

# **Applicant Objectives and Tasks**

(ver. 1/9/2020) **NAME:** 

#### **Applicant Performance Expectations:**

#### Attendance & Engagement

- Arrives at least 15 minutes before shift change.
- Has found a substitute at or above his/her level when not present.
- Notifies the crew captain of shift trades in advance.
- Attends monthly business meeting or files an alternate training form.
- Participates in standby activities as prescribed by agency policy.
- Maintains certifications necessary for provider level including Provider Certification, BLS, ACLS, PALS, and special rescue certifications

#### Professional Demeanor

- Dressed appropriately for shift to include wearing uniform polo and/or job shirt, navy pants, and black boots. Boots are tied and pants covering them when on a call.
- Treats personnel from CARS and other agencies with respect.
- Treats patients and family members with respect, care, and concern.
- Respects confidentiality of patient data by securing call reports, shutting down ImageTrend, and avoiding discussing identifying patient information with members not involved in patient's care.

#### Crew Duties

- Assists with truck checks, dinner, crew chores, and post-call cleanup at the hospital with increasingly limited prompting.
- Asks questions about equipment with which s/he is unfamiliar and/or the location of equipment on the unit.

#### Crew Training

- Demonstrates increasingly active participation in crew training exercises.
- Proactive communication with AICs and crew captain regarding completion of training checklist with the expectation that tasks will be completed before the due date.

\*\*Applicants pursuing driver-only status do not need to learn **BLS Assessment Skills, ALS Assist Skills**, or OP/NP insertion.

	Initial & Date
DO THESE FIRST  1) Watch the HIPAA TV 2.0 video and taken the post-test at carsrescue.org/hipaa (Applicant cannot be placed on a unit until this has been done)	
2) Applicant is familiar with the location and use of all PPE and safety equipment carried on CARS ambulances  a) Gloves, gowns, face shields, masks b) Traffic vests c) Seatbelt use	
<ul> <li>3) Applicant is familiar with Stryker cot mechanics <ul> <li>a) Applicant demonstrated raising and lowering cot to multiple levels</li> <li>both with a crew member on it and without</li> <li>b) Applicant demonstrated removing and replacing the cot in the</li> <li>ambulance both with a crew member on it and without</li> <li>c) Applicant understands the need to brace the cot when loading and unloading a patient</li> <li>d) Applicant demonstrated raising the patient's torso and legs, lowering the side railings, lowering the back shelf, and applying the brake</li> </ul> </li> </ul>	
4) Applicant demonstrated knowledge of dispatch toning system	
5) Applicant understands turnout time and response time expectations	
6) Applicant reviewed Applicant Performance Benchmarks/Expectations	
THE PAPERWORK  1) Applicant is on the CARS-OBS-PROBIES Mailing List (Contact Probationary Member Coordinator - Membership Committee)	
2) Applicant reviewed the agency's history on the www.carsrescue.org website	
3) Applicant reviewed the agency's bylaws	
4) Applicant reviewed the agency's SOGs on the www.carsrescue.org website	

SAFETY
Applicant demonstrates situational awareness and understanding of
scene safety considerations
a) Applicant understands when scene vests or highlighter jackets must
be worn
b) Applicant discussed conditions where it would be appropriate to
stage before entering a scene
<ul> <li>c) Applicant discussed the need to recognize increasing hostility in patients and bystanders, the general concept of "de-escalation", and how</li> </ul>
to always maintain an exit path
to diways maintain an exit path
2) Applicant is aware of safety regulations for securing equipment in
patient compartment
Applicant reviewed "Safe Ambulance Backing Procedures" at
carsrescue.org/downloads
CERTC
1) Applicant took "Introduction to Incident Command System" (IS-100.b),
passed online exam, and attached certificate to this checklist
(http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=is-100.b)
(interpretational formal grant and a second formal particular in second formal grant and a secon
2) Applicant took "ICS for Single Resources and Initial Action Incidents"
(IS-200.b), passed exam, and attached certificate to this checklist
(http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=is-200.b)
3) Applicant took "National Incident Management System: An Introduction"
(IS-700.a), passed exam, and attached certificate to this checklist
( <a href="http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=is-700.a">http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=is-700.a</a> )
4) Applicant took "National Response Framework. An Introduction"
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(http://training.fema.gov/EMIWeb/IS/courseOverview.aspx?code=is-800.b)
( <u>Interpretational formal grant and the first formal particular fo</u>
5) Applicant took course "WMD/Terrorism Awareness for Emergency
Responders" (AWR160), passed exam, and attached certificate to this checklist
(http://www.teex.com/teex.cfm?area=teex&Division=ESTI&Course=AWR160
<pre>&amp;templateid=14&amp;navdiv=ESTI&amp;online=true)</pre>
AMBULANCE MAINTENANCE
Applicant understands regulations regarding cleanliness and readiness
for service of ambulance

2) Che	ecking Ambulance Equipment	
a)	Applicant is familiar with the location, stocking, and use of	
	equipment in the blue jump bag	
b)	Applicant is familiar with the location, stocking, and use of	
	equipment in the oxygen caddy	
c)	Applicant is familiar with the location, stocking, and use of	
-,	equipment in the LifePak 15 (Heart Monitor)	
	<ul> <li>i) Applicant knows how to check the defibrillation output of the LifePak 15</li> </ul>	
	ii) Applicant knows how to check and replace the batteries of	
	the LifePak 15	
	<ul><li>iii) Applicant demonstrated unplugging and plugging in the monitor to the charging cable</li></ul>	
d)	Applicant is familiar with the equipment in the locked drug	
,	compartment including checking for expiration dates and intact	
	seals	
e)	Applicant is familiar with the location, stocking, and use of	
	equipment in all of the overhead compartments	
f)	Applicant is familiar with the location, stocking, and use of	
	equipment under the bench seat	
g)	Applicant is familiar with the location, stocking, and use of	
-,	equipment under the captain's chair	
h)	Applicant is familiar with the location, stocking, and use of	
,	equipment in the Miscellaneous compartment	
i)	Applicant is familiar with the location, stocking, and use of	
.,	equipment in the outside compartments	
3) Ann	olicant demonstrated changing `D' oxygen tank	
3), (PP	meant demonstrated changing b oxygen tank	
	licant demonstrated changing 'M' oxygen tank, including how to ERSE THREAD securing straps (diagram in O2 compartment door)	
5) App	licant has learned how to restock ambulances after each call	
6) App	olicant demonstrated decontamination of the truck at start of shift	
and after tran	sporting a patient with contact isolation precautions	

#### BLS ASSESSMENT SKILLS\*\*

1) App	olicant p	practiced assessing vital signs on crew members	
a)	Heart I	Rates	
	i)	Applicant practiced taking radial, brachial, carotid, apical, dorsal pedal, posterior tibial, and femoral (probably not on	
	::1	other crew members unless very friendly) pulses	
	ii)	Applicant understands the difference between regularly-regular, regularly-irregular, and	
		irregularly-irregular heart rhythms	
	iii)	Applicant understands "normal" ranges for adult and	
	,	pediatric patients and when and why patient might be out of	
		those ranges	
	iv)	Applicant understands correlation between systolic blood	
		pressure and presence of pulses	
	D	D	
D)		Pressures	
	i) ii)	Applicant demonstrates proper arm position  Applicant practiced using the cuff on the upper arm	
	11)	auscultating brachial pulse and cuff on lower arm	
		auscultating radial pulse	
	iii)	Applicant practiced using the cuff on the upper arm	
	,	palpating radial pulse and cuff on lower arm palpating radial	
		pulse	
	iv)	Applicant understands potential to take blood pressure off of	
		patient's legs	
	v)	Applicant understands "normal" ranges and when and why	
		patient might be out of those ranges	
<b>c)</b>	Pupilla	ry Light Reflex	
C)	i)	Applicant properly demonstrated checking pupils for size,	
	'/	response, and accommodation	
	ii)	Applicant understands "normal" response and why patient	
	,	might not respond that way	
d)	Respira	atory Rate	
	i)	Applicant understands "normal" ranges and when and why	
		patient might be out of those ranges	
۵۱	Lung S	Sounds	
C)	i)	Applicant practiced auscultating lung sounds for upper and	
	1)	lower lung fields on anterior, axillary, and posterior sides	
	ii)	Applicant understands "normal" findings and when and why	
	,	patient might not have those findings	
		- <del>-</del>	
2) App	olicant b	pegan taking vital signs on patients	
		-	

<ul> <li>a) Applicant demonstrated use of Glucometer</li> <li>a) Applicant understands "normal" ranges and when and why patient might be out of those ranges</li> </ul>	
might be dut or those ranges	
4) Bleeding control	
<ul> <li>a) Applicant understands how direct pressure is applied and when it is appropriate to release</li> </ul>	
<ul> <li>b) Applicant understands indications and contraindications for Celox hemostatic gauze and how it is applied</li> </ul>	
<ul> <li>Applicant knows the indications for application of a combat tourniquet and demonstrated how one is placed</li> </ul>	
<ul><li>5) Applicant has learned how to enter call sheets into ImageTrend Elite</li><li>a) Applicant is familiar with CARS billing procedure</li></ul>	
GETTING TO CALLS	
<ol> <li>Applicant has learned how to use Dayton's Map Books to navigate to calls</li> </ol>	
Applicant has learned how to use County E-911 Map Book to look up _ pertinent information	
pertinent information	
3) Applicant has learned how to use Active 911	
4) Applicant reviewed chase car operation including the role of chase cars, _ emergency light and siren operation, and how the opticom functions	
ALS ASSISTS**	
<ol> <li>Applicant reviewed powerpoint on the "Basics of ALS Assistance" on www.carsrescue.org website</li> </ol>	
Applicant demonstrated proper 12-lead placement     a) Electrode placement	
<ul> <li>i) Applicant can correctly verbalize landmarks</li> <li>ii) Applicant demonstrated placement on crew member or mannequin</li> </ul>	
3) IV Start Kits	
a) Applicant is familiar with the equipment contained in the pink medication kits	
b) Applicant knows the indications and contraindications for BLS	

medications in the pink medication kits

	the BLS medication class, and which medications can be given after the BLS medication class, and which medications are ALS only	
3) IV 9	Setup	
a)	Applicant demonstrated priming an extension set using a 10cc saline flush	
·	Applicant demonstrated spiking and priming an administration set (drip set) using a saline bag	
c)	Applicant is familiar with the other equipment necessary to obtain IV access in a patient	
4) Neb	oulizer Setup	
a)	Applicant demonstrated setting up a nebulizer	
b)	Applicant demonstrated setting up a nebulizer through a non-rebreather mask	
CARDIAC AR		
1) CPF	<u> </u>	
a)	Applicant demonstrated continuous compressions on an adult and baby mannequin	
b)	Applicant demonstrated proper single rescuer BVM technique	
c)	Applicant understands how to use the LifePak 15 as an AED	
•	diac Arrest Skills	
-	Applicant demonstrated OP/NP insertion**	
-	Applicant demonstrated proper two-person BVM technique	
c)	Applicant knows how to smoothly swap compressors during	
	continuous compressions	
d)	Applicant understands how to function as code scribe	
3) LUC	CAS 2 Auto compression device	
a)	Applicant demonstrated placing and using LUCAS on CPR mannequin	
b)	Applicant understands how to correctly reposition LUCAS on patient during use	
c)	Applicant demonstrated placing LUCAS (remove battery) on heavy	

mannequin (tech rescue mannequin or any full body mannequin)

while minimizing interruptions to compressions

c) Applicant knows which medications are within their scope of

MOVI	NG PA	FIENTS AROUND	
	1) Apı	olicant demonstrated use of scoop stretcher	
		Applicant can verbalize indications for use	
	2) Ani	olicant demonstrated use of reeves stretcher	
		Applicant can verbalize indications for use	
	u)	Applicant can verbalize indications for use	
	3) Apı	olicant demonstrated use of KED	
	a)	Applicant can verbalize indications and contraindications for use	
	4) Apı	olicant demonstrated use of stair chair	
	5) Anı	olicant demonstrated use of bariatric lift and has reviewed the	
power		nd video	
	6) App	olicant demonstrated use of Pedi-mate+ and reviewed the training	
video			
тммо	RTI T7	ATION	
1141410		nal Immobilization	
		Applicant demonstrated sizing and placing C-Collar on sitting and	
	۵,	supine crew member	
	b)	Applicant demonstrated fully immobilizing crew member to	
		backboard	
	c)	Applicant understands TJEMS backboard protocol and indications	
		and contraindications for full and partial immobilization	
	2\ D	di Turana da Hirana	
	•	di-Immobilizer Applicant demonstrated fully immobilizing Baby Anne mannequin or	
	a)	very small crew member to pedi-immobilizer	
	b)	Applicant understands indications and contraindications for use	
	-,		
	3) Ext	remity Immobilization	
	a)	Applicant demonstrated using board splints to immobilize long	
		bones of upper and lower extremities and joints of both extremities	
	-	Applicant demonstrated placing crew member in sling and swath	
	c)	Applicant understands indications and contraindications for use	
	4) HA	RE Traction Splint	
	-	Applicant demonstrated placing splint on crew member	
	b)	Applicant understands indications and contraindications for use	

Check ALL THAT APPLY, fill-in blanks, and circle specifics if applicable.

Why was 911 called?
Safety:
Scene: □ Staged □ Scene vests □ Nobody left alone □ Recognize increasing agitation & de-escalate
<i>Provider safety:</i> □ Gloves □ Face shields □ Crew seatbelted □ Secured loose thing in back □ Radio used
Patient safety: □ At least two people on cot at all times □ Patient seatbelted
Nourological
Neurological:  LOC: A V P U Orientation: □ person □ place □ time □ event □ responsive, not oriented
GCS: Eyes: 1 2 3 4 Verbal: 1 2 3 4 5 Motor: 1 2 3 4 5 6
Pupils: □ PERRL □ Dilated □ Constricted □ Unequal □ Unresponsive to light
Vital Signs: Last known normal time: Blood glucose:
Affect:   Calm Agitated Lethargic Slow to respond Inattentive Labile (sudden changes)
Symptoms:   Headache   Dizziness   Nausea   Weakness   Unilateral deficits   Vision changes
Symptoms Headache - Dizzmess - Nadsed - Weakness - Offilateral deficits - Vision changes
<u>Airway</u> :
Speech: □ Talking □ Altered phonation (speaking) □ Abnormal sound/stridor □ Cannot make noise
Mentation: □ Alert enough to protect own airway □ Decreased level of consciousness
Obstruction: □ Patient position closing airway □ Secretions/blood □ Vomiting □ Trauma □ Swelling
Interventions:  Positioning Adjunct: OPA, NPA, King Airway, Intubation Suction
Breathing:
Vital Signs: Respiratory Rate: O <sub>2</sub> Saturation: End Tidal CO <sub>2</sub> :
Speech:   Speaking full sentences without pause   Short sentences/phrases   Single words
Work of breathing:   Accessory muscle use   Deep   Shallow   Coughing with/without sputum
Breath sounds:   Clear   Equal/unequal   Adventitious: wheezing, crackles, rhonchi   Diminished
Interventions:   Positioning Oxygen:Ipm Ventilation Nebulized medication CPAP
<u>Circulation</u> :
Vital Signs: Heart Rate Regular: Y / N Radial pulse quality Blood Pressure:
Skin:   Appropriate color   Pale   Gray   Cyanotic   Warm   Cool   Dry   Moist   Diaphoretic
Bleeding: □ Location: Severity: mild/moderate/severe □ Suspicious for internal bleeding
Interventions: □ 12-lead □ Warmth □ Bleeding control □ Aspirin □ CPR
<b>Operations:</b> ¬ Transfer of care from first responder ¬ Directed bystanders ¬ Emergent transport
□ Requested additional resources: □ Refusal of care discussed □ Public service
□ Hospital notified 15 minutes prior to arrival □ Hospital Alert: Sepsis, STEMI, Alpha, Beta, Stroke
How patient was moved to the ambulance (Reeves, scoop stretcher, etc):
Sick or Not Sick? <- what do you think? Choose one.
□ Threat to ABCs □ Vital signs abnormal for context □ Life-threatening differential □ Declining condition
□ Decreased mental status □ Provider discretion (patient just looked terrible?)/Other

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Obstruction: □ Patient position closing airway □ Secretions/blood □ Vomiting □ Trauma □ Swelling
Interventions:  Positioning Adjunct: OPA, NPA, King Airway, Intubation Suction
Breathing:
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<b>Operations:</b> ¬ Transfer of care from first responder ¬ Directed bystanders ¬ Emergent transport
□ Requested additional resources: □ Refusal of care discussed □ Public service
□ Hospital notified 15 minutes prior to arrival □ Hospital Alert: Sepsis, STEMI, Alpha, Beta, Stroke
How patient was moved to the ambulance (Reeves, scoop stretcher, etc):
Sick or Not Sick? <- what do you think? Choose one.
□ Threat to ABCs □ Vital signs abnormal for context □ Life-threatening differential □ Declining condition
□ Decreased mental status □ Provider discretion (patient just looked terrible?)/Other

Check ALL THAT APPLY, fill-in blanks, and circle specifics if applicable.

Why was 911 called?
Safety:
Scene: □ Staged □ Scene vests □ Nobody left alone □ Recognize increasing agitation & de-escalate
<i>Provider safety:</i> □ Gloves □ Face shields □ Crew seatbelted □ Secured loose thing in back □ Radio used
Patient safety: □ At least two people on cot at all times □ Patient seatbelted
Nourological
Neurological:  LOC: A V P U Orientation: □ person □ place □ time □ event □ responsive, not oriented
GCS: Eyes: 1 2 3 4 Verbal: 1 2 3 4 5 Motor: 1 2 3 4 5 6
Pupils: □ PERRL □ Dilated □ Constricted □ Unequal □ Unresponsive to light
Vital Signs: Last known normal time: Blood glucose:
Affect:   Calm Agitated Lethargic Slow to respond Inattentive Labile (sudden changes)
Symptoms:   Headache   Dizziness   Nausea   Weakness   Unilateral deficits   Vision changes
Symptoms Headache - Dizzmess - Nadsed - Weakness - Offilateral deficits - Vision changes
<u>Airway</u> :
Speech: □ Talking □ Altered phonation (speaking) □ Abnormal sound/stridor □ Cannot make noise
Mentation: □ Alert enough to protect own airway □ Decreased level of consciousness
Obstruction: □ Patient position closing airway □ Secretions/blood □ Vomiting □ Trauma □ Swelling
Interventions:  Positioning Adjunct: OPA, NPA, King Airway, Intubation Suction
Breathing:
Vital Signs: Respiratory Rate: O <sub>2</sub> Saturation: End Tidal CO <sub>2</sub> :
Speech:   Speaking full sentences without pause   Short sentences/phrases   Single words
Work of breathing:   Accessory muscle use   Deep   Shallow   Coughing with/without sputum
Breath sounds:   Clear   Equal/unequal   Adventitious: wheezing, crackles, rhonchi   Diminished
Interventions:   Positioning Oxygen:Ipm Ventilation Nebulized medication CPAP
<u>Circulation</u> :
Vital Signs: Heart Rate Regular: Y / N Radial pulse quality Blood Pressure:
Skin:   Appropriate color   Pale   Gray   Cyanotic   Warm   Cool   Dry   Moist   Diaphoretic
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