call, the preceptor feels that the Trainee did not provide the proper care and had to intervene, that transport will not count toward the 10 required transports.

There will be 3 personnel assigned to the unit while the EMT is being precepted during the first 2 phases. Until the beginning of Phase 3, it will not be acceptable to precept any personnel while only 2 members are assigned to the Medic.

The trainee will be responsible for completing all ePCRs. The preceptor is overall responsible for reviewing the reports for accuracy prior to transmitting them.

If the emergency call is ALS in nature, the trainee will assist the ALS provider as needed and/or directed. The patient contact will be documented on the patient contact sheet with what actions were taken.

During the preceptorship, the EMT shall complete the BLS preceptor packet under the supervision of a released BLS or ALS provider.

Standby's, DOA's and patient refusals do not count toward the minimum of their 10 emergency calls.

The trainee must reach Phase 3 within six (6) months. The trainee must complete the precepting process within twelve (12) months from the start date. Failure to meet these benchmarks will require the applicant to start this process again, from the beginning.

A file shall be set up in the EMS Office on each EMT that is currently involved in training and/or a preceptorship.

During the course of the preceptorship, the EMT shall interact with the Preceptor, who will interact with the EMS Officer, who will interact with the Operational Medical Director. At no time during the preceptorship shall the EMT approach the O.M.D. on matters involving his/her preceptorship without going through the aforementioned channels.

At the conclusion of the preceptorship, the Preceptor shall provide to the EMS Officer either a written recommendation for release of the trainee or written documentation for extending the preceptorship.

The EMS Officer shall meet with the Operational Medical Director and make the decision whether to release the EMT or to extend the preceptorship. The Operational Medical Director, the EMS Officer and the Preceptor shall meet with the EMT and discuss the course of action decided upon.

RECIPROCITY

A Poquoson Fire/Rescue member who is a released EMT or equivalent in another agency may apply for reciprocal privileges as a released EMT in Poquoson. This should be done in the form of a written request. Each request will be evaluated on a case by case basis by the Operational Medical Director and the EMS Officer. The person applying for reciprocity may be required to complete all or part of the preceptorship program.

RETURNING TO DUTY FROM AN EXTENDED ABSENCE

When returning to full duty from an extended absence of longer than 90 days (this includes light duty assignments) the employee must be observed in the clinical setting to ensure they remain competent as a released provider. The employee will perform one full cycle (5 shifts) as the third provider on an ambulance. This will allow an opportunity to observe skill performance and ensure the employee is up to date on any changes which may have occurred during their absence.

Following the 5th shift, a recommendation for full release will be made to the EMS Officer by the employee's supervisor. Based on this recommendation, the EMS Officer will determine whether the

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employee must continue training or may be released. If it is determined that the employee needs continuing training, the OMD will be contacted and a training plan will be approved.