



Zion Crossroads Volunteer Fire Department Guidelines for the Attendant-in-Charge Preception Process

Revised Date: December 2008

The entire process must be completed **no earlier than 2 months** and **no later than 9 months** from the date of EMT-B Exam. If for some reason you aren't released within 9 months, or something prevents you from meeting this requirement, you will need to meet with the EMS Captain to discuss any areas you may be having trouble with.

For the purposes of ZCVFD's releasing program, the definition of *preceptor* is a released AIC from any agency that has been running for a minimum of 6 months as a released Attendant-in-Charge (not to include observer or collecting time). It is up to the EMS Captain to determine approval of any preceptor status in question. When in doubt, run the call as normal and collect the information and note questionable preceptor status for review.

You should collect and turn in the following types of calls:

14 BLS Calls

These are calls in which basic care is administered. You are expected to act as the 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 Calls

These are calls in which you assist a shock trauma 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.

1 Patient Refusal

This call is to determine your knowledge on policies and procedures for collecting proper patient refusals. This can also count as one of your BLS calls. Please submit a copy of the signed refusal on the PPCR.

These calls are expected to be the best 25 calls that you have run as the Attendant-in-Charge. They *should not* represent the first 25 calls that you have run period.



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All calls should be evaluated by the preceptor who was present on that call. You should make copies of all the calls that you have participated in and make a notation of what skills you used or what you learned (this can be done on the back of the call sheet).

What are you supposed to do as the Attendant-in-charge (AIC)?

- ✓ Make sure that your ambulance is stocked and decontaminated appropriately
 - *Properly fill-out the pre-shift ambulance checklist*
- ✓ Ride to the call in the front passenger seat
- ✓ Operate the radio
 - *Communicate with Dispatch (mark up when you respond, and arrive on scene)*
- ✓ Navigate your driver to the call
 - *Be able to use any of the map books as needed*
- ✓ Be the primary care provider
 - *Receive report from the first responders if applicable*
 - *Establish and maintain a rapport with the patient*
 - *Delegate duties as you see appropriate (vital signs, patient loading)*
- ✓ Give a patient report to the appropriate hospital by radio or telephone
- ✓ Give a patient report to the Nurse or Physician when you arrive
- ✓ Document the call on the PPCR
 - *Have your preceptor read over it and co-sign*
- ✓ Check to ensure that your ambulance has been restocked after each call

Your preceptor(s) will then fill-out a sheet evaluating your strengths as a patient care provider. This should be attached to the copy of the PPCR for review.

When you are gathering your paperwork to turn in to the EMS Captain, please try to organize it in a way that will make it easier to evaluate you. A stack of call sheets with a few evaluations tossed in is difficult to sort through.

The EMS Captain will determine if the candidate has met the minimum requirements to be released and holds the right to enact further training before releasing the candidate. This includes giving the candidate additional ER observation time, written or oral skills testing and observing the candidate as AIC.



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Checklist for Release

Name of Candidate: _____

Candidates Email: _____

List All Approved Preceptors used in your application

NAME	AGENCY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have Collected for 2 Months or more

Date of EMT-B Exam: _____

Date started AIC process: _____

Number of BLS calls (15 minimum) _____

Number of Backboard Calls (5 minimum) _____

Number of ALS calls (5 minimum) _____

Number of Refusals (1 minimum) _____

Evaluations for all calls submitted



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BLS Evaluation for Release As Attendant In Charge

INTERN NAME _____

THIS CALL QUALIFIES FOR ONE OF THE FOLLOWING BLS BACKBOARD ALS BACKUP REFUSAL

PRECEPTOR NAME _____ DATE _____ INCIDENT# _____

CALL TYPE/DESCRIPTION _____

SCENE SAFETY AND ORGANIZATION

Did the intern properly assess scene safety and take the appropriate actions to insure safety of themselves and their crew?

Yes No N/A

Did the intern receive a verbal report from the first responders?

Yes No N/A

Did the intern interact effectively with the first responders and incorporate the appropriate resources on the call?

Yes No N/A

Was the call run in a timely manner that was appropriate for the patient's condition?

Yes No N/A

PHYSICAL ASSESSMENT

Did the intern gather the appropriate history of present illness, past medical history, medicines taken daily, and allergies from the patient or bystanders?

Yes No N/A

Did the intern perform a basic and organized physical assessment?

Yes No N/A

Was the assessment appropriate for the patient?

Yes No N/A

Did the intern properly assess whether the patient was in a **load and go** situation?

Yes No N/A

Did the intern perform vital signs and/or delegate it to the appropriate resource?

Yes No N/A

Did the intern appropriately identify the problems found?

Yes No N/A

TREATMENT / MEDICAL COMMUNICATIONS

Did the intern appropriately treat the problems found?

Yes No N/A

Was the intern familiar with the equipment and able to use it in a timely manner?

Yes No N/A

PLEASE EXPLAIN ANY "NO" ANSWERS ON THE BACK OF THIS SHEET



Zion Crossroads Volunteer Fire Department

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BLS Evaluation for Release As Attendant In Charge

Did the intern explain treatment options to the patient prior to initiation (if appropriate)?

Yes No N/A

Did the intern give a clear and concise radio report to the receiving agency?

Yes No N/A

On arrival to the hospital, did the intern give a clear and factual verbal report to the nurse in charge of the patient?

Yes No N/A

Did the intern properly document the call on the run sheet?

Yes No N/A

Was the intern respectful to all parties involved in the call?

Yes No N/A

Did the intern properly evaluate and treat the patient without prodding from the preceptor?

Yes No N/A

Self Evaluation of the Intern (strengths & weakness)

Comments from the Preceptor

Is the intern ready to run this same call without a senior tech on scene?

Yes No

Please list any ALS skills the intern helped with

IV set-up Heart monitor set-up BVM Ventilation
 Suctioning Intubation setup Other (List: _____)

Signatures

Intern _____ Date _____

Preceptor _____ Date _____