



CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD

Clinical Review and Training

Basic Provider Release Guideline

Purpose: To define the collection process for providers seeking release as an attendant-in-charge.

1. The entire perception process should be completed no earlier than two (2) months and no later than six (6) months from the date of promotion to Probationary Member.
 - What does this mean? *You cannot be released in less than two months and you should try to be released within six months of promotion to probationary member.*
 - If you are not released within six months because extenuating circumstances prevent you from meeting this requirement, you will need to meet with the Clinical Review and Training Committee (CRAT) to discuss any problematic areas.
2. Your crew captain will assign a primary and secondary preceptor. Qualified preceptors are those members who have been approved by CRAT. Preceptors are either Advanced Life Support (ALS) providers, who have been released for at least a year or Basic Life Support (BLS) providers, who have been released for six months. Special exceptions may be made on a case-by-case basis and must be approved by the Training Officer. The majority of the calls that you collect and/or have evaluated during preception should be completed with one of these two individuals.
 - Associate-Medical and Active-Reserve Life members may act as preceptors assuming that they run consistently with your crew and will be available to collect with you.
3. You should collect and turn in the following types of calls. These calls are expected to be the best 20 calls that you have run as the AIC. They should not represent the first 20 calls that you have run.
 - **10 BLS Calls** – These are calls in which basic care is administered. You are expected to act as AIC. You should be responsible for: overall scene management, direction of available resources, oversight, and administration of patient care, a concise appropriate radio report, and documentation of the call on the PPCR.
 - **5 Backboard Calls** – These are calls in which the patient has suffered a traumatic injury. You are expected to act as the AIC. You should make the decision as to whether or not the patient will receive full spinal immobilization, and ensure that it is carried out appropriately. These calls only differ from the “BLS” calls in that immobilization is required. You are still expected to fulfill the responsibilities of the AIC.
 - **5 ALS Assist Calls** – These are calls in which you assist as an enhanced technician and/or a medic on a call in which: an I.V. and/or medication is administered to a patient, or advanced airway skills are employed. EKG monitoring alone with no other intervention does not qualify as an ALS call. You are not expected to write up the ALS call sheet, but a copy should be made, and a notation regarding what assistance you provided should be written by the preceptor on the reverse side. It may be necessary for you to run with someone other than your assigned preceptor to collect these calls (assuming neither of your preceptors is an ALS provider).



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- 1 Patient Refusal** – This is the call in which you have made patient contact and have attempted to initiate treatment and/or transport. Should the patient refused either treatment or transport, obtain a complete set of vital signs (BP, HR, RR, LOC, and GCS), explain the appropriate risks of declining further treatment and/or evaluation, and obtain the appropriate signatures on the reverse side of the PPCR. If the patient refuses to cooperate, document accordingly.
4. What are you supposed to do as the Attendant-in-Charge (AIC)?
 - Make sure that your ambulance is stocked and decontaminated appropriately.
 - Ride to the call in the front passenger seat.
 - Operate the radio.
 - a. Communicate with ECC (mark up when you respond, and when you arrive on scene).
 - Navigate your driver to the call.
 - a. Be able to use all of the maps in the ambulance (ADC, Dayton's Street Book, County Map Book).
 - b. Be able to use the GPS as a tool to help navigate driver.
 - Be the primary care provider.
 - a. Receive report from the first responders if applicable.
 - b. Establish and maintain a rapport with the patient.
 - c. Delegate duties as you see appropriate (vital signs, patient packaging, etc.)
 - Give a patient report to the appropriate hospital by radio or telephone, and to the nurse or physician when you arrive.
 - Document the call on the PPCR.
 - a. Have your preceptor proofread and co-sign your report.
 - Check to ensure that your ambulance has been restocked after each call.
 5. Complete Map Training Program and the Radio Operations Program.
 - These programs are Power Point Presentations and can be accessed from "Download Central" at www.carsrescue.org.
 - Document that you have done the Map Program by taking the quiz associated with the Power Point Presentation.
 - Please complete this early in your release process.
 6. Your preceptor(s) will write a brief letter of recommendation evaluating your strengths as a patient care provider. This letter will be submitted to CRAT when you are ready to be released.
 7. When you are gathering your paperwork to submit to the committee, please organize it in sections of **BLS, ALS assists, Backboards, Refusal**. Attach a completed Coversheet for Release form to your paperwork.
<http://warhammer.mcc.virginia.edu/cars/cratreleasesheet.pdf>
 8. Submit all paperwork to the training officer's box by the second Monday of the month by 1900 hours.
 9. Upon approval by CRAT, you will be notified via email and a letter will be submitted to your file.