

EMS Operations Committee Agenda  
March 8, 2016  
1930 hours  
DTCI Large Conference Room, First Floor  
801 Sycolin Road

1. Call to order
2. Roll Call
3. Approve February meeting minutes (attached)
4. Chairman's Report
  - a. Executive Committee February packet
5. OMD- Dr. John Morgan
6. Reports
  - a. LCFR– DC Jose Salazar
    - i. EMS Billing – Danielle Brosan
    - ii. EMS Training – Bill Toon
  - b. Committee reports
    - i. Communications Committee – Chief Bennett
    - ii. Training Committee-Chief Mino/Chief Aycock  
Training Committee Minutes attached
    - iii. SWP Committee-Chief Krone
  - c. EMS Council –Leo Kelly
7. Old Business
  - a. Physio Lease Option Update
  - b. Ambulance Standards Committee
  - c. Medication Security
  - d. Drug Bag Policy
  - e. Bariatric Response Plan
  - f. Autism Risk and Safety Management
  - g. Heavy Rescue Service Delivery Workgroup
8. New Business
  - a. Rules of Order (Hall)
  - b. Proposal to remove ER rotation (Draft items attached) (Toon)
  - c. AVFRD ALS Chase Car
  - d. Volunteer Physicals (Draft SWP attached)
9. Committee Member Comments
10. Announcements



**EMS Operations Committee Minutes  
February 9, 2016  
DTCI- Large Conference Room  
801 Sycolin Road  
1900 Hours**

Co. 4	Cheryl Aycock
Co. 6	<b>Absent</b>
Co. 9	Derrick Bennett/JJ Brown
Co. 12	Andrew O'Connell
Co. 13	Anthony Mino
Co. 14	Earl Hall
Co. 15	Byron Andrews
Co. 17	Rodney Krone
EMS Council	David Beatty
LCFR	AC Johnson, AC Tobia, DC Salazar, Bill Toon, Mary Maguire, Danielle Brosan, Christine Langley-Obaugh, Gary Myers (Chaplain Corps)
OMD	Dr. John Morgan
StoneSprings	Jaime Wolfin
Reston Hospital	Keith Morrison
Inova Loudoun	Jamie Stephens

1. Call to order

Chairman Andrews called the meeting to order at 1858 hours.

2. Roll Call

3. Approve January meeting minutes

A motion to approve the January 12, 2016 minutes was made by Chief Aycock. The motion was seconded. All are in favor with no opposition or abstentions. Motion carries.

4. Chairman's Report

Chairman Andrews advised that the Executive Committee packet from January was attached for review by the EMSOC. Chairman Andrews will be including the EC packet in subsequent months as well.

Chairman Andrews did want to acknowledge and thank everyone for their efforts during the snowstorm. Chair Andrews stated resources were made available to address the many calls and extended transport times.

5. OMD-Dr. John Morgan

Dr. Morgan stated that he received a memo today from the Virginia Department of Health on the Zika Virus. Dr. Morgan stated he has received a few questions regarding possible EMS related concerns. Dr. Morgan reported that there are not any concerns at this time. There has been one case identified in Virginia, a traveler from an endemic region. The virus is basically spread through mosquitos. There are a number of things in the media regarding other means of transmission, but for all intensive purposes, this is essentially a mosquito borne illness that are not effecting mosquitoes in our region even if they were around at this time. At this point, we are not rolling out any information or action as far as a protocol or a plan. Dr. Morgan emphasized that it is always good to get a travel history from patients that might present with infectious disease like symptoms. Dr. Morgan stated we do still have the potential for Ebola to rear its head. Dr. Morgan added that we are probably about to see the flu season pick up in the next two to four weeks. Please be careful with your isolation precautions. Be careful giving nebs to patients in the back of ambulances with respiratory illnesses.

6. LCFR- DC Jose Salazar

Chief Salazar reported that he will be dedicated to EMS officially on February 11<sup>th</sup> and Chief Shank will be overseeing training.

Chief Salazar stated that the Commissioner of Health reported last week that Ebola is no longer an issue in the United States.

Regarding Interstate Compact, the issue will be brought up again in legislation this year.

Chief Salazar advised that the DEA's regulations on medications were never meant for EMS. Standing orders or protocols may be changing. Controlled substances, schedule II-V are in question at this time. Changes could impact EMS and practices.

Chief Salazar also submitted that the EMS Officer class is back on track. A pilot could happen in the Spring with a proposed goal release date of November.

a. EMS Billing- Danielle Brosan

Danielle reported that a meeting was held with Chief Brower last week regarding distribution. An additional meeting with John Sandy and Finance is scheduled for tomorrow. Additional information will be forthcoming.

b. EMS Training-Bill Toon

Dr. Toon advised that his report, dated February 8, 2016 has been provided separately. Dr. Toon reported that in regard to the Fall EMT Class, 30 students began the class and 27 students completed. Twenty passed the practical on the first time. Of the remaining seven, only one person is going for their 4<sup>th</sup> attempt at the practical. Dr. Toon shared that 18 passed the National Registry Exam on their 1<sup>st</sup> attempt and 5 failed. The concern, therein, lies in the fact that the 5 have not rescheduled. Dr. Toon emphasized that this is a critical time, thus if we are not able to get them to reschedule, the likelihood of the loss of these five grows monthly.

The Spring EMT class will begin on March 20<sup>th</sup> and will end on June 22<sup>nd</sup>. As of February 4<sup>th</sup>, thirty completed applications have been received. It should be noted that it is a month prior to the closing date and this is the first time that this has ever happened. Two additional applications have been received and those two are on the wait list at this time. The wait list will go to a maximum of ten based on policy.

Reference the second EMT Class, 15 registered and 13 completed and all of them went for their practical exam. Seven passed their exam on the first attempt, three failed, and results remain pending on the other three students.

Lastly, Dr. Toon wanted to discuss with the EMSOC, the need for the ability to do field internships for those members who are coming from Fire Companies only. The need is present for students to ride and train in a station during the bulk of their course. Presently, DR. Toon reported that we have six individuals who belong to Fire only Companies and the need exists for them to partner with their respective companies. The request would include ten patient contacts within the three months of the course. Additionally, a set of skills will also be outlined for their completion. The students will be asked to familiarize themselves with equipment that is typically on ambulances that they do not have access to. Dr. Toon relayed that this proposed experience is far better than having the students go to the Emergency Department. Dr. Toon asserted that if the students obtain ten patient contacts, then they will ride on the ambulance and they will go to the Emergency Department and they will witness ED care which is the most significant. Discussion ensued. Dr. Toon advised that he can submit a proposal to all EMSOC committee members. Chief Andrews asked that feedback be sought. To clarify, Dr. Toon stated that the proposal would include the removal of the ER rotation completely. Dr. Toon informed the EMSOC that if the ED is kept, blood work has to be drawn and the students need to be processed. To remove the screening process for the ED may be helpful in the long run and save on administrative costs and paperwork. In addition, it is important to note that the students need to prepare to be on the ambulances. Finally, the curriculum will also be provided so all are able to view the program. Dr. Toon submitted that a student orientation night may also be helpful whereby the

students can receive their manuals and first homework assignment approximately one week to ten days before their first night of class. Shared responsibility will be stressed according to Dr. Toon. Lastly, the long term goal will be to hold 3 EMT classes per year, each running three months in duration. Dr. Toon stated by doing so, we would be able to increase the total number of providers in the system. Dr. Toon agreed with comments made that additional sites to increase patient contacts will need to be considered.

## 7. Committee Reports

### a. Communications Committee (Chief Bennett)

Chief Bennett announced that this past Friday and Saturday, Thomas Kane and Chief Parker held a CAD introduction (just the MDC portion). The sessions allowed people to familiarize themselves with the new CAD system. Chief Bennett stated that there was a consensus regarding having the training videotaped so that the same consistent message is relayed. Chief Bennett stated there were two critical items identified that need to be remedied and vendors have been contacted. Chief Bennett shared there are going to be a number of things that we will not have to generate incidents numbers for anymore, however, the system will still be able to record those incidents. Chief Bennett relayed that this one piece will not replace everything and that members should realize there are multiple pieces. Chief Bennett mentioned that every station had a representative there. Chief Andrews stated he was unaware of the training. Chief Bennett shared that the training was done in conjunction with Motorola and he understood the sessions were limited to fifteen people.

Chief Andrews asked for the record to reflect that many agencies did not have any representation at this meeting.

Chief Bennett informed the EMSOC that the radio button topic discussed last month was discussed at the communications committee and it was accepted.

Chief Bennett also advised that investigation of PulsePoint integration was requested. The issue was flagged as a priority once the rollout has been completed.

### b. Training Committee (Chief Aycock/Chief Mino)

No report. The meeting was cancelled.

It was reported that there were some concerns about the Training Enrollment and Wait Lists SWP, so additional changes may be occurring.

c. SWP Committee (Chief Krone)

No report.

8. EMS Council

JJ Brown stated that everyone should have received a copy of the controlled substance registration. In addition, JJ reported for the previous cycle of Four for Life, that money was expended and the documentation has been forwarded to the County.

9. Old Business

a. Physio Lease Option

Chief Salazar reported there is no update at this time.

b. Ambulance Standards Committee

Chief Andrews stated that there will be something in place by the March meeting.

c. Medication Security

Nothing to report.

d. Drug Bag Policy

Chief Salazar informed the EMSOC that responses were received, however, questions have arisen. For example, 6 is requesting two, but all of their bags may not be compliant. Another example would be 17 as they are requesting 3, but Chief Salazar was told their bags are compliant. Chief Salazar will work on verifying the replacement of existing bags, specifically, non-compliant bags on existing vehicles.

e. Autism Risk and Safety Management

Chief Andrews requested that the information he received regarding Autism Risk and Safety Management be distributed to all members of the EMSOC.

10. New Business

a. Rules of Order

Chief Andrews advised that at the last EC meeting, the Rules of Order were voted on and approved. Chief Andrews suggested that the EMSOC may wish to make some

changes. Chief Bennett suggested making changes in section I such as meeting night and meeting location. Chief Andrews suggested that we review the Rules in March with a final vote in April. Earl Hall will take the lead on the Rules of Order.

Requested feedback or comments will be emailed to Earl for incorporation into the EMSOC Rules of Order.

b. Chaplain By-Laws, procedural Manual and SWP

Gary Myers stated that an FRG was in place previously, however, it needed to be expanded upon. The Chaplaincy Program is growing and consistency with other committees was desired. Gary indicated that he would like to create a more in depth, a more comprehensive training program as well.

Cheryl Aycock asked Gary about transporting, specifically which Chief would approve of the transport. Gary Myers indicated that some Presidents or Chiefs prefer for the Chaplain not to transport, while others approve. Gary stated, in all honesty, that the Chaplains try and get a neighbor to drive the family to the hospital, so they are not in the Chaplains' vehicles. Chief Andrews stated that the host company for the Chaplain should establish those guidelines. "Sponsoring department leadership" was the term that was suggested to replace the word "Chief" on page 10.

Regarding response conditions, beginning on page 12, the question was posed whether or not the Chaplains coordinated with law enforcement or other organizations to ensure they are okay with parameters listed in the documents. Gary Myers responded affirmatively stating they had been contacted and have approved.

A motion to approve the By-Laws, Procedural Manual and SWP was made by Chief Bennett. The motion was seconded. The motion carries with no abstentions.

c. Heavy Rescue Service Delivery Workgroup

Chair Andrews relayed that the EMSOC needs to appoint two personnel to the committee which will also have two from FOC and two from LCFR to establish the policies and procedures associated with the Heavy Rescue Operations in the County. Chief Andrews suggested that since 15 and 17 are the only two companies with heavy rescues that are operating at this time that he be allowed to contact Chief Krone for an appointment. The remaining representative would be Chief Andrews.

d. Deener-Carr Banquet



Chair Andrews stated he received an email from Karen McQuaid regarding the planning aspect of the Deener-Carr Banquet. Chief Andrews asked if anyone had any suggestions and put forward Deb St. Clair.

e. Dispatch Algorithm Committee

Chair Andrews informed the EMSOC that a representative needs to be selected to sit on this committee. Chief Salazar volunteered to do so. Chief Tobia will be the Chair of this committee. Chairman Andrews offered that it is important to consider volunteer representation as well. Several Rescue Chiefs would like an opportunity to ask someone. The Dispatch Algorithm Committee action item will be sent out to all EMSOC members and Chair Andrews will make a selection. Please submit your names by Friday to Christine.

11. Committee Member Comments

None noted.

12. Announcements

Dr. Toon announced that there will be a Target Solutions demonstration on 2/16/16 beginning at 6:30 at the Training Academy.

Two CE events: March 2, 2016 Toxicology lecture for BLS and ALS Personnel; March 7, 2016 Burn Lecture from the Burn Program from Medstar.

Adjourn: With no other business to discuss, the meeting is adjourned at 2014.

**Respectfully submitted:**  
**Christine Langley-Obaugh, M.Ed., CVA**  
**Executive Liaison**



Date of Meeting: March 8, 2016

# 6ai

**Loudoun County Combined Fire-Rescue System  
EMS OPERATIONS  
INFORMATION ITEM**

**SUBJECT:** EMS Transport Reimbursement Program Update

**STAFF CONTACT(S):** Danielle Brosan, EMS Cost Recovery Manager  
Mary L. Maguire, Assistant to the Chief

---

**BACKGROUND:** At the request of the Loudoun County Combined Fire-Rescue System EMS OPERATIONS Committee, the following overview provides a summary of the EMS Transport Reimbursement Program implementation process and key deliverables.

***FY 2016 Fund Distribution:***

- A memo from Chief Brower outlining the distribution summary and check distribution timeline will be sent to the system soon

***ePCR Auditing:***

- FY2016, Quarter 2 Audits: Those providers that have not corrected their errors on ePCRs, are being sent to their respective Rescue Chief for correction. If the provider needs the ePCR unlocked and an admin is unavailable, please contact Danielle Brosan to unlock the ePCR.



**Date of Meeting:** March 8, 2016

**# 6bii**

**Loudoun County Combined Fire-Rescue System  
TRAINING COMMITTEE  
INFORMATION ITEM FOR EMSOC**

**SUBJECT:**                      **Update**

**STAFF CONTACT(S):**      **Tony Mino, Chief and Cheryl Aycock, Rescue Chief**

---

The Training Committee examined the SWP that addressed enrollment in fire training classes and agreed to phase implementation over the next six months. This will help alleviate the problem of potential students not having all pre-requisites met (namely HAZMAT Operations) prior to registering for class. An IB will be issued that addresses this modification.



**LCCFRS – Training Committee**  
Meeting Minutes of March 1, 2016

Meeting convened March 1, 2016 at 1900 Hours

**Attendees**

<b>Committee Chair</b>			<b>LCFREM – Field Reps</b>	
Bernard Gottholm-LCFR	Present		Troy Gittings-LCFR	Excused
			Marc Nicholson-LCFR	Excused
<b>Fire Operations Committee Reps</b>			<b>LCFREM – Training Division Reps</b>	
Jim Fazekus-Co 1/20	Excused		Scott Brazier-LCFR	Present
Scott Radcliffe – Co 2	Present		Bill Toon-LCFR	Present
<b>EMS Operations Committee Reps</b>			<b>Guests</b>	
Cheryl Aycock – Co 4	Present		Randall Shank-LCFR	Present
Tony Mino – Co 13	Present			

**Meeting minutes approved for February**

**Agenda**

- Status of policies: Current Enrollment SWP will be main topic of discussion of tonight's meeting.

**Training – Scott Brazier**

- Information about registration numbers, registration closing dates, and events surrounding the Spring 2016 Basic Firefighter I & II Certification Course.
- Update on current situation on how the SWP has affected both the HazMat Ops and Spring 2016 Fire School registration and attendance rosters.
- Information to update committee on current VDFP Administrative Guidelines and Procedures regarding HazMat Operations and Fire School.

**Fire OPS – Scott Radcliffe**

- Nothing to report

**EMS OPS – Cheryl Aycock and Tony Mino**

- Nothing to report

**LCFR Field –**

- No Report

## Old Business

- Discussion about the enrollment SWP being disregarded after all committees had voted to approve said policy. (Training Committee thru EXCOMM).
- Discussion on current situation of how the SWP has affected both the HazMat Ops and Spring 2016 Fire School registration and attendance rosters. As registration periods are closing, students who do not meet pre-requisites for classes are permitted to still attend that class which violates the SWP directive.
- Training Committee feels disregarded and insignificant after a great amount of work was put into developing and getting the SWP approved only to have it disregarded after only one issue has arisen from it.
- Discussion on how to solve the issue at hand:
  - Aycock-Recommended leaving the SWP unchanged but draft a System Wide Informational Bulletin to allow a 6 month "adjustment period". This allows flexibility in registration until the new 2016/2017 Annual Training Calendar to be adjusted to comply with the SWP.
  - Recommended that the Training Calendar be adjusted to allow for two HMO classes to be completed prior to a Basic Fire School and provide a 30 day period between HMO and Fire School to alleviate registration issues.
  - Committee members voted and approved to move forward with these recommendations.
- Discussion by DC Shank about book re-imbursements for "out of County" students who attend classes in Loudoun. A draft of this proposal has been created and sent up the chain for approval. (November 2015)

## New Business

- Introduction of DC Shank as new head of Training Division.
- Discussion about how to increase system participation in the Training Committee. Recommendations:
  - Ask the FOC to spread the word to Chief's, Presidents, and Training Officers so that they may attend the meetings.
  - BC Gottholm to send monthly meeting reminders to his mailing list one week prior to the meeting date to encourage system members to attend. Email will include the date and time of the meeting as well as the agenda.
- Dr. Toon-Discussion about three suppression companies in the system who have over 100 members each who do not have CPR Instructors. Would like to work with these companies to train their own in-house CPR instructors. This would help to alleviate the strain of the suppression companies borrowing instructors from the neighboring rescue companies and would also help ease the student saturation level during PRIDE training. Dr. Toon will reach out to the FOC to



schedule time to speak with the fire chiefs in order to foster participation for this idea.

**Meeting adjourned at 1950 hours.**

**Next meeting-Tuesday, April 5, 2016, at 1900 hours.**



Student Name	Rotation	Date	Location/Dept		Tracker ID#		
Preceptor Name		Credentials	Title				
<b>Student: complete at the end of every field experience shift.</b>							
<b>The Preceptor / Department / Crew members:</b>			Disagree		Agree		N/A
			1	2	3	4	
Made me feel welcome.							
Oriented me to the ambulance, hospital and station facilities.							
Clarified expectations at the start of the rotation and as needed.							
Encouraged independent thinking and learning.							
Were approachable when interaction was needed.							
Treated me with respect.							
Provided feedback on strengths and weaknesses.							
Helped relate classroom knowledge and theory to the clinical experience.							
Were available and willing to discuss calls / station activities.							
Demonstrated a genuine interest in the student.							
<b>This shift/rotation:</b>			Disagree		Agree		N/A
			1	2	3	4	
Objectives were clearly defined.							
I feel as though I learned a lot.							
Was interesting.							
Was relevant in reinforcing concepts learned in class.							
I was able to practice the skills taught in class that I am authorized to perform.							
Was a valuable experience.							
<b>Comments</b> <i>Please provide, especially for neutral/negative feedback.</i>							
Student Signature						Date	





# Field Experience Handbook

## Emergency Medical Technician

This handbook contains the information needed to complete the field experience portion of the EMT training program. Please read it in its entirety. Should you have any questions, please contact your course coordinator.

## I. Administration

### Field Experience Requirements

You are required to complete a **minimum of ten patient assessments**, prior to the completion of your Field Experience for EMT class.

- All students completing Emergency Medical Technician course must:
  - Perform 10 patient assessments:
    - A minimum five of these patient assessments must be performed on live patients. These should be performed on an ambulance or in an emergency department or may be completed in a clinic, nursing home, doctor's office, etc.
    - No more than five of the required 10 patient assessments may be performed on standardized programmed patients or advanced simulation mannequins.
  - Students should observe emergency department operations for a period of time sufficient to gain an appreciation for the continuum of care. (From VA OEMS website 3-3-16).

In addition to the patient assessments, meant to be gained by riding the ambulance to actual calls, and participating in patient care and treatment as a member of the pre-hospital team, it is expected that you will spend sufficient amounts of time in local Emergency Departments during these call experiences, to gain an understanding of the continuum of care, once you drop a patient off at a receiving facility.

### Skills

You are only authorized to perform skills listed on the "Release for Skills" form, regardless of any other education, certification, license, employment, or affiliation. This form serves as your authorization to perform skills, and should be brought to all rotations.

### In-Station Expectations

During your shifts, between calls, you are expected to complete certain objectives in a variety of topic areas, including but not limited to, practice obtaining vital signs, practice lifting and moving patients, and practice radio communications and patient documentation.



# Field Experience Handbook

## Emergency Medical Technician

### Approved Field Experience Supervisors

Individual Department Leadership would have a choice in determining Approved Field Experience Supervisors, but at a minimum, these individuals should be locally authorized and released AIC's, preferably experienced, "seasoned" providers.

### Paperwork and Evaluations

Students are responsible for ensuring that forms for field experience shifts are completed accurately and in their entirety. Field experience forms serve as the means through which completion of objectives and requirements are tracked and also serve an important role as a quality improvement tool.

For each shift, students should complete two forms:

1. Shift Report and Supervisor's Evaluation
  - a. Student should list patients assessed on the back of the form.
  - b. Any skills performed can be listed on the front of the form.
  - c. Student should have the preceptor complete the evaluation on the back of the form and sign.
2. Student Self Evaluation and Evaluation of Preceptor/Shift
  - a. Student should complete as soon after the rotation as possible.
  - b. This form serves as a quality improvement tool, and does *not* need to be shared with the hospital staff.

Field evaluations are to be completed by the preceptor, AIC, or senior staff member responsible for supervising your Field experience. **All Shift Report and Supervisor's evaluations must be placed in an envelope and sealed by having the staff member sign over the back of the envelope.** The student self evaluation and shift feedback form does *not* need to be sealed. Evaluations not signed and sealed, or Field shifts for which not all paperwork has been completed, will not be accepted, resulting in the student not receiving credit for the experience (both hours and skills).



# Field Experience Handbook

## Emergency Medical Technician

All paperwork from field experience must be submitted to the course coordinator **at the next class following the shift**. Expeditious handling of paperwork allows your progress to be accurately and quickly tracked and reported.

For any student not meeting the objectives and standards of the program (i.e., receiving less than satisfactory evaluations, failing to progress in skill mastery, etc.), the following actions may be taken by the program:

1. Scheduling a mandatory counseling session with the course coordinator, program director, medical director and/or other instructors or program administrators;
2. Restricting and/or discontinuing all Field training;
3. Requiring additional remedial training;
4. Requiring the student to be evaluated by a panel consisting of representatives from the LCFR EMS Education Program and/or the medical director;
5. Removal of the student from the program.

### Dress Code and Behavior

Students are perceived as potential practitioners and representatives of the Loudoun County Combined Fire/Rescue system. Therefore, strict attention to professionalism must be maintained.

While operating in the Field environment, students shall:

1. Wear a watch with a second-hand (or digital readout of seconds).
2. Carry on their person their current driver's license or government-issued identification card, and Loudoun County Fire/Rescue identification card.
3. Have readily available this handbook, including the release for field experience form and copies of the appropriate shift report and evaluation forms. Students are encouraged to keep an adequate supply of blank forms with them at all times.

Dress for field experience rotations shall consist of:

1. Navy blue uniform pants (not jeans or shorts), black shoes or boots (no open-toed shoes or sandals), and a collared "polo" uniform shirt or button-down collared uniform shirt.



# Field Experience Handbook

## Emergency Medical Technician

- a. Students who have not been issued a collared uniform shirt may wear an agency-issued T-shirt, provided it is in good condition.
2. Belt (suspenders are not acceptable in lieu of belt).
3. Loudoun County Fire/Rescue identification card (must be visible).
4. Hair must be worn in a manner that will not interfere with vision or the provision of medical care.

Students not meeting the dress code requirement or acting in an unprofessional or unacceptable manner may be asked to leave by department staff. In certain cases, additional sanctions may also be imposed by the EMT program.

### Scheduling

Each Transport Department within the Loudoun County Combined System, will designate an individual to represent them with regards to scheduling of EMT students for Field Experience Rotations. The members of the EMT Class who belong to Transport Companies will work with the individual in their own department to ensure adequate opportunity to complete the Field experience in a timely manner. Those class members who DO NOT belong to a Transport Company, will be offered the opportunity to work with the identified individuals of Transport Companies, to fill in shifts that are available with neighboring departments. Students should ensure that their requested shifts do not conflict with class attendance, or other class requirements.

### Maximum Number of Students per shift, per Department

Maximum number of students and shifts available will be determined by the individual designated as the Transport Department Coordinator for EMT students. While several factors may come into play regarding these numbers, it is hoped that all Transport Departments will make every effort to maximize the experience for these students, as they complete these requirements for EMT Class.

### Expectations

For every field experience shift, you should:

1. Report to the assigned department 10 minutes prior to the start of your scheduled time.
2. Check in with the Crew Leader or AIC upon arrival.
  - a. Review the rules and operating procedures of the unit.
  - b. Review objectives and activities to be performed by the student.





# Field Experience Handbook

## Emergency Medical Technician

3. Assess patients and review histories, review interventions, and need for re-assessment.
4. Observe and participate in department activities as directed by staff.

Students are expected to safeguard all protected health information (PHI) that they come in contact with in accordance with state and federal privacy regulations. Examples of PHI include patient names, addresses, phone numbers, and dates of birth, social security numbers, and medical record/hospital visit numbers.

### Clinical Staff

Should you have any questions regarding the Field Experience aspect of the EMT program, please contact the course coordinator. Questions or issues that arise while at a field experience site should be directed to the course coordinator.

#### EMS Program Director

Dr. William Toon

[William.toon@loudoun.gov](mailto:William.toon@loudoun.gov)

#### Medical Director

Dr. John Morgan

[john.morgan@loudoun.gov](mailto:john.morgan@loudoun.gov)

#### Course Coordinator

Michael McDonald

[Michael.mcdonald@loudoun.gov](mailto:Michael.mcdonald@loudoun.gov)

Office: (703) 737-8291

Cellular: (571) 233-1982



# Field Experience Handbook

## Emergency Medical Technician

### II. Objectives

All objectives listed below and on the following pages are critical to the performance of an EMT, and should be reviewed multiple times over multiple shifts with the EMT Student during the Field Experience. It is not intended to be a "one and done" event. However, it is necessary for the student to document at least once having performed each objective under each category successfully, as evidenced by the Preceptor or Supervisor for the shift. This will be documented on the Objective Completion Form, and returned to the course coordinator.

#### VITAL SIGNS

Vital signs are very important diagnostic aids which are taken on every patient. Although taking vital signs can be difficult; e.g. in the back of a moving ambulance, in a noisy or dark environment, with the proper training and a little practice this skill can be mastered. Under the supervision of a preceptor, EMT students may take and record vital signs during their clinical rotations.

##### OBJECTIVES:

At the completion of this training, the candidate should:

- \_\_\_\_\_ 1. Know how to assess the pulse rate and pulse quality at two major pulses points.
- \_\_\_\_\_ 2. Know how to take a blood pressure with blood pressure cuff and stethoscope by palpation.
- \_\_\_\_\_ 3. Know how to assess respiratory rates and quality of respiratory efforts.
- \_\_\_\_\_ 4. Know how to assess skin color, temperature, and moisture.
- \_\_\_\_\_ 5. Know how to assess pupil size, equality, and reaction to light.
- \_\_\_\_\_ 6. Know how to assess breath sounds.
- \_\_\_\_\_ 7. Know how to assess a patient's level of consciousness.
- \_\_\_\_\_ 8. Know how to assess a patient's Glasgow Coma Score.
- \_\_\_\_\_ 9. Complete a minimum of five sets of vital signs (pulse, BP, respirations, pupil response, skin color/temp, and lung sounds) in a non-emergency situation.



# Field Experience Handbook

## Emergency Medical Technician

### LIFTING AND MOVING PATIENTS

An important part of rendering care is safely moving a patient to a location better suited for providing care. Moving a patient may also be necessary to get them out of a potentially unsafe situation; e.g., confined space, motor vehicle accident, etc. Equally important to moving a patient safely is your own safety. Lifting and moving patients exposes you to potential back injury so it must be done correctly to reduce your chance of injury. Under the supervision of a preceptor, EMT students may assist in lifting and moving patients during their clinical rotations.

#### OBJECTIVES:

At the completion of this training, the candidate should:

- \_\_\_\_\_1. Know proper lifting techniques to protect their back and other muscles from injury.
- \_\_\_\_\_2. Know proper patient lifting and moving techniques to protect the patient from further injury.
- \_\_\_\_\_3. Demonstrate how to load and unload the stretcher from the ambulance. (With and without patients)
- \_\_\_\_\_4. Demonstrate the two and four person carries for stretchers. (With and without patients)
- \_\_\_\_\_5. Demonstrate when to use the stair chair and how to operate it. (With and without patients)
- \_\_\_\_\_6. Demonstrate when to use the reeve's stretcher and how to operate it. (With and without patients)



# Field Experience Handbook

## Emergency Medical Technician

### SPINAL IMMOBILIZATION

Spinal immobilization is a vital part of treatment/care for a trauma patient. Proper spinal immobilization helps prevent further head, neck, and/or back injuries by immobilizing the patient in an "in-line anatomic position"; i.e. flat on their back. Spinal immobilization is a crew effort. Under supervision, EMT students may assist with spinal immobilization.

#### OBJECTIVES:

At the completion of this skill training, the candidate should be able to assist the EMT with:

- \_\_\_\_\_ 1. Maintaining proper cervical stabilization.
- \_\_\_\_\_ 2. Sizing and applying a cervical collar (adult and pediatric).
- \_\_\_\_\_ 3. Knowing the indications for using a KED and knowing proper application procedures.
- \_\_\_\_\_ 4. Stabilizing a patient on a long backboard (adult and pediatric).



# Field Experience Handbook

## Emergency Medical Technician

### OXYGEN THERAPY

Regardless of their certification level, oxygen is the most important medication given by the EMT. Proper airway management and oxygen therapy is an immediate concern for all patients. Under the supervision of a preceptor, EMT students may administer oxygen to patients. As a result, EMT students need to know how to use oxygen equipment, know what the proper flow rate is and know how to use appropriate adjuncts.

#### OBJECTIVES:

At the completion of this skill training, the candidate should be able to assist the EMT with:

- \_\_\_\_\_1. Know safety practices associated with working with compressed gases.
- \_\_\_\_\_2. Know the various oxygen administration devices and when they are used.
- \_\_\_\_\_3. Demonstrate how to properly apply oxygen administration devices to the patient and adjust the flow rates. This should include both portable and on-board devices.
- \_\_\_\_\_4. Demonstrate when and how oxygen cylinders should be changed. (Portable and on-board)
- \_\_\_\_\_5. Demonstrate how to apply and use the pulse oximeter. Review false readings.
- \_\_\_\_\_6. Know how to assist the ALS provider with application of capnography devices.



# Field Experience Handbook

## Emergency Medical Technician

### THE AMBULANCE AND PORTABLE EQUIPMENT

The ambulance is both a patient transportation vehicle and a storehouse for both medical supplies and equipment needed in order to render the appropriate care to the many possible emergencies that EMS providers will encounter.

#### OBJECTIVES:

At the completion of this skill training, the candidate should:

- \_\_\_\_\_1. Explain how to wash an ambulance.
- \_\_\_\_\_2. Describe how to decontaminate an ambulance.
- \_\_\_\_\_3. State the name and location of stationary equipment on an ambulance.
- \_\_\_\_\_4. Identify and retrieve the following portable equipment and explain situations in which each is used:

- |                        |                        |                                   |
|------------------------|------------------------|-----------------------------------|
| • EMT/Basic Airway Bag | • Portable Suction     | • Extra Portable Oxygen Cylinders |
| • ALS Drug Bag         | • CPAP                 | • Cardiac Monitor/Lifepak         |
| • Fire Extinguisher    | • Extrication Tools    | • MCI/Triage and ICS Supplies     |
| • Traction Splints     | • Vacuum Splints       | • Immobilization Bag(s)           |
| • Long Backboard       | • Scoop Stretcher      | • Reeves Stretcher                |
| • Stair Chair          | • Spare Straps/Cravats | • Trauma Bag                      |
| • Burn Kit             | • Broselow Kit         | • OB Kit                          |



# Field Experience Handbook

## Emergency Medical Technician

### COMMUNICATIONS

EMS vehicles are equipped with several radios used to communicate with the LCCFR Communications; e.g. dispatch, hospitals, stations, other units, and other jurisdictions. When used properly, radios are an indispensable resource for the management of emergency response resources.

#### OBJECTIVES:

At the completion of this skill training, the candidate should:

- \_\_\_\_\_ 1. Demonstrate how to operate the fixed radio in an ambulance.
- \_\_\_\_\_ 2. Demonstrate how to operate portable radios and their specific features.
- \_\_\_\_\_ 3. Describe the use of specific radio channels and explain how to request and/or access each.
- \_\_\_\_\_ 4. Identify standard radio procedures and common radio phrases used.
- \_\_\_\_\_ 5. List various ways to communicate with LCCFR Communications as well as hospital emergency departments and medical control; e.g. radio patch, phone patch.
- \_\_\_\_\_ 6. Complete pre-hospital care report.



# Field Experience Handbook

## Emergency Medical Technician

### INCIDENT COMMAND SYSTEM

Regardless of the emergency, all EMS personnel must organize their efforts to accomplish multiple tasks simultaneously. There must also be a chain of responsibility and command. The Incident Command System (ICS) was developed to provide an organized structure for the delegation of responsibility and authority at mass casualty incidents. Although developed for mass casualty incidents, the ICS theories, strategies, and practices help EMS providers to better organize resources and manage routine calls. EMT students should have completed IS-100, 200, 700 and 800 prior to the start of EMT class. This training serves as a reinforcement to information previously learned.

#### OBJECTIVES:

At the completion of this training, the candidate should:

- \_\_\_\_\_1. Know when ICS should be used.
- \_\_\_\_\_2. Describe the major areas of responsibility within ICS; e.g. command, triage, staging, treatment.
- \_\_\_\_\_3. Explain the roles and responsibilities within those areas of responsibility. Describe the role(s) EMTs are apt to play within ICS on a mass casualty incident.
- \_\_\_\_\_4. Recognize the chain of command on routine calls.





# Field Experience Handbook

## Emergency Medical Technician

### HAZARDOUS MATERIALS

EMS students should have at a minimum, achieved certification at the Hazardous Materials Awareness level. It is important that EMS providers in Loudoun recognize potential threats/risks to their personal safety as they prepare to enter a scene of an incident. This training serves as a reinforcement to information previously learned prior to the EMT course.

#### OBJECTIVES:

At the completion of this training, the candidate should be able to:

- \_\_\_\_\_ 1. Define a hazardous material and its risk(s) to patients and EMS providers.
- \_\_\_\_\_ 2. Use available resources, including the Emergency Response Guidebook, to identify possible dangers.
- \_\_\_\_\_ 3. Identify the need for additional resources and/or specialty resources and describe how to notify the proper authorities in the event of a hazardous material emergency.
- \_\_\_\_\_ 4. Describe the use of personal protective equipment that may be needed by EMS providers.



# Field Experience Handbook

## Emergency Medical Technician

Student: \_\_\_\_\_

Certification # : \_\_\_\_\_

### Objective Completion Form

\_\_\_ - Vital Signs Skills Review and Proficient

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ - The Ambulance and Portable Equipment

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ - Lifting and Moving of Patients

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ - Spinal Immobilization

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ - Oxygen Therapy

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ - Communications and Documentation

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ - Incident Command (ICS)

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ - Hazardous Materials Management

Student: \_\_\_\_\_ Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_



# Field Experience Handbook

## Emergency Medical Technician

### III. Ambulance Company Locations

TBD???

DRAFT



LCFR Spring 2016 Emergency Medical Technician Class Schedule

Date	Time	Session	D	P	E	OL	CE Area	Topic	Chapters	On-Line Quiz	Homework	Instructor (s)	
Thursday 3/10/2016	1900 2100							EMT Class Orientation	Read Anatomy and Physiology Chapter assigned Watch this Video on Anatomy and Physiology Intro <a href="https://www.youtube.com/watch?v=j87ohR_C6l4">https://www.youtube.com/watch?v=j87ohR_C6l4</a> Watch this Video on Medical Terminology <a href="https://www.youtube.com/watch?v=kvHWNjwBkmo">https://www.youtube.com/watch?v=kvHWNjwBkmo</a>				
Sunday 3/20/2016	900 1200 Lunch 1300 1600	1	3					Intro/ Paperwork / Vol. Services (Hartman) Manager Introduction			Get Textbook Sign up for websites	McDonald Toon	Beatty Cromer
		2	3				C 2	Anatomy and Physiology Introduction	Chapter 5		Read Chapter 8 Read Chapter 6; pgs 163-172		
Tuesday 3/22/2016	1900 2200	3	1	2			C1 - A2	Patient Assessment Introduction	Chapter 8		INOVA Blood Draw - 1800 CR 3 Read Chapter 13 Start Homework Assignment #1 Read Chapter 1		
								Airway / Respiratory					
Thursday 3/24/2016	1900 2200	4	1	2			C1-A3	Respiratory Anatomy and Physiology Repiratory Emergencies	Chapter 13		Read Chapter 9 Complete On-line quiz for Ch. 13 Continue Homework Assignment #1		
Sunday 3/27/2016								EASTER HOLIDAY NO CLASSES					
Tuesday 3/29/2016	1900 2200	5	3				C1-A3	Lab Session: Oxygen, Airway Adjunct King Airway and Patient Assessment	Chapter 9	Ch. 13 quiz due Homework #1 Due	Complete On-line quiz for Ch. 9 Read Chapter 2		
Wednesday 3/30/2016	1900 2200	PRN						OPEN Lab - must sign up before 3/29	Opt. Practice Session				

LCFR Spring 2016 Emergency Medical Technician Class Schedule

Date	Time	Session	D	P	E	OL	CE Area	Topic	Chapters	On-Line Quiz	Homework	Instructor (s)	
Thursday 3/31/2016	1900	6	1				C1-A3	Respiratory Review	Chapter 13	Ch. 9 quiz due	Read Chapter 14		
	2200			2			C1-A2	Lab Session: Patient Assessment		Ch. 1 quiz due	Study for Unit 1 Exam		
Sunday 4/3/2016	900	7			3			Unit 1 Exam - Respiratory					
	1200												
	Lunch												
	1300	8	1				C1-A5	Cardiovascular Anatomy and Physiology	Chapter 14	Ch. 2 quiz due	Read Chapter 11		
	1600			2			C1 A2	Lab Session: Heart - Lung Dissection Lab			Read Handouts on 2015 CPR Guidelines Start Homework Assignment #2 Complete On-line quiz for Ch. 11 Read Chapter 35		
Monday 4/4/2016	1800	PRN						Review session for those who failed Unit 1 exam					
	2000												
Tuesday 4/5/2016	1900	9	1	2			C1-A10	AED / CPR	Chapter 11	Ch. 11 quiz due	Read Chapter 7; pgs. 234-235		
	2200							Lab Session: AED and Patient Assessment			Read Chapter 10; pgs 385-386		
											Read Chapter 14		
											Complete On-line Quiz for Ch. 14		
Wednesday 4/6/2016	1800	PRN						Re-test of Unit 1 Exam at 1800 hours					
Thursday 4/7/2016	1900	10	1				C1-A5	Chest Pain and Patient Assessment	Chapter 7	Ch.14 quiz due	Read Chapter 4		
	2200							Left-Sided Heart Failure	Chapter 10		Read Chapter 15; pgs. 570-573		
								Hypertensive Emergencies	Chapter 14				
				2			C1-A9	Lab Session: Patient Assessment					
Sunday 4/10/2016 Michael is off	900	11	1				C1-A5	Stroke	Chapter 15; pgs. 570-573		Complete On-line quiz for Ch. 5		
	1200			2			C1 A2	Lab Session: Patient Assessment			Study for Unit 2 Exam		
	Lunch												
	1300	12	1				C1 A5	Cardiology Review		Homework #2 Due			
	1600			2			C1-A9	Lab Session: Patient Assessment					

## LCFR Spring 2016 Emergency Medical Technician Class Schedule

Date	Time	Session	D	P	E	OL	CE Area	Topic	Chapters	On-Line Quiz	Homework	Instructor (s)	
Tuesday 4/12/2016	1900 2200	13			3			Unit 2 Exam - Cardiology			Read Chapter 12 Read Chapter 15 Catch up on previous readings		
Michael is off													
Wednesday 4/13/2016	1800 2000	PRN						Review session for those who failed Unit 2 exam OPEN LAB Session - must sign up by 4/12	Opt. Prattice Session	Ch. 4 quiz due	Read ahead for future classes Read Chapter 16 Read Chapter 17 Read Chapter 18		
Michael is off											Read Chapter 19 Read Chapter 20 Read Chapter 30		
Thursday 4/14/2016	1800 2000	PRN						Re-test of Unit 2 Exam at 1800 hours					
Michael is off													
Sunday 4/17/2016								OFF Day - No Classes		Ch. 35 quiz due			
Michael is off													
Medical													
Tuesday 4/19/2016	1900 2200	15	1				C1 -A5	Anatomy Medical Overview	Chapter 5; 173-199 Chapter 12	Ch. 5 quiz due	Read Chapter 15 Start Homework Assignment #3 Complete on-line quiz for Ch. 12		
				2			C1 A9	Lab Session: Medical Assessments					
							C1 A10	Lab Session: AED					
Wednesday 4/20/2016	1800 2000	PRN						OPEN Lab - must sign up on 4/19	Opt. practice session				
Thursday 4/21/2016	1900 2200	16	1				C1 A5	Neurologic Emergencies	Chapter 15	Ch. 12 quiz due	Read Chapter 17 Complete on-line quiz for Ch. 15 Continue Homework Assignment #3		
				2			C1 A9	Lab Session: Medical Assessments					
Sunday 4/24/2016	900 1200	17	1				C1 A5	Endocrine and Hematologic Emergencies	Chapter 17	Ch. 15 quiz due	Read Chapter 16 Read Chapter 20 Complete on-line quiz for Ch. 17		
				2			C1 A9	Lab Session: Medical Assessments					
	Lunch 1300 1600	18	1				C1 A5	Gastrointestinal Emergencies Psychiatric / Behavioral	Chapter 16 Chapter 20		Read Chapter 19 Read Chapter 30 Complete on-line quiz for Ch. 16 Complete on-line quiz for Ch. 20		
				2			C1 A9	Lab Session: Medical Assessments					
Tuesday 4/26/2016	1900 2200	19	1				C1 A5	Toxicology	Chapter 19	Ch. 17 quiz due	Read Chapter 18		
				2			C1-A9	Lab Session: Medical Assessments	Chapter 30	Ch. 16 quiz due Ch. 20 quiz due	Complete on-line quiz for Ch. 18 Complete on-line quiz for Ch. 19 Complete on-line quiz for Ch. 30		

LCFR Spring 2016 Emergency Medical Technician Class Schedule

Date	Time	Session	D	P	E	OL	CE Area	Topic	Chapters	On-Line Quiz	Homework	Instructor (s)
Thursday 4/28/2016	1900 2200	20	1				C1 A5 C1 A9	Immunologic Emergencies Lab Session: Medical Assessments	Chapter 18	Ch. 18 quiz due Ch. 19 quiz due Ch. 30 quiz due Homework #3 due	Read Chapter 21 Study for Unit 3 Exam	
Sunday 5/1/2016	900 1200	21		3			C1 A9	Lab Session: Medical Assessment Skills			Upon finishing the Unit 3 exam on Sunday 5/1, each student will meet individually with the Lead Instructor for an Evaluation / Counseling session	
	Lunch 1300 1600	22			3			Unit 3 Exam - Medical			Read Chapter 10 Read Chapter 22 Read Chapter 23	
Monday 5/2/2016	1800 2000	PRN						Review session for those who failed Unit 3 exam OPEN LAB Session - must sign up by 5/1	Opt. Practice Session			
Trauma												
Tuesday 5/3/2016	1900 2200	24	1	2			C1 A4	Skelton and Muscle System Anatomy Shock, Bleeding, and Trauma Overview Lab Session: Bleeding, Soft Tissue	Chapter 10 Chapter 22 Chapter 23		Read Chapter 25 Read Chapter 26 Read Chapter 27 Start Homework Assignment #4 Complete on-line quiz for Ch. 10	
Wednesday 5/4/2016	1800 2000	PRN						Re-test of Unit 3 Exam at 1800 hours				
Thursday 5/5/2016	1900 2200	25	1		2		C1 A4 C1 A9	Chest Injuries Face, Head, Neck and Spine Lab Session: Backboarding, C-Collar, KED skills	Chapter 25 Chapter 26 Chapter 27	Ch. 10 quiz due	Read Chapter 24 Read Chapter 24 Complete on-line quiz for Ch. 22 Complete on-line quiz for Ch. 23 Complete on-line quiz for Ch. 25	
Sunday 5/8/2016	900 1200	26	1		2		C1 A4 C1 A9	Orthopedic Injuries Lab Session: Splinting Skills	Chapter 24 Chapter 29	Ch. 22 quiz due Ch. 23 quiz due Ch. 25 quiz due	Read Chapter 28 Complete on-line quiz for Ch. 24 Complete on-line quiz for Ch. 26 Complete on-line quiz for Ch. 27 Complete on-line quiz for Ch. 29	
	Lunch											
Mother's Day								No Class in the afternoon - take your Mother out to dinner				



LCFR Spring 2016 Emergency Medical Technician Class Schedule

Date	Time	Session	D	P	E	OL	CE Area	Topic	Chapters	On-Line Quiz	Homework	Instructor (s)	
Tuesday 5/10/2016	1900 2200	28	1				C1 A4 C1 A9	Abdominal and Genitourinary Injuries Lab Session: Trauma Skills	Chapter 28	Ch. 24 quiz due Ch. 26 quiz due Ch. 27 quiz due Ch. 29 quiz due	Complete Homework Assignment #4 Complete on-line quiz for Ch. 28 Read Chapter 34		
Thursday 5/12/2016	1900 2200	29		3			C1 A9	Lab Session: Trauma Skills and Pt. Assessment		Ch. 28 quiz due Homework #4 due	Study for Unit 4 Exam		
Sunday 5/15/2016	900 1200	30		3			C1 A9	Lab Session: Trauma Skills and Pt. Assessment		Ch. 34 quiz due			
Sunday 5/15/2016	Lunch 1300 1600	31			3			Unit 4 Exam - Trauma			Read Chapter 21 Read Chapter 31 Complete on-line quiz for Ch. 21		
Monday 5/16/2016	1800 2000	PRN						Review session for those who failed Unit 4 exam			Complete on-line quiz for Ch. 31 Start Homework Assignment # 5		
								OPEN LAB Session - must sign up by 5/15	Opt. Practice Session				
Tuesday 5/17/2016	1900 2200	32	3				C1 A8	Gynecologic Emergencies Obstetrics	Chapter 21 Chapter 31	Ch. 21 quiz due Ch. 31 quiz due	Read Chapter 32 Read Chapter 33 Complete on-line quiz for Ch. 32		
Wednesday 5/18/2016	1800 2000	PRN						Re-test of Unit 4 Exam at 1800 hours			Complete on-line quiz for Ch. 33		
Thursday 5/19/2016		33	3				C1 A8	Pediatrics Geriatrics	Chapter 32 Chapter 33	Ch. 32 quiz due Ch. 33 quiz due Homework # 5 due	Study for Unit 5 Exam Read Chapter 38 Read Chapter 37		
Sunday 5/22/2016	900 1200 Lunch	34			3			Unit 5 Exam - OB - Pediatrics					
	1300 1600	35	2	1			Cat 2	MCIM I	Chapter 38		Start Homework Assignment #6 Read Chapter 39 Read Chapter 3		
Operations													

LCFR Spring 2016 Emergency Medical Technician Class Schedule

Date	Time	Session	D	P	E	OL	CE Area	Topic	Chapters	On-Line Quiz	Homework	Instructor (s)
Monday 5/23/2016	1800 2000	PRN						Review session for those who failed Unit 5 exam Open Lab Session - Must sign up by 5/22				<div></div> <div></div>
Tuesday 5/24/2016	1900 2200	37	1 2				Cat 2 C1 A7	Terrorism and Disaster Management Med Legal Review	Chapter 3 Chapter 39	Ch. 3 quiz due Ch. 39 quiz due Ch. 37 quiz due Homework # 6 due		<div></div> <div></div>
Wednesday 5/25/2016	1800 2000	PRN						Re-test of Unit 5 Exam at 1800 hours				<div></div>
Thursday 5/26/2016	1900 2200	38			3			Unit 6 Exam - Operations			Read Chapter 40	<div></div>
MEMORIAL DAY WEEKEND - NO CLASSES												
Tuesday 5/31/2016	1900 2200	39		3			C1 A9	Lab Session: Assessment and Skills Practice		Ch. 40 quiz due	Topics that will not be covered in Lecture: Life Span Development Well Being of an EMT Communications Lifting and Moving of Patients	<div></div> <div></div> <div></div> <div></div>
Wednesday 6/1/2016	1800 2000	PRN						Review session for those who failed Unit 6 exam				<div></div> <div></div>
Thursday 6/2/2016	1800 2000							Re-test of Unit 6 Exam at 1800 hours Open LAB - must sign up by 5/31	Opt. Practice Session			<div></div> <div></div>
Sunday 6/5/2016	900 1200	40		3			C1 A9	Challenge Exercise			Study for Comprehensive Final Exam	<div></div> <div></div> <div></div> <div></div>
	Lunch 1300 1600	41										<div></div> <div></div> <div></div> <div></div>
Monday 6/6/2016	1900 2200	42			3			EMT Class Final Written Exam - Fisdap				<div></div>

LCFR Spring 2016 Emergency Medical Technician Class Schedule

Date	Time	Session	D	P	E	OL	CE Area	Topic	Chapters	On-Line Quiz	Homework	Instructor (s)																				
Tuesday 6/7/2016	1900 2200	PRN						Review session for those individuals who failed Final Written exam				<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																				
Wednesday 6/8/2016	1800 2000	PRN						Re-test of Class Final Written Exam at 1800 hours				<table><tr><td></td><td></td></tr></table>																				
Thursday 6/9/2016	1900 2200	43	3					BLS Protocols Class				<table><tr><td></td><td></td></tr></table>																				
Saturday 6/11/2016	800 1600	44			8			Class / County Final Practical				<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																				
								Can this session / requirement be done away with if we are moving toward Competency Verification as we progress thru class?																								
Tuesday 6/14/2016	1900 2200				3			Re-test of Class Practical Exam at 1800 hours				<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																				
								AED - KING - BLS Protocols Written Exams																								
Thursday 6/16/2016	1900 2200		3					Situational Awareness Lecture				<table><tr><td></td><td></td></tr></table>																				
Tuesday 6/21/2016	1900 2200			3				State prep				<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																				

Date	Time	Session	D	P	E	OL	CE Area	Topic	Chapters	On-Line Quiz	Homework	Instructor (s)
Wednesday 6/22/2016	1800 2300					5		Virginia State EMT Practical Test Monroe Tech Center 715 Childrens Center Dr. NW Leesburg VA 20175				
Wednesday 7/6/2016	1600 or 1830					3		Results from the State EMT Practical Test completed on Wednesday 6/22 will post to your OEMS website account by Monday 6/27/16. These results will be reported to the NREMT within 24-48 hours and your ATT letter should be posted and available on your NREMT website account by Wednesday 6/29/16 Monroe Technology Center will be open on Wednesday and Thursday evenings during the summer for PearsonVue Testing Center.				
Thursday 7/7/2016	1600 or 1830							You should plan to test the NREMT Written exam on Wednesday evening July 6, or Thursday evening July 7, 2016. You may be able to test as early as 6/30/16. You may test at any PearsonVue testing center, but you MUST sit for your 1st attempt at the written test within 2 weeks of your results posting to your NREMT website portal.				



## LOUDOUN COUNTY COMBINED FIRE AND RESCUE SYSTEM SYSTEM-WIDE PROCEDURE (SWP)

<b>TITLE</b>	Volunteer Physicals
<b>SECTION</b>	
<b>SWP#</b>	
<b>ISSUED</b>	
<b>REVISED</b>	
<b>APPROVED</b>	System Chief _____ W. Keith Brower, Jr.

### PURPOSE

The purpose of this system-wide policy is to define and describe the process for qualified volunteer members of the Combined Fire and Rescue System to obtain a physical.

Loudoun County mandates pre-placement (Candidate) physicals for all operational volunteer Fire and Rescue members who join the County after July 1, 2011. The County also provides, at no cost to incumbent operational volunteer members, an annual physical in accordance with applicable standards commensurate with the volunteer members' scope of practice (EMS-only or cross-trained/dual role Fire and EMS). Incumbent operational volunteers are strongly encouraged to participate in the annual physical program<sup>1</sup>.

### SCOPE

This policy applies to volunteer Loudoun County Combined Fire and Rescue System (LC-CFRS) operational personnel.

### DEFINITIONS

**Candidate** – An individual who is seeking to become an operational member of a Volunteer Fire/Rescue Company located in Loudoun County, recognized in Chapter 258 of the Codified Ordinances of the County. For the purpose of this Policy, a Candidate may also be an incumbent member seeking eligibility to obtain initial training and certification as a firefighter.

**Incumbent** – An individual who is an existing (currently active) operational member of a Volunteer Fire/Rescue Company located in Loudoun County, recognized in Chapter 258 of the Codified Ordinances of the County.

**Interim** – A report provided by Occupational Health requiring a Candidate or Incumbent to take action before a determination can be made on the individual's clearance to participate in

<sup>1</sup> This SWP replaces FRG 3.1.2 and 3.1.3

operational activities.

**NFPA Physical** – The National Fire Protection Association (NFPA) 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments<sup>2</sup>

**OSHA Physical** – The U.S. Department of Labor Occupational Safety & Health Administration (Respiratory Protection) regulations. See also 29 CFR 1910.134

**Occupational Health** – The County’s contracted agent to provide professional medical expertise in the area of occupational health as they relate to emergency services.

**Operational Member** – An operational member is one who is authorized to perform essential fire suppression and rescue (EMS) duties as a member of a Fire or Rescue Company recognized under Chapter 258 of the Codified Ordinances of Loudoun County. Administrative members who provide support services to operational members are excluded.

**Physical** – An NFPA or OSHA medical examination performed by the County Occupational Health provider.

## POLICY

- A. All Candidates shall satisfactorily complete a physical administered and interpreted by Occupational Health.
- B. Occupational Health shall serve as the responsible agency in determining medical clearance to participate as an operational member of the Combined Fire and Rescue System.
- C. All Incumbent members are eligible for annual physicals administered by Occupational Health.
- D. Incumbent members previously cleared under the OSHA standard must complete an NFPA 1582 physical as a Candidate to be eligible for initial firefighter training and certification.
- E. Participants in the Volunteer Battalion Chief Program are required to successfully complete an annual physical (NFPA 1582) (*effective 07/01/2016*)
- F. Part-Time Instructors who work and conduct training involving IDLH environments at the Robert O.R. Dube’ Fire Rescue Academy are required to successfully complete an annual physical (NFPA 1582).
- G. Sample components of the NFPA & OSHA physical are herein provided in APPENDIX I.  
NOTE: The list below is informational only. The contract between the County of Loudoun and the Occupational Health provider will serve as the determining guide for the component parts of specific physicals.

---

<sup>2</sup> The LC-CFRS currently references the 2013 Ed. of NFPA 1982

## PROCEDURE

### I. Candidate Physicals

- A. Candidate physicals are performed during the affiliation process and will determine the prospective volunteers' eligibility as an operational member.
- B. The ranking administrative officer (or designee) of a Volunteer Company will communicate with the Volunteer Programs Section via electronic mail to [vol\\_health@loudoun.gov](mailto:vol_health@loudoun.gov) to schedule an NFPA or OSHA physical. The email from the Company leadership will serve as authorization from the Company of the candidate's intent to affiliate with the Company. The email will provide the candidate's name, contact information and the Company's determination of the type of physical being requested (OSHA or NFPA).
- C. Volunteer Programs will send the Candidate instructions and access to the online physical schedule program to set up their physical at a time suitable to their schedule.
- D. Candidates seeking clearance under NFPA 1582 will be evaluated under Chapter 6 of the Standard.
- E. Candidates will receive the results of the physical and the Volunteer Programs Manager will receive a disposition as follows :
  - 1. The individual is cleared to perform both firefighter and rescue duties
  - 2. The individual is cleared to perform rescue duties only
  - 3. The individual has the following restrictions (these will be described in detail by the physician)
  - 4. The individual is not cleared to perform firefighter or rescue duties
  - 5. The Individual is required to follow up with personal physician/specialist to obtain clearance
- F. Volunteer Programs will forward the disposition to the Candidate and the ranking administrative officer (or designee) of a Volunteer Company. . **The only information provided by Occupational Health will be a determination of eligibility.**
- G. Results will also designate the level of Respirator clearance authorized for the individual in accordance with the County's Respiratory Protection Program.
- H. An interim report may be issued that requires the candidate to take action before a final determination can be made by Occupational Health. An interim may require the individual to seek additional medical testing not covered by the County. Individuals are responsible to ensure Occupational Health receives proper documentation in the time requested. Failure to provide documentation will result in a "not cleared" determination.
- I. Candidates who are not cleared may re-apply through their Company leadership one year from the date of their last-completed exam. A second failure will result in a two year delay before a third and final attempt can be requested. Candidates who are not cleared for operational participation may affiliate as an administrative member at their Company's discretion but may not participate in operational activities of the System.

### II. Incumbent Physicals

- A. Incumbent members may request an annual physical at any time by electronic mail to the Office of Health and Safety (OHS) at [OHS@loudoun.gov](mailto:OHS@loudoun.gov). Incumbent firefighters will be evaluated using Chapter 7 of NFPA 1582. Incumbent EMS-only providers will be evaluated using the OSHA standard.

- B. Affiliation and status will be verified by Volunteer Programs Staff and the Incumbent will be sent access to the online physical schedule program to set up their physical for a time suitable to their schedule.
- C. Incumbent members may also request to be placed on the annual physical cycle by notifying [OHS@loudoun.gov](mailto:OHS@loudoun.gov). Thereafter, participating incumbents will receive an email two months in advance of their birth month with access to the online portal to schedule their physical.
- D. The disposition will be forwarded from Occupational Health to OHS. OHS will forward the results to the individual. **The only information provided by Occupational Health will be a determination of eligibility.**
- E. Incumbents will receive the results of the physical and OHS will receive a disposition as follows :
  - 1. The individual is cleared to perform both firefighter and rescue duties
  - 2. The individual is cleared to perform rescue duties only
  - 3. The individual has the following restrictions (these will be described in detail by the physician)
  - 4. The individual is not cleared to perform firefighter or rescue duties
  - 5. The Individual is required to follow up with personal physician/specialist to obtain clearance.
- F. Incumbents may be issued an Interim report. An Interim report requires the incumbent to take action before a determination can be made by Occupational Health. An interim may require the incumbent to seek additional medical testing not covered by the County. Incumbents are responsible to ensure Occupational Health receives proper documentation in the time requested. Incumbents can request of Occupational Health and extension to their interim; those will be evaluated by Occupational Health and only granted when medically acceptable to do so. Failure to provide documentation will result in a “not cleared” determination.
- G. Incumbent members who are issued an Interim may remain operational members of the System unless otherwise noted on the Interim report.
- H. Incumbent members who complete an annual physical and receive a “Not Cleared” report shall be removed from operational duties (including exertional training). Affected System leaders will be notified of a “Not Cleared” status. Incumbent members restricted from participating in operational activities will remain operationally inactive until the Occupational Health provider clears the individual to return to operational duties.
- I. Incumbent members who, in the course of their employment with Loudoun County, fail a physical required in the course of their employment will be restricted from participating as an operational volunteer until medical issues are resolved and clearance provided by Occupational Health.



APPENDIX I  
Components of Physicals

NFPA	OSHA	<u>Physical Components</u>	<u>Notes</u>
X	X	Audiometry	Mandatory
X	X	Body Fat / Body Composition	Mandatory
X	X	CBC W / Differential	Mandatory
X	X	Vision	Mandatory
X	X	Flexibility / Strength	Mandatory
X	X	Hepatitis B Surface Antibody / Titer	Mandatory
X	X	Chem Profile	Mandatory
X	X	Urine Dip	Mandatory
X	X	Physical Exam	Mandatory
X	X	Spirometry	Mandatory
X		Stress Test	Mandatory
X	X	Quantiferon Test	Mandatory
X	X	Respirator Clearance	Mandatory
X		PSA- Prostate Specific Antigen	Men only, Age and Risk factors considered.
X	X	Hepatitis B Vaccine - Series of 3	supplemental - needed based on titer result
X		Mammography Screening	Female only
X	X	Tetanus	supplemental - based on CDC recommendation
X	X	Chest X-ray 2 View	Baseline at preplacement, supplemental - every 3 years
X	X	Hepatitis C Confirm RIBA	supplemental - only if Hep C antibody is positive
X	X	Urinalysis (Micro)	supplemental - only if urine dip is abnormal
X	X	EKG Resting w /interpretation if no stress test	Mandatory OSHA Periodic for NFPA- based on age
X	X	Hepatitis C Antibody	Only Candidate
X	X	PPD	supplemental - Quantiferon comes back positive