



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 preception 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 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 the primary preceptor.
 - 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. A minimum of 18 calls should be collected as outlined below. All calls in which you are the AIC should be evaluated.
 - **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.
 - **2 Backboard Rule-in/out Calls** – These are calls in which the patient has suffered a traumatic injury. It can be a call where you were AIC or where you assisted an ALS provider who acted as 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. Regardless of whether or not you immobilize the patient, a call may be counted in this category *if* you performed a rule-out or rule-in exam. These calls only differ from the “BLS” calls in that immobilization is required. You are still expected to fulfill the responsibilities of the AIC. A call may be categorized as a backboard call *or* an ALS assist. It cannot be both.
 - **3 Backboard scenarios** – You must run 3 backboard scenarios with an approved preceptor prior to release. These are to simulate high acuity trauma calls that you encounter much less often. The training officer or other CRAT member will produce these scenarios for preceptors on demand. The goal is to increase your comfort level with these high stress calls. Please complete paper PCR for these or enter them in the computer **without posting them**. After you have printed them, then please delete the call from the computer. If one is posted by mistake, then let somebody on the QA/QI team know or the Training Officer.
 - **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. The provider must assist on **any of the following: 12-lead placement, nitroglycerin (paste or sublingual) administration, nebulizer set-up and administration, and IV lock set-up**. You are not expected to write up the ALS call sheet or obtain a copy of the PCR. Document on your evaluation the procedure you assisted with. It may be necessary for you to run with someone other than your assigned preceptor to collect these calls (assuming your preceptor is not 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 **or on the Toughbook**. 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.
 - b. Complete Clinical Thought Process Evaluation.
 - 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/downloads/
 - 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. **At the 3 month mark of your collecting process, if not ready for release, then submit the all evaluated calls and a self-evaluation so CRAT can determine if there are any points where we can assist you with release.**
 8. 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://goo.gl/JFjmJg>
 9. Submit all paperwork to the training officer's box by the second Monday of the month by 1900 hours.
 10. Upon approval by CRAT, you will be notified via email and a letter will be submitted to your file.
 - a. **After being approved you will be eligible for a checkride. CRAT will contact you with information on our expectations for your checkride and how to contact an appropriate preceptor.**