



Waterford Ambulance Service Standard Operating Guideline

Effective January 2019
Scope: All WAS Staff
From: Steven D Garvin, President WAS/EMS Manager Charles Bynum
Subject: EMT Field Training Program
SOG: Training 2014 001 Rev. 5
Type Year Number Revision

Purpose

To provide guidance for the field training of probationary Waterford Ambulance Service EMT candidates. The EMT's of Waterford Ambulance Service take great pride in delivering high quality patient care and support to the citizens of our community. In keeping with such high standards, newly hired or transitioning EMT candidates need a mentor and guide in developing a solid understanding of their knowledge, skills, educational strengths and areas of improvement. This mentor is the Field Training Officer.

Definitions

- 1) Working Test Period. The period of time between hiring a new EMT employee and time it is determined whether the employee's services have been satisfactory and whether WAS will continue the employee's employment.
- 2) Precepting. The practice of providing personal instruction, training, and supervision to a new hire EMT employee for the purpose of determining when a new EMT can work unsupervised.
- 3) FTO - Field Training Officer. A Field Training Officer is an experienced or senior member of an organization who is responsible for the training and evaluation of a junior or probationary level member.



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Requirements

1. Only State of Connecticut certified Emergency Medical Technicians that are at least 18 years old are eligible to complete Field Training. While in training, and six months after being signed off, the new hired EMT's are in a "probationary" status.
 - a. Members who are less than 18 years old can only "ride along" and assist. They are not eligible to work unsupervised.
2. EMTs that have recently completed EMT training and are awaiting their CT EMT number, but have a NREMT number can continue training (precepting), providing the FTO EMT signs all relevant forms and charts, and the FTO EMT is with the EMT candidate at all times when patient care is being provided.
3. EMT candidates shall:
 - a. Complete eHIPPA training prior to responding to training calls.
 - b. Have a valid driver license on file with WAS.
4. EMT's, those who have been separated for a year or greater shall complete this training guideline and are only required to complete 2 precept calls as described below.



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Instructions

Field Training Officer

1. Field Training Officers shall be appointed by the President/Vice President, or the EMS Manager of the Service per the Field Training Officer SOG.
 - For each new EMT to the WAS, a primary Field Training Officer will be assigned to review the EMT candidate is progressing appropriately.

EMT Field Training

2. The success of this process is directly linked to the professional commitment of our Field Training Officers. Their hard work and dedication help to build a foundation for our EMS system that ultimately sets a high standard of service for our community.
3. Successful completion of the Field Training Program is required of all EMTs candidates new to the Waterford Ambulance Service regardless of prior service in other organizations. The intent of completing emergency calls, (precepts) is not to complete a fixed amount of calls, but to ensure the trainee has a solid grasp of the practical skills necessary to provide quality patient care, in addition to a fundamental understanding of the operations. The primary focus should not be to complete at least 10 calls but to complete enough calls to ensure skill competence.
 - a. New inexperienced candidate EMTs are required to complete **at least** ten (10) emergency medical calls with **at least** two (2) emergency medical calls at the ALS level of care, which involves a patient transport to an emergency room.
 - b. New experienced candidate EMTs joining the WAS shall complete **at least** five (5) emergency medical calls with **at least** one (1) emergency medical call at the ALS level of care, which involves a patient transport to an emergency room.
 - c. Re-hire employees shall complete **at least** two (2) emergency medical calls which involves a patient transport to an emergency room.



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4. One patient refusal call can count as a precept; however, no canceled calls will be counted.
5. Field Training may be extended based on the trainee's performance reviews. If the trainee has not passed the field training program by their twenty fifth (25) emergency transport the EMS Manager and FTOs shall meet to determine an extension or termination of the trainee's field training.
6. Completing Field Training Sheets.
 - d. Any WAS Field Training Officer can sign off on the following sheets:
 - Evaluation of Call
 - Communications
 - Equipment Orientation
 - Practical Exercises
 - e. Only the primary Field Training Officer can sign off on the following sheets:
 - Pre-Field Training Sheet
 - Field Training Summary sheet
7. Once the initial field training is complete, the newly precepted EMTs will work in a "working test period" or probationary status for 40 calls for inexperienced EMT's, or 20 calls for experienced EMT's. ~~At such point, their performance will be rated and a full employment awarded/regular compensation.~~
8. Within this working test period, the EMT can be remediated from service or placed back into the FTO process, based upon the recommendation of the primary FTO and EMS Manager collectively.



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PREREQUISITE TRAINING REQUIREMENTS

Trainee: _____

FTO: _____

**THE COMPLETION AND DOCUMENTATION NEEDED ON THIS FORM ARE
REQUIRED BEFORE BEGINNING FIELD TRAINING**

Item	Initial	Date
Copy of CT/National EMT Number Card & CT Driver's License/ CT ID Card.		
Application on file, access to the WAS Web Site, reviewed the Policy Manual.		
HIPPA-eHIPPA training completed.		
Hepatitis B Vaccination form completed.		
Hazardous Materials Awareness Training. (higher levels of Haz-Mat Training is acceptable)		
N95 Fit Test.		
Blood-borne Pathogens Training completed.		
ESO ePCR program training completed, including an ESO logon established.		
NIMS ICS 100, 200, 700 & 800.		
CT State BLS Protocol Review completed.		

Trainee Signature: _____

Primary FTO Signature: _____

Date: _____



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POLICY REVIEW

Trainee: _____

FTO: _____

<p>The following selected policies, (nonexclusive listing) are found on the agency website: www.waterfordambulance.org, in the members section, titled Policy Manual. This is the agencies online policy manual which is available to all currently active WAS members and sound be consulted regularly for updates.</p>		
Item	Initial	Date
Section 1. Policies		
P-19-001	Progressive Discipline & Corrective Action	
Section 2. Directives		
14-001	Waterford Ambulance Service Policy Manual	
Section 3. Standard Operating Guides		
A-14-001	A-14-001 Non-Discrimination and Anti-Harassment Policy	
A-14-005	Social Media Policy	
A-14-010	Waterford Ambulance Service HIPPA Policy	
A-14-011	Waterford Ambulance Service Communicable Disease	
A-16-001	Employee Compensation Policy	
O-14-002	Electronic Patient Care Reports ePCR	
O-14-003	Patient Transport Destination	
O-15-001	Priority of Responses	
O-19-001	Ambulance Return to Service Policy	
S-14-001	Riding and Operating in WAS Vehicles	
T-14-002	EMT Initial and Refresher Training Reimbursements	
Section 4. CT Required Postings & Employee Information		
	Connecticut Discrimination is Illegal Posting	
	Connecticut Department of Labor Wage and Workplace	
	Connecticut Employee Rights	
	Connecticut Workers Compensation Coverage CERMA	
	EEOC	
	Notice to Employees of Electronic Monitoring	
	Sexual Harassment is Illegal	
Section 5. WAS Employment Forms		
	Hepatitis B Vaccine Information and Consent Form	
	Waterford Ambulance Service Employment Information	



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COMMUNICATIONS EQUIPMENT

Trainee: _____

FTO: _____

Item	Initial	Date
Town-Wide 800 MHz Mobile / Base Radio (Digital)		
Town-Wide 800 MHz Portable Radio (Digital)		
Medical Control Radio (Waterford, Groton, Norwich C-Med)		
VHF High Band (East Lyme-Montville & Groton Fire Alarm)		
Station W WECC: 860-442-5332		
Lawrence Memorial Hospital ER: 860-442-0711 Ext. 2261		
Backus Hospital ER: (860) 823-6389		

Trainee Signature: _____

Any FTO Signature: _____

Date: _____



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EQUIPMENT ORIENTATION

Trainee: _____

FTO: _____

PATIENT MOVEMENT	PROFICIENCY OF USE
Stretcher (Use in manual and power operation).	
Power Load System	
Scoop	
Long Board	
Stair Chair	
Infant Car Seat	
OXYGEN	PROFICIENCY OF USE
First-In Bag	
Main O2 Replacement	
Portable O2 Replacement	
Manual Bypass	
SUCTION	PROFICIENCY OF USE
Onboard	
Portable Powered	
Portable Manual	



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IMMOBILIZATION	PROFICIENCY OF USE
Long Board	
Pedi-Board	
Towel Rolls	
C-Collar	
SPLINTING	PROFICIENCY OF USE
Frac-Pack	
Board Splints	
Vacuum Splints	
Traction Splint	
Pillow Splint	
MISC EQUIPMENT	PROFICIENCY OF USE
Automatic Chest Compression System e.g. Lucas.	
Bariatric Sled	

Trainee Signature: _____
Any FTO Signature: _____
Date: _____

PRACTICAL EXERCISES



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Trainee: _____

FTO: _____

ACTIVITY	PROFICIENCY OF USE
Cleaning and disinfecting the ambulance.	
Conducting an inventory of an ambulance.	
Operating the power lift/load system. This includes the stretcher and the load system, to place a simulated patient in the ambulance.	
Change out the Main O ₂ Cylinder (Can take out a replace the same cylinder).	
Use the bariatric soft stretcher to move a simulated patient from a bed to a stretcher.	
Use a backboard and scoop stretcher to secure and move a simulated patient.	
Deploying the stair chair for use and move a simulated patient down a flight of stairs.	
Moving a simulated patient from the stair chair to a stretcher.	

1. The FT EMT shall give direction to assisting EMTs for simulated patient moves and the FT EMT will be evaluated based on their skills and directions to other EMT's.
2. A simulated patient shall be of adult age and size.

Trainee Signature: _____

Any FTO Signature: _____

Date: _____

EVALUATION OF THE CALL

(complete one sheet for each call)



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Trainee: _____ **FTO:** _____ **Driver:** _____

Criteria	FTO Comments
• PPE and Scene Safety	
• Initial Scene Interactions with the Patient or Facility Staff	
• Primary Assessment and Initial Treatment(s)	
• Secondary Assessment & Ongoing Treatment(s)	
• For ALS Calls, Interaction w/Medic	
• Treatments (O2, Interventions)	
• BLS Protocol Skills	
• Med Patch	
• Patient Turnover	
• Patient Care Form (ePCR)	

Trainee Signature: _____

Any FTO Signature: _____ Acceptable Evaluation Yes / No

Date: _____

Incident Number: _____



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Chart Completion Statement

I, _____ understand that patient care reports, (ESO charts) are required to be completed at the end of each call, and no chart shall be unresolved for greater than 24 hours after the call was completed.

In some cases, the WAS Quality Assurance (QA) function may reveal discrepancies or incomplete sections within a patient care report that require further attention. In these cases, WAS will communicate with you via; phone, email, text or within the ESO Chart program in the message section. Once you have been notified that an ESO Chart(s) for which you are responsible for required additional information or correction, you will be given 24-48 hours to make such additions or corrections. If you need further assistance or time extension, you can contact either the WAS QA representative or WAS President/Vice President or EMS Manager.

Failure to comply with these requirements can lead to disciplinary actions up to and including termination from the WAS organization.

Printed Name

Signed

Date



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EMERGENCY MEDICAL TECHNICIAN FIELD TRAINING PROGRAM FIELD TRAINING OFFICER SUMMARY SHEET

Trainee: _____ Primary FTO: _____

REQUIRMENT	DATE COMPLETED
Reviewed WAS Policies (SOG's & Directives)	
Completion of Pre-Field Training requirements:	
Completion of Communication Training:	
Completion of Equipment Training:	
Completion of Precepts:	
Completed ePCR Training:	
Extension Required (Y/N)	
Completion of Extension:	
Completion of Field Training:	

Trainee Signature: _____
Primary FTO Signature: _____
Date: _____

EMS Manager: _____
Signature Date