



# CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD, INC.

## APPLICANT MANUAL

This manual belongs to: \_\_\_\_\_

Your Manpower and Training Committee contact is:

\_\_\_\_\_

You may reach them by:

e-mail: \_\_\_\_\_

phone: \_\_\_\_\_

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



Dear Applicant,

This manual has been developed to provide you information about the organization and to help guide you through the application process. **You are expected to read and be familiar with the material, and to comply with the procedures set out in the manual.** You have been assigned a committee member as a contact person to help you. If you have a question you should ask your contact.

C-ARS is a busy organization. It relies on its members making a 150% contribution. Membership requires time, dedication and effort. It is physically and mentally exhausting. It requires a MINIMUM of 12 long, hard hours each and every week, sometimes more. We provide service 24 hours a day, seven days a week – nights, weekends, holidays and summer vacations included. Should your assigned crew be scheduled for a holiday, you will be expected to be on duty. You will be required to maintain and improve your skills. This requires attendance at training meetings and mandatory skills drills. You will be provided the opportunity to advance your level of training, join specialty teams and participate in squad family activities. We are a family and we are here to help you make the most of your time here while providing service to the community.

Please consider the commitment required. Many well meaning people want to help and contribute to the community, but do not have the required time to devote to be a member of the rescue squad. Please do not start the process if you:

- Are physically unable to meet the rigors of the service or are unable to perform ALL the job tasks as set forth in the functional position description
- Believe that you can be a member but not do all that is expected of you
- Have multiple obligations or hobbies that will continually conflict with your attendance and responsibilities
- Believe it acceptable to arrive for your 6:30 a.m. duty at 6:45 a.m.
- Are unable or unwilling to follow the organizations rules and protocols
- Expect the rules to be changed to accommodate your schedule or other idiosyncrasies
- Are unable to be a member of a group without being disruptive or causing conflict
- Believe that your needs outweigh the needs of the public



- ❑ Think people will consider you a hero

People that have some of the above traits do not do well in the culture of this organization. If you recognize that you have these traits please understand that you will have to work hard to be successful here. Traits that successful members have include:

- ❑ They are friendly and treat each patient as if they were their family member
- ❑ They take pride in the appearance of their ambulance
- ❑ They look for ways to exceed the patient's expectations
- ❑ They are professional (appearing and acting)
- ❑ They are energetic
- ❑ They look for ways to do more than the minimum
- ❑ They continually seek to advance their knowledge
- ❑ They derive satisfaction from a job well done
- ❑ They understand that the most dangerous thing we do is to ride in an emergency vehicle with the red lights on
- ❑ They love the area and want the residents and visitors to feel well served by the squad

We want you to be successful and enjoy the service. If I (or other officer) can be of help to you please let me (us) know. Thanks you for your interest and effort.

Sincerely yours,  
Lair D. (Dayton ) Haugh  
Chief  
[Chief@rescue1.org](mailto:Chief@rescue1.org)  
434.296.4825 Ext. 101



## ***What is the Rescue Squad Mission?***

The Articles of Incorporation of the Albemarle Rescue Squad dated January 14, 1958, set forth the following statement of purpose:

**To save life and administer first aid, to teach methods of safety and first aid to the general public and in the schools; to serve in time of flood, fire, hurricane and famine; to render assistance in case of accident, casualty, and illness; to instruct its members in principles and applications of the live saving and first aid...**

Yes, 1958 is a long time ago. But the mission remains the same. ***To help.***

## ***Why do we have a Rescue Squad? Where did the Rescue Squad come from?***

CARS is an all-volunteer organization serving the City of Charlottesville, the University of Virginia, and a large portion of Albemarle County. Prior to its establishment in 1960, sick or injured persons were transported by personal vehicle or one of the local funeral homes. With a budget of \$20,000, the founding members purchased two ambulances and enough equipment to stock those trucks and three personal vehicles. While on duty, members kept an ambulance at their home or place of employment, responding to calls as needed. If necessary, the personal vehicles were used for transport. As the first organization in the community to provide pre-hospital care, the squad offered basic life support, vehicle extrication, and SCUBA rescue. The squad constructed the first section of the McIntire building in 1964 and added the south truck bays in 1975.



In 1980 the squad built a 2 bay substation on Berkmar Drive in the northern urban ring. Today four (4) squad members live there in exchange for staffing an ambulance there in addition to their regular McIntire shifts.

In 1971, the squad began providing mobile emergency coronary care with the assistance of Dr. Richard Crampton and the University of Virginia Medical Center. Dr. Crampton wrote and taught a Cardiac-EMT training course for our members. Members picked up resident physicians and nurses from the Emergency Department to respond in the ambulances to "heart calls." As time went by the nurse and resident were only picked up for cardiac arrests. In 1983 C-ARS began providing advanced cardiac life support (ACLS) without the on-scene supervision of hospital staff.

In the downstairs hallway you will find two old framed newspaper articles that were written about the squad's "early days." ***Read them.*** The founders were extraordinary men and women that saw a problem and fixed it *themselves*. Many of the founders are still around and stop by to visit.

### ***Are there other squads?***

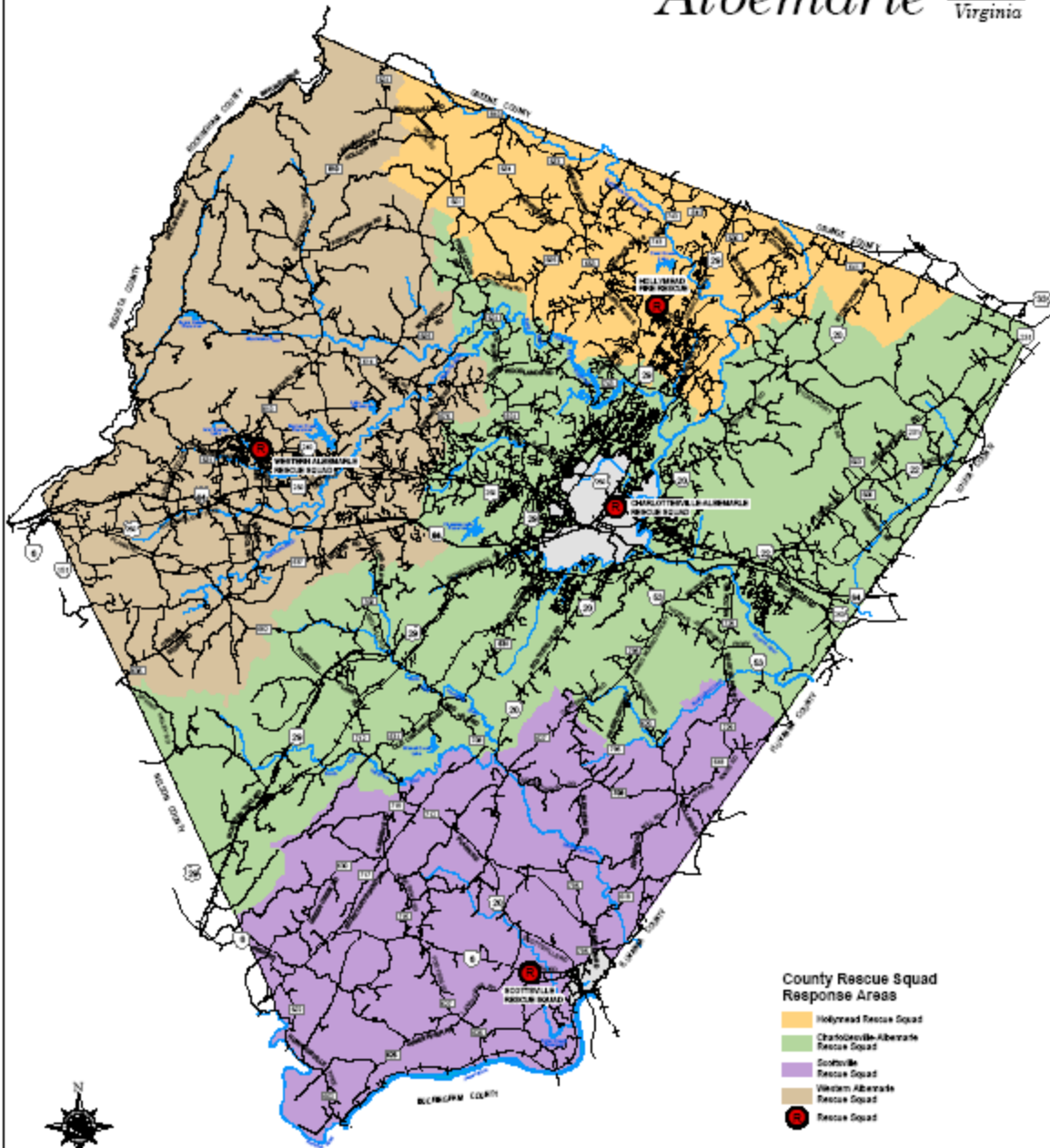
Yes. There are two (2) other volunteer rescue squads in Albemarle County – Western-Albemarle Rescue Squad (Rescue 5) in Crozet, and Scottsville Rescue Squad (Rescue 7) in Scottsville. Scottsville Rescue was formed first (in the 1960's) and Western-Albemarle next (in the 1970's). In September 2006 Albemarle County Fire Rescue Department began staffing a medic unit in the northern part of the county. Before then C-ARS covered all those areas. The current primary run areas are shown on the map that follows.



Charlottesville-Albemarle Rescue Squad, Inc.

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Charlottesville, VA 22902  
tel 434.296.4825  
www.rescue1.org

# County of Albemarle Virginia



### County Rescue Squad Response Areas

- Holyhead Rescue Squad
- Charlottesville-Albemarle Rescue Squad
- Scottsville Rescue Squad
- Western Albemarle Rescue Squad
- Rescue Squad

- Roads
- Railroads
- Streams
- County Boundary
- Incorporated Town or City Boundary
- Interstate Highway
- US Highway
- VA Primary Highway
- VA Secondary Highway



SEPTEMBER 2025



PREPARED BY: DEPARTMENT OF COMMUNITY DEVELOPMENT  
OFFICE OF GEOGRAPHIC DATA SERVICES  
THIS MAP IS FOR DISPLAY PURPOSES ONLY.  
FILENAME: RESCUE\_SQUAD.AXD



## ***Do the Rescue Squads do all patient care?***

Like most other places, a **system** has evolved that includes the 9-1-1 center, first responders and other agencies.

The Albemarle-Charlottesville-University of Virginia Emergency Communications Center, located in a new building on Ivy Road next to the U.Va. Police Department, dispatches all emergency calls for area police agencies and rescue squads and the Albemarle County fire departments. When a call requesting rescue squad assistance is received, the call taker asks specific questions based on the caller's problem and determines the level of response necessary based on protocols. These protocols were established by representatives of the rescue squads and fire departments, in conjunction with the operating medical director (OMD). They also provide pre-arrival instructions (like how to do CPR), so they are the real first responders. An excellent way to learn more about ECC is to spend some time there. Ask your crew captain to arrange a time for you and some of your crew members to observe at ECC.

The dispatcher then sets off the rescue squad house tones by radio along with any tones for specially requested personnel or equipment, i.e. duty officer or zone car. House tones are specific to which area rescue squad is dispatched. These are followed by the alert signal: one to three short beeps. The number of beeps depends on the suggested dispatch response level of the call:

- A. *One beep*: BLS care is needed. **Ambulance** level calls require at least a released EMT.
- B. *Two beeps*: A higher level of care is needed.
  - 1. **Trauma** level calls require at least a released EMT-Shock Trauma (EMT-ST) or EMT-Enhanced.



2. **Medic** level calls require at least a released EMT-Cardiac Technician (EMT-C) or EMT-Intermediate.

C. **Three beeps: Squad** level calls require at least a Squad Operator, as light to heavy rescue equipment may be used.

After the alert tones, the location, nature of call, agency, and suggested response level(s) will be given. If the CARS house tones are used, the lights will turn on in the dorm, and an intermittent beep alert is set off throughout the building. Stating their level and unit number (i.e. Medic 140), the appropriate crew must then mark responding as quickly as possible. Ideal response times between dispatch by ECC and response by the crew should be within one minute during the day and within two minutes at night.

### ***What is a “First Responder?”***

Certain dispatch protocols will have a first responder agency alerted to respond along with the rescue squad. More serious injuries, motor vehicle accidents, cardiac arrests, chest pain, difficulty breathing and seizures will usually have a first response. Frequently fire agencies are closer than we are and can get there and provide initial stabilization that can save a life, i.e., using the AED.

First Responders include:

□ **Charlottesville Fire Department (CFD)**

The city is served by a career department operating from three stations. Each piece of apparatus is normally staffed with at least one EMT, and all units carry basic medical equipment. By protocol, CFD is simultaneously dispatched with CARS on motor vehicle accidents, cardiac arrests, and some other medical emergencies. Rescue squad personnel may request their assistance at any time; however, manpower assists should be covered by another rescue crew if available.





❑ **Albemarle County Fire and Rescue (ACFR)**

ACFR is a county career department that staffs Seminole Trail (Sta. 8), Earlysville (Sta. 4), and Stony Point (Sta. 6) Fire Companies during daytime hours. These career personnel provide both BLS and ALS care. They also staff a Scottsville medic ambulance (during the day), and a medic zone car (Car 111, 24 hours a day) from Station 11 (their first 24-hour career staffed station located across from Monticello High School just south of the city).

ACFR and CARS have an agreement to jointly staff a C-ARS medic ambulance four days a week during daytime hours to allow ACFR to precept their unreleased medics and to increase the number of available ambulances in the system. ACFR plans to open several career stations in the next few years, including Station 12 around Airport Road (spring 2007), Pantops, and Ivy. Because of the explosive growth and demand for service, it is likely that an ACFR 24-hour career ALS ambulance will be staffed in the Station 12 area in 2006, before the station is built.

The county is also served by seven volunteer fire companies situated throughout the area, many of which participate in a "first-responder" program. A few of their members have advanced certifications, but the agency is limited to BLS care.

❑ **Charlottesville and Albemarle County Police Departments**

The city and county police are dispatched to assist the rescue squads according to protocol. In the event of a possible unstable scene (domestic violence, disorder, etc.), the squad unit will await the arrival of police to secure the scene. Some county police officers have been trained and equipped with AED's and will respond to cardiac arrests.

❑ **Albemarle County Sheriff's Office**

The Albemarle County Sheriff is responsible for courtroom security, and has several AED's which they may use in cardiac arrest calls in and around the courthouse.

❑ **University of Virginia Police**

The University Police respond to any 9-1-1 call on University grounds, including fire and rescue calls. They are equipped with AED's.

***Who else is involved?***

As you learned in EMT class, there is an Emergency Medical Services **SYSTEM**.

Other local system members include:



#### □ Other Rescue Squads

The counties surrounding Albemarle all have volunteer rescue squads. Because CARS staffs at least one ALS crew at all times, and staffing of the surrounding squads is limited, we frequently respond to provide mutual aid to outlying agencies such as Louisa, Greene, Madison, Buckingham, Orange, etc. In addition, CARS responds for all incidents requiring technical rescue throughout the county, but only upon request, not on initial dispatch. Some counties also have some supplemental career staffing – Orange, Greene, Madison and Louisa. Nelson is planning supplemental staffing also.

#### □ Pegasus

The University of Virginia Medical Center operates an aeromedical and ground critical care transport service. While we are frequently too close to the hospital to justify air transport, there are places where it is appropriate. The helicopter is requested through Med-Com.

#### □ UVA Emergency Ground Transport (old “Medic 5”)

The University of Virginia Medical Center operates both BLS and Medic level ambulances that transport patients around the hospital campus. They are also responsible for 9-1-1 response to buildings affiliated with the medical center. CARS and Medic – V also have a mutual aid agreement. Under that agreement we will respond for them when they are busy and they may respond to ALS calls in the urban area for us when we are busy.

#### □ University of Virginia (UVA) Medical Center

The UVA Medical Center operates a Level I trauma center. Such designation means that the emergency room is appropriately staffed and equipped to handle major trauma patients 24 hours per day. The medical center also operates specialty units in burn care and neonatal medicine.



❑ Martha Jefferson Hospital (MJH)

The Martha Jefferson Hospital operates a 24 hour emergency room. Although smaller, MJH can handle most medical complaints, as well as limited trauma. Due to an inability to handle certain calls requiring Level One care, patients are occasionally diverted to UVA Medical Center. If you have a serious trauma patient or an injured person that may have a head injury, you should always call ahead to be sure the patient can be seen there.

❑ “Med-Com”

The University Medical Communications Center, referred to as MedCom, is the center for medical control maintained by the University of Virginia Medical Center. MedCom is the reception point for radio traffic regarding patients transported to UVA Medical Center by rescue squad. MedCom is also the source of medical control for all ALS units operating in the area. Residents give orders for various medical procedures to be administered in the field. MedCom is also designated as the Regional Communications Center in a disaster, during which they will determine regional hospital bed availability

### ***What kinds of vehicles respond?***

Depending on the type of call dispatched and therefore the equipment needed, CARS may respond in one or more of the following vehicles:

**Ambulance:** a patient carrying vehicle equipped with medical and communications equipment with minimum staffing by an EMT.

**Trauma:** an ambulance equipped with medical and communications equipment with minimum staffing by an EMT-Shock-Trauma or EMT-Enhanced.

**Medic:** an ambulance carrying specific ALS equipment with minimum staffing by an EMT-Cardiac, EMT-Intermediate or EMT-Paramedic.

**Squad:** a unit containing light to heavy rescue equipment; used for special situations, such as automobile accidents with patients entrapped, but not used to transport patients. (We tell the kids “**it’s a big tool box on wheels**”)



**Car:** a quick-response vehicle containing medical equipment, but not used to transport patients. Is always referred to as a “Car” on the radio no matter what level of care the driver can provide.

**Water Rescue:** unit containing specialized equipment for water/dive rescue.

**Logistics:** a unit carrying mass casualty response and associated supplies.

**Utility:** something other than the above, like the pick-up truck used to tow the trailers.

**APPLICANTS ARE NOT PERMITTED TO DRIVE ANY AMBULANCE OR HEAVY SQUAD VEHICLE OR TALK ON THE RADIO AT ANY TIME.** (The senior squad member on the scene MAY direct that the pre-probationary member drive a zone car from the scene of a call to a specified location if he or she deems that necessary. If this happens, make sure you know directions to the hospital from where you are.)

### ***Who “runs” the Squad?***

There is an administrative branch and an operational branch.

Like all *businesses* we have an **Executive** branch - a Board of Directors who make business decisions, and a President, Vice-president, Secretary and Treasurer. The President is elected by the membership each June. He or she then selects the other administrative persons with the Board’s approval. These persons are responsible for the annual fund drive, receipt and payment of bills, approval of purchases, and such things.

We also have an **Operational** branch. The *Chief* is responsible for the day-to-day operations of the squad. He or she appoints the other *Line Officers* to assist: The *Assistant Chief*, *Deputy Chief - Nights* (who schedules night and weekend crews), and the *Deputy Chief - Days* (who schedules day crews). In addition, the Chief appoints a *Deputy Chief – Special Operations*, a *Special Events Coordinator* (who schedules stand-by activities), *Supply Sergeant*, *Fleet Operations Officer*, *Water Rescue Captain*, *Technical Rescue Captain*, and



*Vehicle Rescue Captain.* As you might notice, there are many specialty teams and support functions.

Each of the five-day crews and eight night and weekend crews has a *Crew Captain*. The crew Captain is an active member that has shown the ability to oversee the functions of the duty crew. He or she is responsible for maintaining the crew's schedules, handling minor operational problems, completing assigned chores, and other duties as needed. While on duty, the crew sergeant is the officer in charge. The radio designation for the Crew Captain is *CAPTAIN 1*. If absent, another senior member will be designated to assume the responsibility.

Obviously the Chief can't be around all the time. The *Duty Officer* is the Chief's designee to provide assistance in his or her absence. If the crew captain needs assistance with a problem or if a major incident occurs in the CARS response area, the Emergency Communications Center (ECC) will page the *Duty Officer*. The duty officer is one of the line officers or another designated senior member. He or she often responds to the scene of major incidents, directing operations as necessary. The radio designation for the CARS duty officer is *DUTY 1*.

All members are expected to be familiar with, and follow, the chain of command. The Chain of Command Standard Operational Guideline follows:

<b>TOPIC: Chain Of Command</b>	<b>S.O.P. # 1.9</b>
Approved by: Lair D. Haugh, Chief	Revised: 2/8/2003 Approved:

## I. PURPOSE

- a. To establish chain-of-command for operations.

## II. CHAIN OF COMMAND

- A. The chain-of-command delineating overall authority is as follows:

- a. Chief
- b. Assistant Chief
- c. Deputy Chief – Day Operations
- d. Deputy Chief – Night Operations
- e. On-Duty Crew Captain
- f. Senior Squad Operator On-Scene
- g. Senior Crew Member On-Scene

- B. Duty Officer

- a. In order to provide better oversight over day-to-day operations, a Duty Officer position has been established. (SOG - 1.3) This position shall be filled by line officers and senior squad members at the discretion of the Chief and Assistant Chief. The duty officer position will be staffed continuously, making the Duty Officer available to address administrative issues and handle command function.

- b. The effective command structure for day-to-day operations is as follows:

- i. Chief
- ii. Assistant Chief
- iii. Duty Officer
- iv. On Duty Crew Captain
- v. On-Duty Senior Squad Operator
- vi. On-Duty Senior Squad Member

- C. Specialty Officers

- a. Specialty Officers possess a great deal of knowledge within their specialty. Therefore it is expected that the specialty officers shall serve in a command role when operating at an incident involving their respective specialties.

- b. The effective command structure for operating at a special rescue situation shall be as follows:

- i. Specialty Rescue Captain
- ii. Deputy Chief – Special Operations

- iii. Chief
- iv. Assistant Chief
- v. Duty Officer
- vi. On-Duty Crew Captain
- vii. Senior On-Duty Squad Operator
- viii. Senior On-Duty Squad Member

c. Deputy Chief – Special Operations

- i. The Deputy Chief of Special Operations shall have command authority while operating in special rescue situations in the absence of the specialty captain.
- ii. The Deputy Chief of Special Operations shall be responsible for the following:
  - 1. Overseeing all specialty teams to ensure that team members remain proficient in training and that all equipment remains in service as far as is reasonable.
  - 2. Ensuring that requests from the specialty team captains are addressed appropriately and in a timely manner.
  - 3. Reporting changes in status or capability of the specialty teams to the Chief, Assistant Chief, and on-duty Duty Officer.

d. Vehicle Rescue Captain

- i. The Vehicle Rescue Captain shall have the option of assuming overall scene command while operating in a vehicle rescue situation.
- ii. The Vehicle Rescue Captain shall be responsible for the following:
  - 1. Overseeing the operations of the vehicle rescue team to ensure that:
    - a. Members are trained in an appropriate and timely manner
    - b. Members remain proficient in their training
    - c. All equipment remains in service so far as is possible
  - 2. Addressing all issues that may arise relating to the operations of the vehicle rescue team.
  - 3. Addressing all issues that may arise relating to actions of a member of the vehicle rescue team operating at an incident.
  - 4. Reporting changes in status and or capability of the vehicle rescue team to the Deputy Chief of Special Operations and the on-duty Duty Officer.

e. Technical Rescue Captain

- i. The Technical Rescue Captain shall have the option of assuming overall scene command while operating in a technical rescue situation.
- ii. The Technical Rescue Captain shall be responsible for the following:
  - 1. Overseeing the operations of the technical rescue team to ensure that:
    - a. Members are trained in an appropriate and timely manner
    - b. Members remain proficient in their training

- c. All equipment remains in service so far as is possible.
    - 2. Addressing all issues that may arise relating to the operations of the technical rescue team.
    - 3. Addressing all issues that may arise relating to actions of a member of the technical rescue team operating at an incident.
    - 4. Reporting changes in status and or capability of the technical rescue team to the Deputy Chief of Special Operations and the on-duty Duty Officer.
  - f. Water Rescue Captain
    - i. The Water Rescue Captain shall have the option of assuming overall scene command while operating in a water rescue situation.
    - ii. The Water Rescue Captain shall be responsible for the following:
      - 1. Overseeing the operations of the vehicle rescue team to ensure that:
        - a. Members are trained in an appropriate and timely manner
        - b. Members remain proficient in their training
        - c. All equipment remains in service so far as is possible
      - 2. Addressing all issues that may arise relating to the operations of the water rescue team.
      - 3. Addressing all issues that may arise relating to actions of a member of the water rescue team operating at an incident.
      - 4. Reporting changes in status and or capability of the water rescue team to the Deputy Chief of Special Operations and the on-duty Duty Officer.
- D. General
  - a. Members not in the chain-of-command shall refrain from giving unauthorized orders or directions.
  - b. Members receiving questions from the public with regard to squad policy or procedure should refer the same first to the Duty Officer. If the Duty Officer is not readily available, they should be referred to the on-duty Crew Captain.
- E. Problems:
  - a. All concerns with regard to squad operations, policy or problems on calls are to be handled as follows:
    - i. Members having a problem on a call will document the nature and report the same to the on-duty Crew Captain. The Crew Captain will report the matter to the Duty Officer who will determine any necessary action. If the problem is related to the Crew Captain, the member may report the situation directly to the Duty Officer.
    - ii. Concerns over crew operations are to be discussed first with the Crew Captain. Should the Crew Captain be unable to resolve the concerns(s) raised, or if the member is not satisfied with the resolution, the member should document the concern(s) and report the same to either the Deputy Chief of Night Operations or Deputy Chief of Day Operations.



## ***What does a volunteer do? What will I be expected to do?***

There are national standards for what an Emergency Medical Technician must be able to do.

The following is a position description for the Emergency Medical Technician (EMT) within the Atlantic EMS Council states (including Virginia). This identifies the expectations, competencies and tasks expected of the EMT.

The Emergency Medical Technician must demonstrate competency in handling emergencies utilizing basic life support equipment and skills in accordance with the objectives in the U.S. Department of Transportation National Standard Curriculum for EMT to include having the ability to:

- verbally communicate in person, via telephone and telecommunications using the English language.
- hear spoken information from co-workers, patients, physicians and dispatchers and in sounds common to the emergency scene.
- lift, carry and balance a minimum of 125 pounds equally distributed (250 pounds with assistance) a height of 33 inches, a distance of 10 feet;
- read and comprehend written materials under stressful conditions;
- document, physically in writing, document physically patient information in prescribed format;
- demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care in a safe manner;
- bend, stoop, crawl, and walk on uneven surfaces;
- meet minimum vision requirements to operate a motor vehicle within the state.

### Description of Tasks

- Receives a dispatched call, verbally acknowledges the call, reads road maps, identifies the most expeditious route to the scene, and observes traffic ordinances and regulations.
- Upon arrival at the scene, ensures that the vehicle is parked in a safe location. Safely performs size-up to determine scene safety including the presence of hazardous materials, mechanism of injury or illness, and the total number of patients. Performs triage and requests additional help as necessary.
- In the absence of public safety personnel takes safety precautions to protect the injured and those assisting in the care of the patient(s).
- Using body substance isolation techniques, protects the patient(s) and providers from

possible contamination.

- ❑ Inspects for medical identification emblems, bracelets or cards that provide patient emergency medical care information.
- ❑ Determines nature and extent of illness or injury, checks respirations, auscultates breath sounds, takes pulses, auscultates/palpates blood pressure (including proper placement of the cuff), visually observes changes in skin color, establishes priority for emergency care. Based on assessment findings renders emergency care to adults, infants and children.
- ❑ Skills performed include but are not limited to: establishing and maintaining an airway, ventilating patients, cardiac resuscitation, use of automated external defibrillators where applicable. In addition, provides prehospital emergency care of single and multiple system trauma such as controlling hemorrhage, bandaging wounds, treatment of shock (hypoperfusion), spinal immobilization and splinting of painful swollen or deformed extremities.
- ❑ Manages medical patients to include, but are not limited to:
  - ❑ assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies and suspected poisonings.
  - ❑ Performs interventions and assist patients with prescribed medications, including sublingual nitroglycerine, epinephrine auto injectors, and metered dose aerosol inhalers observing safety measures for others and self.
  - ❑ Responsible for the administration of oxygen, oral glucose and activated charcoal.
  - ❑ Reassures patients and bystanders by working in a confident, efficient manner.
  - ❑ Functions in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.
  - ❑ Performs in situations that create stress and tension on a regular basis.
  - ❑ Where extrication is required, assesses extent of entrapment and provides all possible emergency care and protection to the patient. Uses recognized techniques and equipment for removing patients safely (to include proper strap placement) Communicates verbally for additional help as needed.
  - ❑ Complies with regulations for the handling of crime scenes and prehospital deaths by notifying the appropriate authorities and arranging for the protection of property and evidence at that scene.
  - ❑ Lifts and moves patients into the ambulance and assures that the patient and stretcher are secured, continues emergency medical care enroute in accordance with local protocols.
  - ❑ Determines most appropriate facility for patient transport. Reports to the receiving facility, the nature and extent of injuries, and the number of patients being transported.
  - ❑ Observes patient enroute and administers care as directed by medical control or local protocol. Able to maneuver to all points in the patient compartment while transporting with a stretchered patient. Assists in lifting and carrying patient and appropriate equipment from

ambulance and into receiving facility.

- ❑ Reports verbally and in writing, observations and emergency care given to the patient at the scene and in transit to the receiving staff for record keeping and diagnostic purposes. Upon request, provides assistance to the receiving facility staff.
- ❑ Disposes of contaminated supplies in accordance with established guidelines, decontaminates vehicle interior, sends used supplies for sterilization.
- ❑ Maintains ambulance in operable condition which includes cleanliness, orderliness and restocking of equipment and supplies. Determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure.
- ❑ Checks all medical equipment for future readiness. Maintains familiarity with all specialized equipment.
- ❑ Attends continuing education and or refresher training programs as required by EMS agency, medical direction, and/or certifying agency.
- ❑ Meets qualifications within the functional job analysis of the EMT.

In addition to the above tasks, members are expected to follow the squad's Standard Operational Guideline on Squad Member Responsibilities, which follows:

<b>TOPIC: Squad Member Responsibilities</b>	<b>S.O.P. # 1.8</b>
Approved by: Lair D. Haugh, Chief	Revised: 2/8/2003 Approved:

## **I. PURPOSE.**

- a. To establish responsibilities of members.
- b. To establish standards of conduct for members.

## **II. GENERAL REQUIREMENTS**

- a. Members are expected to:
  - i. Report for duty and remain on duty the assigned time period and until released; or have obtained a replacement, preferably of equal training and ability and have notified the Crew Captain of such; or have been excused by the Crew Captain:
  - ii. Participate in crew duties as directed by the Crew Captain, including:
    1. Check all trucks for medical and mechanical readiness
    2. Wash trucks and clean interiors weather permitting
    3. Complete assigned crew chores
    4. Police building for glasses, newspapers, blankets, etc., and dispose of the same properly
    5. Sweep and mop kitchen each shift; clean dishes and pots and pans and store properly
    6. Empty building trash
    7. Strip beds and place linen in pillow case and then place in laundry carts
    8. Restock paper goods in bathrooms as needed and leave bathrooms clean
  - iii. Conform to the By - Laws and Standard Operating Guidelines.
  - iv. Act in accordance with posted Notices To All Members, Safety Committee and Clinical Review and Training (CRAT) Committee reports.
  - v. Act in accordance with the Standards of Conduct set out below.
  - vi. Practice in accordance with the rules and regulations of the Operating Medical Director and the Thomas Jefferson Emergency Medical Services Council protocol and standing orders.
  - vii. File a Special Incident Report in the following circumstances:
    1. accident involving squad vehicle or equipment
    2. injury to member

3. exposure to infectious disease
4. mutual aid request abuse
5. problem relating to emergency medical dispatch
6. conflict on scene with patient, medical personnel, bystander, first responder or police
7. unusual delay in response time
8. notes regarding crime scene or statements you wish to record in the event of a complaint involving squad performance or future court proceedings
9. found property
10. violation of SOG's by another member, which report shall be filled within five (5) days of the occurrence
11. any other event or situation which is in need of resolution by the executive or operations officers

*A copy of the Special Incident Report shall be filed at least with the Chief, and with such other persons within the organization as may be seem appropriate given the nature of the problem. In the event a member has a complaint against his or her immediate supervisor, or other supervisory personnel, the Special Incident report may be filed with the Chief. In the event a member has a complaint against the Chief, the Special Incident Report may be filed with the President.*

- b. Deliver any personal property acquired on a call to the member in charge of the scene (or, upon return, to the crew captain) who shall attempt to return it to the owner or law enforcement officer on scene. If unable to do so an Incident Form shall be filed and the item delivered to the Duty Officer.
- c. Return all Squad issued property and identification to the Supply Sergeant upon resignation or termination.

### III. STANDARDS OF CONDUCT

- a. Whenever people gathers together to achieve goals, some rules of conduct are needed to help everyone work together efficiently, effectively, and harmoniously. The purpose of these rules is not to restrict your rights, but rather to be certain that you understand what conduct is expected and necessary.
- b. Generally speaking, we expect each person to act in a mature and responsible way at all times. However, to avoid and possible confusion, some of the more obvious unacceptable activities are noted below.
  - i. Occurrences of any of the following may result in disciplinary action:
    1. Willful violation of any Squad rule; any deliberated action that is extreme in nature and is obviously detrimental to the Squad's efforts to operate.
    2. Willful violation of safety rules; tampering with Squad equipment or safety equipment.
    3. Negligence or any careless action which endangers the life or safety of another person.

4. Being intoxicated or under the influence of alcohol or controlled substance drugs while on duty; public consumption of alcoholic beverages while wearing clothing displaying the Squad insignia or former Squad insignia.
5. Unauthorized possession of dangerous or illegal firearms, weapons or explosives on Squad property or while on duty.
6. Engaging in criminal conduct or acts of violence, or making threats of violence toward anyone on Squad property or when representing the Squad; fighting or provoking a fight on Squad property, or negligent damage of property.
7. Insubordination or refusing to obey instructions properly issued by Squad Officers pertaining to your work; refusal to help out on a special assignment.
8. Threatening, intimidating or coercing fellow members on or off the premises—at any time, for any purpose.
9. Engaging in an act of sabotage; willfully or with gross negligence causing the destruction or damage of squad property, or the property of fellow members or visitors in any manner.
10. Theft of Squad property or the property of fellow members; unauthorized possession or removal of any Squad property, including documents, from the premises without prior permission; unauthorized use of Squad equipment or property for personal reasons.
11. Dishonesty; willful falsification or misrepresentation on your application for membership or other Squad records; alteration of Squad records.
12. Breach of confidentiality of personnel or patient information.
13. Immoral conduct or indecency on Squad property.
14. Any act of harassment, sexual, racial or other.
15. Excessive absence or lateness.
16. Abusive language toward any officer, member, patient or public; indifference or rudeness towards a patient or fellow member; any disorderly/antagonistic conduct on Squad premises.
17. Speeding or careless driving of a Squad vehicle.
18. Failure to immediately report damage to, or an accident involving Squad equipment.
19. Failure to maintain a neat and clean appearance in conformance with the Dress Code.

AND, to follow the Shift Staffing and Attendance Standard Operational Guideline:

<b>TOPIC: Shift Staffing &amp; Attendance</b>	<b>S.O.P. # 1.6</b>
Approved by: Lair D. Haugh, Chief	Revised: 2/8/2003 Approved:

## I. PURPOSE

- A. To define the attendance requirements for members.

## II. STAFFING

- A. Members shall report for duty and remain on duty the assigned time period and until released; or have obtained a replacement, preferably of equal training and ability and have notified the Crew Captain of such; or have been excused by the Crew Captain:
  - i. Day Crews - 0630 - 1830 (unless released earlier by night Crew Captain).
  - ii. Night Crews - 1730 - 0630 (Monday - Friday);
    - 1. 0800 Saturday to 0800 Sunday (Saturday);
  - iii. Sunday Day Crew - 0800 - 1730.
  - iv. Sunday Night Crew - 1730 - 0630.
- B. Associate members are required to run one-half of the hours required of a full active member. The scheduling of those hours shall be coordinated through the associate member coordinator and either Deputy Chief as appropriate.

AND, to follow the Dress Code Standard Operational Guideline:

<b>TOPIC: Dress Code &amp; Appearance</b>	<b>S.O.P. # 1.7</b>
Approved by: Lair D. Haugh, Chief	Revised: Reviewed:

### III. PURPOSE

- A. To facilitate the display of a neat and professional appearance by members of CARS by establishing policy and guidelines concerning squad uniforms.
- B. To establish uniformity of dress for all personnel.

### IV. DUTY UNIFORM

- A. All uniform clothing worn by CARS members shall be neat, clean in appearance and free of rips, tears, and holes and shall not be missing any required parts such as buttons, patches, and accessories and free from obvious wrinkles and stains.
- B. The Crew Captain will be responsible for ensuring personnel are appropriately dressed.
- C. Members on-duty will wear an officially approved uniform as follows:
  - i. Under normal circumstances:
    - 1. Navy blue uniform pants with long or short sleeved blue golf shirt (white golf shirts for officers);
    - 2. Blue CARS Sweatshirt or blue job shirt as desired;
    - 3. Department provided black boots (if member has not yet received boots, then hard-soled black shoes or boots for protection). No canvas or tennis shoes or sandal type shoes shall be worn;
    - 4. Baseball caps, if worn, will be navy blue or white with CARS logo or navy blue or white with no logo;
    - 5. Squad issued coat (navy blue) as desired.
  - ii. If the above uniform becomes contaminated or damaged, blue squad-issued coveralls may be worn.
  - iii. Members operating out of the Berkmar substation shall be permitted to wear their CARS approved jumpsuit while functioning in the capacity of a member.

### V. PERSONAL APPEARANCE

- A. All persons shall maintain a clean, neat and professional appearance.
- B. No person shall wear jewelry that presents a safety risk. Earrings may be worn, but are to be limited in number. No large hoops or pendants are permitted. No jewelry associated with body piercing other than earrings is permitted; however, flesh colored plugs may be used if unobtrusive.



- C. No tattoo shall be visible to the public.
- D. Hair shall be normal color only. No neon colors, bizarre rainbow striping, punk spikes, mowhawks, lightening stripe razor cuts, or similar colors or cuts are permitted.
- E. The Crew Captain and Duty Officer shall have the discretion to determine whether or not a person's appearance complies with this section.

**VI. STAND-BY/PUBLIC RELATIONS/DEMONSTRATIONS**

- A. A standard CARS uniform shall be worn for all stand-by events unless instructed differently by the Chief for Special Events Coordinator.

**VII. INCLEMENT WEATHER**

- A. In heavy rain, sleet, snow or other inclement weather the Duty Officer or on-duty Crew Captain may permit personal clothing appropriate for the situation, including clean turnout gear, to be worn. Squad indicia should be displayed if at all possible.

**VIII. APPLICANTS**

- A. Only CARS probationary, active, associate and retired life members may display the CARS logo.
- B. Applicants shall wear navy blue pants and navy blue golf style shirts.
- C. During cold weather, applicants must wear the CARS observer jacket.

**IX. OBSERVERS**

- a. All observers shall wear navy blue pants and a blue golf-styled shirt unless otherwise stated herein. No jeans or sweat pants will be permitted.
- b. Members of other fire and rescue organizations are permitted to wear their uniforms so long as the uniform does not include jeans or sweat pants.
- c. Medical student and nurse observers may be permitted to wear "scrubs" if they do not have the dress required in "A" above.

This observer is properly dressed:



# APPLICATION PERIOD

## *What is the application period?*

The application period is designed to introduce certified persons to the provision of emergency medical service while exploring the possibility of becoming a member of the Charlottesville-Albemarle Rescue Squad (CARS). An applicant is considered a “member” only to the extent that they are covered by the squad’s insurance. Otherwise, you are not a member and should not represent yourself as such. **Membership, if granted, is at-will, and may be terminated at any time, with or without cause, and with or without notice. All rules, regulations, policies and procedures may be amended or modified at any time.**

## *What is the application process?*

You must first submit a **COMPLETE** application, with all required attachments (understandably your reference letters may come separately, but the other required information must be included).

You must then attend the next Membership Committee meeting. The meetings are held at 6:00 p.m. at the McIntire building on the Sunday before the first Tuesday of each month. This means that some meetings will be on the last Sunday of the month, and some will be on the first Sunday of the month.

You will be assigned to observe for a minimum of two (2) months, ideally with two (2) different crews. During that time you will be expected to:

- Report on time in proper dress.
- Advise the crew captain of your arrival.
- Help check and clean a truck.
- Display the ability to work well with a variety of different people.
- Show respect for patients, family members, bystanders, squad members, and other EMS system participants.
- Maintain patient confidentiality at all times.
- Remain calm in stressful situations.

- ❑ Identify own learning needs and work with their preceptor to improve them.
- ❑ Solicit and receive feedback in a constructive manner and modify behavior according to that feedback.
- ❑ Participate in crew activities such as chores and training without the necessity of direct supervision.
- ❑ Attend monthly business and training meetings the second Thursday of each month at 7:00 p.m., and participate in stand-bys when possible.

A quick note about attendance: **It is required.** If you do not attend you will not be granted membership. If you become a member, you still must attend, but there are provisions for you to arrange to have your shift covered by another member. Because you are being evaluated for membership, applicants must attend ALL their assigned shifts. We will do all we can to work around an applicants conflicts in making applicant assignments, but if you have an extraordinarily chaotic and contorted schedule there may be no way to schedule you.

### ***What things am I NOT expected to do?***

- ❑ **Drive: APPLICANTS ARE NOT PERMITTED TO DRIVE ANY AMBULANCE OR HEAVY SQUAD VEHICLE OR TALK ON THE RADIO AT ANY TIME.**  
(The senior squad member on the scene MAY direct that the pre-probationary member drive a zone car from the scene of a call to a specified location if he or she deems that necessary).
- ❑ **Greet Visitors:** The public are to be greeted at the front door by a member. The member should try to assist the visitor in any way possible. If the visitor has questions regarding the operation of the Rescue Squad, he/she should be referred to the crew captain. It is not advisable for applicants who have little knowledge of the squad to try to assist visitors. Similarly,
- ❑ **Answer the Telephone:** Applicants are not permitted to answer the phone, for the same reason that you should not try to help visitors. You should not advise people to call you at the squad unless it is extremely important, and even then not after 2200 unless it is a true emergency. If you have a cell phone you are free to use it, of course, except that you should not make or receive calls while you are on a call.

- ❑ **Have Personal Visitors:** Applicants are not encouraged to invite people down to visit while in the application period without first discussing it with the crew captain. You should be concentrating on squad functions. The crew captain is responsible for the actions of all persons in the building and has the right to ask a person to leave if necessary.
- ❑ **Use Squad Equipment (without asking):** Provided it does not interfere with the activities of the duty crew and subject to the on-duty crew captain's approval, each member has access to the following facilities:
  1. Wash bay—to wash, vacuum, and wax personal vehicles.
  2. Laundry room—to use the washer and dryer.
  3. Ice machine—ice may be taken for personal use, but please leave a sufficient amount for the on-duty crew, especially in hot weather.
  4. Computer/printer lab—for writing papers, etc.

As an applicant you may use these facilities also, as long as it does not interfere with anyone else. If in doubt ask the crew captain.

### ***What are the crew schedules?***

CARS runs predominately fixed schedules.

#### **Day Crews.**

- ❑ The five fixed Day Crews (Monday, Tuesday, Wednesday, Thursday, Friday) begin duty at 0630 and are released at 1830.

#### **Night and Weekend Crews.**

- ❑ Sunday Day Crew runs every Sunday from 0800 to 1830.
- ❑ Sunday Night Crew runs every Sunday from 1730-0630.
- ❑ Four night crews (Monday Night, Tuesday Night, Wednesday Night, and Thursday Night) run from 1730 to 0630 their respective night; Friday Night Crew runs from 1730 – 0800; and every sixth week each will run Saturday 0800 to Sunday 0800 On the week that crew runs the 24 hour Saturday, the Rotating night crew runs their usual shift.
- ❑ The Rotating crew runs every sixth night (or Saturday 0800 – Sunday 0800 if that be the day )

### ***How do you decide if I become a member?***

You will be expected to have the Crew Captain or a person assigned by the Crew Captain complete a **Performance Evaluation** for each month you observe. The purpose of the evaluation is to give both you and the Membership Committee information on whether or not you meet the expectations of the organization. If you are unable to meet expectations during the application process you will not be granted membership.

You must also complete the Applicant's Checklist during this time period.

At the end of the two (2) months, the evaluations and checklist should be returned to the Membership Committee (you should keep a copy for yourself). You should attend the Membership Committee meeting at the end of your second month because the Committee will be reviewing your evaluations and checklist and may have questions for you. If you do not attend then you waive your opportunity to respond to any matters raised in the evaluations or checklist.

IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE COMPLETED FORMS ARE SUBMITTED TO THE MEMBERSHIP COMMITTEE, AND TO ATTEND THE COMMITTEE MEETING.  
**IF YOU FAIL TO TURN IN THE NECESSARY PAPERWORK THEN YOU MAY HAVE YOUR APPLICATION DENIED WITHOUT FURTHER NOTICE TO YOU.**

Occasionally you may have a problem getting an evaluation because the task has been delegated to a member that you cannot find. If this happens please contact your committee contact so they may help you. **The key to being a successful applicant is communication with your Membership Committee contact if you have a problem or a question not answered by this manual.**

If the Membership Committee finds your evaluations and checklist acceptable, they will recommend your acceptance as a probationary member. The Committee will make that recommendation to the Board of Directors at the meeting held the first Tuesday of each month. The Board must act on the Committee recommendation for it to be official.

Once a probationary member you will be assigned a “permanent” crew – one that you will stay with. (Crew assignments are never “permanent” because you may be moved from crew to crew as the squad’s staffing needs change).

There is a Probationary Member Manual that gives information about the Probationary Membership period as well as information about becoming released as an attendant-in-charge.

## HELPFUL NAMES TO KNOW

Chief:	Dayton Haugh (R-101)
Assistant Chief - Operations:	Ben Sojka (R-102)
Chair, Membership Committee:	J.V. Nable ( <a href="mailto:jvn3b@virginia.edu">jvn3b@virginia.edu</a> ) ( <a href="mailto:join@rescue1.org">join@rescue1.org</a> )
Membership Committee	Jennifer Alexander, Laura Johnson, J.V. Nable, Dayton Haugh, Ben Sojka, Ashleigh Edwards, Dr. Jeff Ferguson
Chair, ALS Committee:	Mariah Rogers ( <a href="mailto:CRAT@rescue1.org">CRAT@rescue1.org</a> )
Day Scheduling:	Deputy Chief Andy Anderson (R-104)
Night Scheduling:	Deputy Chief Linda Kattwinkel (R-103)
Standby Time:	Andrew Barros (R-110)
Fleet Operations:	Assistant Chief Ben Sojka (R-102) and
Training Officer:	Mariah Rogers
Supply Sergeant:	J.W. Albright (R-106)
Uniforms:	Jason Inofuentes and Becky Gammon ( <a href="mailto:uniforms@rescue1.org">uniforms@rescue1.org</a> )
Infection Control Officer:	Tom Balmer

Following this page you will find copies of the evaluation form and the applicant checklist that must be completed and returned to the Membership Committee.

Thank you for your interest!



# 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:**

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

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

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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)

**APPLICANT SKILLS CHECKLIST** for \_\_\_\_\_ (applicant)

Throughout the application period, one should work towards completion of this checklist. One should arrange time to demonstrate knowledge and skills with a full member acting as the examiner. Skills need not only be demonstrated while on calls.

SKILL	EXAMINER	DATE	CREW
Universal Precautions (gloves, mask, etc.)	_____	_____	_____
Infectious Waste Disposal	_____	_____	_____
Disinfection/Disposal of Contaminated Equipment	_____	_____	_____
Fire Extinguisher, Flares	_____	_____	_____
Stethoscope, Blood Pressure Cuff	_____	_____	_____
Airway Insertion	_____	_____	_____
Suction:			
oxygen caddie	_____	_____	_____
portable	_____	_____	_____
vehicle	_____	_____	_____
catheters, tonsil tip	_____	_____	_____
Patient Ventilation:			
ambu bag	_____	_____	_____
demand valve	_____	_____	_____
Oxygen:			
portable	_____	_____	_____
vehicle	_____	_____	_____
nasal cannula	_____	_____	_____
non-rebreather	_____	_____	_____
Cervical Collar	_____	_____	_____
KED	_____	_____	_____
Backboard	_____	_____	_____
Pediatric Immobilizer	_____	_____	_____
Orthopedic (Scoop) Stretcher	_____	_____	_____
Reeves Stretcher	_____	_____	_____
Chair Stretcher	_____	_____	_____
Cot	_____	_____	_____
Board splints, sling & swathe	_____	_____	_____

Hare Traction Splint	_____	_____	_____
Equipment Replacement			
airway items	_____	_____	_____
cervical collars	_____	_____	_____
drug boxes	_____	_____	_____
sheets/towels	_____	_____	_____
portable suction	_____	_____	_____
portable oxygen	_____	_____	_____
vehicle oxygen	_____	_____	_____
Identify all equipment on BLS and ALS units	_____	_____	_____
Read By-Laws (on-line)	_____	_____	_____
Read Standard Operating Procedures (SOP's)(on-line)	_____	_____	_____