



CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD, INC.

PROBATIONARY MEMBER MANUAL

This manual belongs to: _____

Your Membership Committee contact is:

You may reach them by:

**You return to the Committee on _____ with all
evaluations and your checklist(s) completed.**



Congratulations! You have been accepted as a ***probationary*** member.

The probationary, or introductory, period is normally six (6) months long; however, if you have not been released as an attendant-in-charge you will not be granted “full membership.” (FULL members are eligible to vote, receive training funds, receive personal property tax credit, and receive other benefits that a probationary member will not.)

Note: While this period is called a “probationary” period, completion of this period does not change the fact that **membership is at-will** ---- membership may still be terminated at any time, with or without cause, and with or without notice. Squad by-laws, guidelines and procedures may be changed at any time, with or without notice.

Now that you are a member there are a number of additional matters that need to be addressed and information you need to know.

THINGS TO DO FIRST (NOW)

GET A UNIFORM: As a probationary member you are issued an official uniform. There are requisition forms in the mailbox room. Fill out the form and place it in Jason Innofuentes’ or Becky Gammon’s mailbox. You may also e-mail uniforms@rescue1.org to arrange to have them meet you and issue uniform apparel.

GET THE HEPATITIS B VACCINATION: Probationary members are eligible to receive an inoculation against Hepatitis B, provided free of charge by the Squad, if you have not already had the series. The inoculation involves a series of three injections of the vaccine (HBV), completed over a six month period. Contact Tom



Balmer at t3balmer@yahoo.com (434-882-2184) to either provide documentation of your prior inoculation or to obtain instructions for obtaining the shots or making an informed refusal.

NOTE: If you believe you have suffered an **exposure** on a call, you should inform your crew captain, the infection control officer, and the duty officer. **THE INFECTION CONTROL OFFICER WILL DETERMINE IF AN EXPOSURE HAS OCCURRED AND WILL THEN DIRECT YOUR CARE.** You are not authorized to seek medical care for a possible exposure without the approval of the infection control officer.

GET ON THE “CARS-ALL” MAILING LIST: The CARS-ALL list is maintained by life-member Ty Hoeffler. Once subscribed you can send an email to the other members, and you will receive other messages sent to the group. Send an e-mail to pth3k@virginia.edu telling him your name and when you were accepted as a probationary member, and the e-mail address you will use to send and receive messages. You will only be able to send from the address you give. Each month you will get an e-mail with list information.

THINGS YOU NEED TO START DOING NEXT

STAND-BY TIME: In addition to one’s regular tours of duty, each member **MUST** perform at least **twelve hours** of stand-by time each fiscal year (July-June), at least two of which must be completed during the probationary period. Stand-by events include things like UVA basketball games, high school football games, and other public demonstrations. **Failure to perform at least 12 hours of stand-by time will make you ineligible to vote in the corporations elections. Ineligibility to vote also means you lose other benefits, i.e., training funds reimbursement, eligibility for competition teams, credit for the year towards life membership, and eligibility for personal property tax credit.** Upcoming events are posted on the



stand-by board located in the downstairs TV room. Additional stand-by opportunities are frequently announced on the “C-ARS-ALL” Mailing List.

ATTENDING MONTHLY BUSINESS / TRAINING MEETINGS: You are now **REQUIRED** to attend the monthly business and training meetings on the second Thursday of each month at 1900. **Failure to attend at least 50% of the monthly training meetings or missing three (3) meetings in a row will make you ineligible to vote in the corporations elections. Ineligibility to vote also means you lose other benefits, i.e., training funds reimbursement, eligibility for competition teams, credit for the year towards life membership, and eligibility for personal property tax credit.** Excused absences may be granted for work or squad-related classes; however, you must make up the meetings by watching the video prior to the next meeting. You must then complete an alternate training form (located in the downstairs computer room) and submit it to the training officer prior to the next meeting. You are also required to complete all skills drills. Suspension from practice for failure to complete skills drill may result in termination.

We do feed you before the meeting every other month or so, and if you come to the meetings you will get all the hours you need to recertify.

GET AN EVOC CERTIFICATION: Probationary members **are** now **allowed** to drive the units in **non-emergency** situations with the exception of Squads 133, 134, 135 and Logistics 137 (the big trucks). Driving on errands helps you become familiar with the vehicles before you enter the driver release process as a full member. We realize that the biggest thing most of you will have driven is a Honda Civic. The ambulances are a bit larger.

A probationary member must not operate a vehicle transporting a patient and/or under emergency conditions (with emergency lights and siren) unless the AIC determines a life threatening emergency exists, requiring the driver to provide patient care, and then **only if** he/she has successfully completed an emergency



vehicle operators course (EVOC). **It is recommended that all probationary members obtain EVOC certification during their probationary period.** Classes are posted on the bulletin board in the meeting room. You may also check the ACFR web page for EVOC classes. The link is <http://www.albemarle.org/department.asp?department=fire&relpage=2813> . The Virginia Association of Volunteer Rescue Squads also has EVOC classes. The web page is <http://www.vavrs.com/subpage.cfm?pagename=training#courses> . We happen to be in VAVRS District One (1), but you can go anywhere they have a class.

CAUTION: Each year several firefighters are killed when their vehicle backs over them! Almost all C-ARS accidents occur while backing. **ALWAYS use a spotter when you back a vehicle.** If you can't, get out and walk around the vehicle before you move it. To help you remember how serious this is, just remember that if you back without a spotter you risk backing over and killing another member or child that has come up behind you. DO NOT EVER take that chance.

Upon approval of full membership, members who have successfully completed EVOC may begin the process of becoming a released driver.

TAKE THE IS-700 (NIMS Awareness) and IS-100 (Introduction to Incident Command) COURSE: The National Incident Management System (NIMS) has been designated as THE all-risk incident management system by Homeland Security Presidential Directive – 5 (HSPD-5), Management of Domestic Incidents. The state, city, county and university have adopted (or in the process of adopting) NIMS for day to day and major incident use. The NIMS Awareness Level Course (IS-700) is available on line at <http://training.fema.gov> at the bottom of the introductory page. This is only one of the many excellent courses available to be taken at your leisure. You must register with the site. Once you have done so you may take any of the courses for free. Most take a only a few hours to complete, and they are broken into modules that take from 15 to 30 minutes or



so to complete. You can come back to the site whenever you have a few minutes to take other modules.

Do you want to be at a bus bombing with no idea what to do? Take the classes. Follow the instructions to get a certificate of completion. We want all our members to be prepared. The best way to prove you took the test is to print off the answer sheet page before you put in your SSN and before you submit it. When you get your certificate give us a copy.

TAKE THE MCI COURSE: Once you have registered at the FEMA training site, you will find Q-482, an on-line Mass Casualty Management Course. Just like IS-100, **TAKE IT!**

REVIEW THE “MANDATED ELDERLY ABUSE / NEGLECT” POWERPOINT PRESENTATION that you can find on the www.carsrescue.org website. Once you have done so, you must sign the ACKNOWLEDGMENT OF MANDATED REPORTER STATUS Form found later in this manual.

AND, MOST IMPORTANTLY:

START THE ATTENDANT-IN-CHARGE (AIC) RELEASE PROCESS:

Your release paperwork goes to the CRAT Committee.

Now that you have been accepted as a probationary member, you must begin participating directly in patient care. Although you will still run as a “third person,” now is the time for you to develop better patient care abilities. You will act as the patient care provider on all calls under the direction of a senior member who has been released as an AIC.

NOTE: New, and even old members are continually confused about the following:



- ❑ A “third person” can be on a call with any released AIC.
- ❑ Not all released AIC’s are released as a “preceptor” to evaluate the third person on a call -- meaning that the “third person” may not use that call to be released.
- ❑ Any AIC released as a preceptor may evaluate a call for a third person.
- ❑ A primary preceptor may be assigned by the Crew Captain, but that does not mean that the “third person” must, or even might, run all the calls for release with that person.

To become released you need to do the following:

- ❑ Be a probationary member. You may not collect calls before you are a probationary member.
- ❑ You then must have an **approved preceptor**. If unable to determine who is an approved preceptor or if your preceptor is approved, please contact the training officer.
- ❑ **You will then collect at least 20 calls with an approved preceptor**, divided into the following categories: 10 general BLS calls, 5 backboard calls, and 5 ALS calls. One call must be full documentation of a refusal of care. If a call is an ALS call with a backboarded patient that may only be counted as one call - you decide which category you need credit for most.
- ❑ **EFFECTIVE 3/1/07, IF YOU BEGIN COLLECTING AFTER 3/1/07, ALL of your calls must be evaluated by the preceptor for that call.** -We expect your evaluations in the beginning will indicate a need for improvement or further work. We will look for an overall pattern of growth.
- ❑ **At the completion of this collection process (which must be at least 2 months long) you then turn your paperwork into the Clinical Review and Training Committee for approval for**



release. You need to have a Coversheet for Release on top, your primary preceptor's letter of recommendation, and your copied call sheets underneath divided into each of the three sections BLS, Backboard, and ALS. ***The patient name and address must be obliterated on your copies.***

- Attend the CRAT meeting in the event that there are questions about your paperwork. CRAT meets at 6:00 p.m. before the business/training meeting. Do not assume that you will be released just because you turn in paperwork.

You must complete the Map Training Program, Radio Operations Program, and Elderly Abuse/Neglect Program. There are quizzes for the map and radio programs, and an acknowledgment form for the Elderly Abuse and Neglect program, which needs to be attached to the Coversheet.

EVALUATIONS: In addition to call evaluations for the CRAT committee, your Crew Captain must complete performance evaluations for you at **two, four, and six months**. These evaluations should be submitted to the CRAT committee at two, four, and six months. Note: These probationary evaluations go to CRAT, not Membership. At six months, your Crew Captain should write a letter to the Membership Committee addressing your eligibility for full membership.

PROBATIONARY CHECKLIST: The Probationary Checklist must be completed before you are granted full membership. This checklist goes to the Membership Committee.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE COMPLETED FORMS ARE SUBMITTED TO THE CRAT AND MEMBERSHIP COMMITTEE, AND TO ATTEND THE CRAT AND MEMBERSHIP COMMITTEE MEETINGS.



IF YOU FAIL TO TURN IN THE NECESSARY PAPERWORK OR
ATTEND THE APPROPRIATE CRAT OR MEMBERSHIP
COMMITTEE MEETING, THEN ...

YOU MAY HAVE YOUR REQUEST FOR RELEASE
OR REQUEST FOR FULL MEMBERSHIP DENIED
WITHOUT FURTHER NOTICE TO YOU.

REMINDER:

- CRAT Committee gets the Coversheet for Release and attachments, and the two, four and six month evaluations.
- MEMBERSHIP Committee gets the Probationary Checklist and Crew Captain's recommendation for full membership.

Some of the forms you need follow:



CARS Map Orientation Module Completion Quiz

Name: _____

Date: _____

Circle the correct answer:

1. For a high performance EMS system, the time between the 9-1-1 call and the arrival of the ambulance should be:
 - A. 10 minutes
 - B. 10 minutes 90% of the time
 - C. 5 minutes 90% of the time
 - D. 8 minutes 90% of the time

2. Which of the following times can you control?
 - A. the time between the injury and the 9-1-1 call
 - B. the time it takes to process the call in the 9-1-1 center
 - C. the time it takes to get in the truck and respond to the call
 - D. the time it takes to reach the patient once you get on scene

3. Which of the following gives you directions from the building to a particular street?
 - A. the ADC map book
 - B. the E-911 map book
 - C. the U.Va. grounds map
 - D. the STREET data base book

4. Which of the following maps would you use to locate a particular house location in the county?
 - A. the ADC map book
 - B. the E-911 map book
 - C. the U.Va. grounds map
 - D. the STREET data base book

5. Which of the following maps would you use first to find the route to a call?
 - A. the ADC map book
 - B. the E-911 map book
 - C. the U.Va. grounds map
 - D. the STREET data base book



6. In which direction will you find an arrow pointing on most commercial maps?
 - A. North
 - B. East
 - C. South
 - D. West

7. You are dispatched to an accident on Rt. 250 East. This means that part of Rt. 250 that is East of:
 - A. Ivy
 - B. Charlottesville
 - C. Scottsville
 - D. Stony Point

8. "Ground Zero" for the city street numbering system is:
 - A. 100 Ridge Street
 - B. Ridge St. and Main Street
 - C. Main and 1st St.
 - D. Park Street and Rt. 250 By-pass

9. The "cross-street" for 1000 East Jefferson Street is:
 - A. 10th Street, N.W.
 - B. 10th Street, N.E.
 - C. 10th Street, S.E.
 - D. 10th Street, S.W.

10. You are dispatched to 5598 Advance Mills Road. You would expect this to be:
 - A. just past 55th Street in the city
 - B. way out in Albemarle County
 - C. 5.598 miles out on Advance Mills Road
 - D. just outside the city limits on Advance Mills Road

11. Which of the following is Richmond Road?
 - A. Rt. 29 North
 - B. Rt. 29 East
 - C. Rt. 250 East
 - D. Rt. 20 North



12. Which of the following is Louisa Road?
 - A. Rt. 22
 - B. Rt. 231
 - C. Rt. 250 East
 - D. Rt. 20 North

13. Which of the following names is NOT a name used in referring to Rt. 743?
 - A. Hydraulic Road
 - B. Earlysville Road
 - C. Woodlands Road
 - D. Advance Mills Road

14. You are dispatched to a call on Cleveland Avenue. The most important field to check in the STREET data base book (other than the street name) would be
 - A. the block number
 - B. the ADC map number
 - C. the E-911 map number
 - D. the ESN

15. You are dispatched to a call on the University grounds. You are unable to locate the U.Va. grounds map. Which of the following maps also includes a good U.Va. map?
 - A. the E-911 map book
 - B. the ADC map book
 - C. the STREET data base
 - D. the Subdivision map book

16. You are dispatched to Rt. 29 South (Monacan Trail Rd.) near Hickory Hill for a motor vehicle accident. How can you determine how far out this is?
 - A. look in the ADC map book
 - B. look at the milestones in the STREET data base
 - C. look in the Subdivision map book
 - D. stop at the first accident you see

17. You are dispatched to 1400 Monticello Avenue, Apartment 102. You would expect to find this address:
 - A. near the city limits on Monticello Avenue
 - B. at the intersection of Carlton Rd. and Monticello Avenue
 - C. on Monticello Rd., because there are no apartments at 1400 Monticello Avenue
 - D. none of the above



18. You are dispatched to 1014 East Market Street. The cross-street for this address is:
 - A. East Market Street
 - B. 9th Street, N.E.
 - C. Avon Street
 - D. 10th Street, N.E.

19. You are dispatched to 100 Ridge Street, Apartment 101. Off which street is this building?
 - A. Ridge Street
 - B. 1st Street
 - C. Main Street
 - D. South Street

20. Once you reach 100 Ridge Street you find you cannot get into the building. For assistance in gaining entry you should:
 - A. call for the heavy squad
 - B. call for the duty officer
 - C. call for the fire department
 - D. call for the police department



828 McIntire Road
Charlottesville, VA 22902
tel 434.296.4825
www.rescue1.org

Charlottesville-Albemarle Rescue Squad, Inc.

PROBATIONARY SKILLS CHECKLIST for _____ (applicant)

SKILL	EXAMINER	DATE	CREW
Telephone (hold, intercom, long distance)	_____	_____	_____
PPCR Data Entry	_____	_____	_____
VHF Vehicle Radio (tac channels, bands, EMS 1&2)	_____	_____	_____
VHF Portable Radio (tac channels, scan)	_____	_____	_____
800Mhz Vehicle Radio (tac channels, bands, EMS 1&2)	_____	_____	_____
800Mhz Portable Radio (tac channels, scan)	_____	_____	_____
Laryngoscope	_____	_____	_____
ET Tube, Airway Roll	_____	_____	_____
Combitube	_____	_____	_____
Phillips MRX (lead placement, record button, etc.)	_____	_____	_____
Zoll (lead placement, record button, etc.)	_____	_____	_____
IV set-up	_____	_____	_____
Trauma Drug Box (basic layout)	_____	_____	_____
Cardiac Drug Box (basic layout)	_____	_____	_____
CARS IV/Med kits (basic layout)	_____	_____	_____



Coversheet for Release

To be turned into the CRAT committee with paperwork

() – indicates the minimum number required for release unless approved by CRAT

Name of Candidate: _____

Approved Preceptor: _____

Candidates Email: _____ Crew _____

*this is how you will be notified of results, if no email please provide telephone number.

Follow down to level at which you wish to be released: _____

EMT-B Checklist

- | | |
|---|--|
| <input type="checkbox"/> Completed Map Training Program/Quiz | <input type="checkbox"/> Number of Backboard Calls _____ (5) |
| <input type="checkbox"/> Completed Radio Operations Program/Quiz | <input type="checkbox"/> Number of ALS calls _____ (5) |
| <input type="checkbox"/> Completed Elderly Abuse/Neglect Program/and Acknowledgment | <input type="checkbox"/> Number of Refusals (1) |
| <input type="checkbox"/> Have an Approved Preceptor | <input type="checkbox"/> Evaluations for all calls (if you BEGIN collecting after 3/1/07) |
| <input type="checkbox"/> Have Collected for 2 Months or more | <input type="checkbox"/> Primary Preceptor's Letter of Recommendation |
| <input type="checkbox"/> Number of BLS calls _____ (10) | |

ATTACH Map Quiz, Radio Quiz, and Elderly Abuse/Neglect Acknowledgment, and recommendation letter to this form.

EMT-E Checklist (***) - indicates points that may be collected during field internship)

- | | |
|---|---|
| <input type="checkbox"/> Have an Approved Preceptor | <input type="checkbox"/> Medication Points _____ (15) *** |
| <input type="checkbox"/> Scene Management Points _____ (25) | <input type="checkbox"/> Each Call Collected has been Evaluated |
| <input type="checkbox"/> Patient Assessment Points _____ (25) | <input type="checkbox"/> Have Collected for 2 Months or more |
| <input type="checkbox"/> Airway Points _____ (9) *** | <input type="checkbox"/> Primary Preceptor's Letter of Recommendation |
| <input type="checkbox"/> Circulation Points _____ (15) *** | |

EMT-CT/I/P Checklist (***) - indicates points that may be collected during field internship)

- | | |
|---|---|
| <input type="checkbox"/> Have an Approved Preceptor | <input type="checkbox"/> Medication Points _____ (10) *** |
| <input type="checkbox"/> Scene Management Points _____ (25) | <input type="checkbox"/> EKG Interpretation Points _____ (25) *** |
| <input type="checkbox"/> Patient Assessment Points _____ (25) | <input type="checkbox"/> Each Call Collected has been Evaluated |
| <input type="checkbox"/> Airway Points _____ (16) *** | <input type="checkbox"/> Have Collected for 4 Months or more |
| <input type="checkbox"/> Circulation Points _____ (10) *** | <input type="checkbox"/> Primary Preceptor's Letter of Recommendation |

I have evaluated and agree that the above information is correct.

Primary Preceptor's Signature _____



**Virginia Department of Social Services
Adult Protective Services Program
7 North Eighth Street, 4th floor
Richmond, VA 23219
Telephone: 804-726-7533**

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____, understand that when I am

performing as an **Emergency Medical Services Provider**, I am a mandated reporter pursuant to the *Code of Virginia*, §§ 63.2-1603 through 1610. This means that I am required to report or cause a report to be made to Virginia Adult Protective Services (APS) either by calling the APS Hotline (1-888-83-ADULT) **or the appropriate local department of social services** whenever I have reasonable cause to suspect that an adult aged 60 or over or an incapacitated adult aged 18 and over and who is known to me in my professional or official capacity may be abused, neglected, or exploited. I understand that I must follow the reporting protocol, if any, of my employer, but my employer may not prohibit me from reporting directly to APS.

I understand that if I suspect a death of an adult aged 60 or over or an incapacitated adult aged 18 and over occurred due to abuse or neglect, I must report the death to the medical examiner and the law enforcement agency in the locality in which the death occurred.

I understand that I am immune from civil or criminal liability on account of any reports, information, testimony and records I release if the report is made in good faith and without malicious intent. My identity will be held confidential unless I authorize the disclosure or disclosure is ordered by the court.

I understand that if I willfully fail to report suspected adult abuse, neglect, or exploitation, immediately upon suspicion, I may be subject to a civil money penalty imposed by the Commissioner of the Virginia Department of Social Services. If I am a law-enforcement officer, I understand the money penalty does not apply to me but that I will be referred to the court system for non-reporting of suspected adult abuse, neglect, or exploitation. If I am licensed, certified, or regulated by a health regulatory board, I may also be subject to the appropriate licensing, regulatory, or legal authority for administrative action or criminal investigation.

I understand that there is no charge when calling the Hotline number (1-888-83-ADULT) and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me pursuant to the *Code of Virginia*, §§ 63.2-1603 through 1610.

Signature of Member

Revised July 16, 2004

Date



Charlottesville – Albemarle Rescue Squad

Performance Evaluation

Name: _____ Crew: _____ Date: _____ Month: _____

Circle the number that best describes the candidate's demonstration of each specific behavior, using the following key:

- | | |
|---|---------------------------------------|
| 5 – Consistently performs at this level | 4 – Frequently performs at this level |
| 3 – Occasionally performs at this level | 2 – Seldom performs at this level |
| 1 – No opportunity to observe | Y – Yes N - No |

This evaluation should first be completed by the evaluator. The evaluation and recommendation should then be reviewed WITH the candidate. The evaluation should then be given to the candidate for completion of Sections F and G. The candidate should then return the evaluation to the appropriate Committee directly. (Pre-probationary members return to the Membership Committee; Probationary members return to CRAT, the former ALS/BLS Committee).

A.Attendance

- | | | | | | |
|---|---|---|---|---|---|
| The candidate attended each assigned duty | Y | N | | | |
| The candidate arrived on-time and prepared for duty | 5 | 4 | 3 | 2 | 1 |
| The candidate had no scheduling conflicts with job, school, family, etc., that interfered with attendance | 5 | 4 | 3 | 2 | 1 |
| The candidate attended monthly business and training meetings on the 2d Thursday of each month at 1900 | 5 | 4 | 3 | 2 | 1 |
| The candidate participated in stand-by, public relations and/or fund-drive events | Y | N | | | |

Comments that support the above evaluation:

B. Professional Behavior

Maintains positive interpersonal relations with patients, families and significant others, other rescue squad and fire department personnel, and members of the community through appropriate verbal and non-verbal behavior, maintaining confidentiality of patient information, respecting patient privacy, and demonstrating sensitivity to meeting the patient's and family's concerns 5 4 3 2 1

Solicits and receives feedback from peers on an ongoing basis, and demonstrates ability to receive such feedback constructively, and modify behavior according to that feedback 5 4 3 2 1

Addresses concerns effectively with appropriate personnel (preceptor, Crew Sergeant, Membership Committee contact, etc.) 5 4 3 2 1

Comments that support the above evaluation:

C. Squad Responsibilities

The candidate insures equipment readiness by initiating inspection at beginning of tour of duty and by cleaning and replacing equipment after calls	5 4 3 2 1
The candidate actively participated in crew chores without prompting	5 4 3 2 1
Demonstrates safe and proper use of equipment necessary for patient care	5 4 3 2 1
Comments that support the above evaluation:	

D. Identify the candidate's Strengths:

E. Identify the areas that candidate needs to improve:

Recommendation:

_____ Recommend without reservation

_____ Recommend with the following reservations:

_____ No recommendation

_____ Do not recommend for reasons stated herein

Signed: _____ (Printed name: _____)

Crew Captain Preceptor Other: _____

Dated : _____

TO BE COMPLETED BY CANDIDATE:

F. Candidate's plan to improve any area disclosed in Section E above:

G. Candidate's comments:

Acknowledgment by candidate: _____

Dated : _____

CARS Performance Evaluation
August 2005

Form Disposition:

For Pre-probationary months 1, 2 and 3 – to the Membership Committee (old Manpower and Training Committee)

For Probationary months 2, 4 and 6 – to the Clinical Resources and Training Committee (old ALS/BLS)