

# EMERGENCY MEDICAL RESPONDER



## Course Information Packet and Selection Criteria

Thank you for your interest in Sacred Mountain Medical Service's (SMMS) Emergency Medical Responder (EMR) course. Completion of this class will provide a strong background useful in law enforcement or correctional positions, fire service, school coaches and security staff, ski patrol, CERT members, ambulance agencies and preparation for an EMT course.

After successful completion of the program, the student will be allowed to test for the National Registry of Emergency Medical Technicians (NREMT) ([www.nremt.org](http://www.nremt.org)) for their EMR certification, and will be capable of performing the following functions at the minimum entry level.

- Recognize the nature and seriousness of the patient's condition or extent of injuries to assess requirements for emergency medical care.
- Administer simple, noninvasive interventions emergency medical care based on assessment findings of the patient's condition.
- Lift, move, position and otherwise handle the patient to minimize discomfort and prevent further injury.
- Perform safely and effectively the expectations of the job description.
- Work alongside other EMS and health care professional as an integral part of the emergency care team, while comforting the patient and family.



National Registry testing is an optional requirement, but may be required by various agencies. Sacred Mountain Medical Services, Inc. requires their EMR's to be certified by the NREMT in order to receive full or part-time employment. Contact your agency to ascertain if NREMT certification is required to work as an EMR.

## Course Workload

Majority of your time should be spent reading your book to understand the material. Classroom work will involve lectures and hands-on practice to prepare you for the NREMT hands-on and written exam. Students must be able to read and comprehend materials being read in order to pass weekly and the final examination test, and if they decide to take, the NREMT written exam.

## Selection Process

Selection into the EMR is based on a first come/first serve as long as the following conditions are met.

Applicants must:

- Be at least 21 years of age. This is to ensure that EMRs are able to drive the ambulance with Sacred Mountain Medical Services, Inc.
  - For those under 21 years of age, you must be at least 18 years of age to be considered into the program and will be placed on a "stand-by" list.
- Copy of your driver's license or Arizona ID, and evidence of a social security card. Note: A social security number is required to take the National Registry exam. As EMR's are primary drivers on the ambulance with SMMS, applicants desiring to work with SMMS must not possess any of the following:
  - Not have three (3) or more violations in 3 years,
  - Not have two (2) or more preventable accidents in 3 years,
  - Not have been convicted of any alcohol or drug related offense (DUI) within the last 5 years, and
  - Regardless of the time frame, must not have had any of the following:
    - Homicide involving vehicle
    - Hit and run
    - Eluding an officer
    - Vehicular manslaughter
    - Permitting an unlicensed driver to drive
- Copy of CIB (if applicable). Note that the Navajo Preference in Employment Act (NPEA) also applies to training, so as long as proof of Indian Blood is provided and the applicant does meet the qualifications stated herein and submits all required documents and passes the oral interview, enrolled members of the Navajo Nation shall be given preference.
- Completion of the Criminal Disclosure Form, **notarization required**. Note: The NREMT has adopted a Criminal Conviction policy, as such the NREMT may deny an applicant eligibility to sit for a certification examination, deny certification, or take other appropriate action with respect to the applicant's certification based on that applicant's criminal conviction. Refer to the <https://www.nremt.org/rwd/public/document/policy-criminal> for a better understanding of the provisions.
- Health Screening Questionnaire. Self-certification that you are capable to perform the duties of an Emergency Medical Responder as described in the *Essential Functions and Work Conditions of an EMR*.
- Current in your immunization (MMR, varicella, tetanus/diphtheria). Copies of current immunizations must be attached.
  - Negative TB test or chest x-ray with a positive result (within 6 months)
  - Hepatitis B, or evidence that you have declined the vaccination series
- Complete and submit the application with all required documentation and payment (refundable if you are not selected into the program) to:

Sacred Mountain Medical Services, Inc.  
PO Box 2290  
Tuba City, Arizona 86045  
Fax: (928) 283-8300

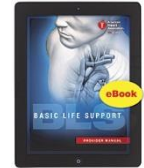
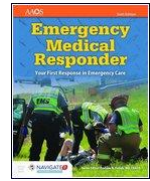
Deadline for completion of the application packet is **March 29, 2017**. Follow us on Facebook or at [www.sacredmountainmedical.net](http://www.sacredmountainmedical.net) for EMR program announcements and updates.

If you are selected into the program, you will receive the EMR handbook which provides an overview of the course, required materials, rules and regulations of the program, a preliminary syllabus of the dates and times, and student and training program responsibilities.

## Tuition and Books

Tuition is \$200.00 for the course; however you are responsible for obtaining the following books for the course and must have it on the first day of class:

- Emergency Medical Responder - Your First Response in Emergency Care, 6th Edition by the American Academy of Orthopaedic Surgeons. Discounted price of \$96.71.  
<http://www.jblearning.com/cart/Default.aspx?bc=13418-6&coupon=17PSG25>
- Basic Life Support (BLS) Provider Manual (either paper or eBook is acceptable) by the *American Heart Association*. Cost \$13.25  
<http://shop.aha.channing-bete.com/onlinestore/store.html?cid=135896>



Make money order or cashier's check payable to Sacred Mountain Medical Service. Be sure to indicate *EMR Tuition* on the check in the memo section.

## Course Time and Location

The EMR course is approximately 60-70 hours in length, and will be held every Friday from 0800-1700+ hours local time.

April 7, 2017  
April 14, 2017  
April 21, 2017  
April 28, 2017  
May 5, 2017  
May 12, 2017  
May 19, 2017  
May 26, 2017  
May 27, 2017 (Final and NREMT Psychomotor)

Course location will be at Greyhills Academy High School's East Cultural Room.

## Contact Information

If you have any questions regarding the class, please contact Jacob Brock with Sacred Mountain Medical Services, Inc. via email at [jacobbrock@sacredmountainmedical.com](mailto:jacobbrock@sacredmountainmedical.com).



**Sacred Mountain Medical Services, Inc.**  
EMR Program Application

GENERAL INFORMATION			
Name (First, Middle, Last):			Date:
Date of Birth:		Telephone No.:	
Mailing Address:		Physical Address:	
How long at the above address?		E-mail Address:	
Driver's License Number:		State of Issue:	Expiration Date:
Native American?      Yes <input type="checkbox"/> No <input type="checkbox"/>		Tribe:	Census No.:
EDUCATION/MILITARY EXPERIENCE			
School Type Name of School	Location	Years Completed	Degree/Certificate?
High School			
College/University			
Professional/Trade			
Have you ever been in the Armed Forces?      Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, branch:	
Specialty/Job Duties:		Discharge Date:	
BACKGROUND			
Have you ever been convicted of a crime (felony and/or misdemeanor)?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. Use a separate sheet if space is limited.			
Have you had any vehicle accidents during the past three years?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you had any moving violations during the past three years?      Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, to any accidents or moving violations, please explain the number of accidents/moving violations, nature of these accidents/moving violations, how recently these accidents/moving violations occurred. Use a separate sheet if space is limited.			
<small><b>Note:</b> The National Registry of Emergency Medical Technicians (NREMT) has adopted a Criminal Conviction Policy to safeguard the public from individuals who, in practice as an EMS professional, might pose a danger to the public. As such, the NREMT may deny an applicant eligibility to sit for a certification examination, deny certification, suspend or revoke an individual's certification, or take other appropriate action with respect to the applicant's certification or recertification based on that applicant's criminal conviction.</small>			
REFERENCES			
Please list two (2) references other than relatives or previous employers.			
Name:		Name:	
Address:		Address:	
Telephone No.:		Telephone No.:	
Employer:		Employer:	

**WORK EXPERIENCE/HISTORY**

Please list your current employer.

Name of Employer:

Employment Dates:

Employer's Mailing Address:

Telephone No.:

Supervisor's Name:

Job Title:

Fulltime, Part Time, etc.?

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?

Yes ☐No ☐**MEDICAL/PHYSICAL REQUIREMENTS**

Do you have any medical conditions that will limit your ability to perform the job applied for, or could be aggravated by the work performed in classroom? Refer to physical requirements of an EMT listed in the packet.

Yes ☐No ☐

If yes, what are those conditions and your limitation?

Do you use tobacco?

Yes ☐No ☐

If so, what type(s)?

**EMERGENCY CONTACT INFORMATION**

Name:

Relationship:

Telephone No.:

E-Mail:

Physical Address:

**ADDITIONAL BACKGROUND INFORMATION (OPTIONAL)**

An application form sometimes makes it difficult for an individual to adequately summarize their work and education background. Use the space below to summarize any additional information necessary to describe your full qualifications for consideration into the EMR program.

**CERTIFICATIONS**

I attest that the information provided herein is true and accurate, that I do not fall into the NREMT categories of General (automatic) and Presumptive Denials, I am fit and in good health to take the EMR course, and that I have a valid driver's license and do not have any of the violations listed that would prevent me from being an insured driver for Sacred Mountain Medical Services, Inc.

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

## **EMERGENCY MEDICAL RESPONDER**

April 7, 2017 – May 27, 2017

(Every Friday)

0800 - 1700

### **April 7, 2017 (Friday) – Jacob Brock**

0800 – 0830	Introductions, Expectations, Assignments
0830 – 0900	EMS Systems (.5 Hour) <ul style="list-style-type: none"><li>EMS System</li><li>Roles, Responsibilities and Professionalism</li><li>Quality Improvement</li></ul>
0900 – 0930	Public Health (.5 Hour)
0930 - 1200	Workforce Safety and Wellness (3 Hours) <ul style="list-style-type: none"><li>Standard Safety Precautions</li><li>PPE</li><li>Stress Management</li><li>Prevention of Response Related Injuries</li></ul>
1200 - 1300	Lunch
1330 – 1400	Workforce Safety and Wellness <i>cont.</i> <ul style="list-style-type: none"><li><i>Lifting and Moving Patients</i></li></ul>
1400 – 1415	Infectious Diseases (15 Minutes) <ul style="list-style-type: none"><li>Awareness</li><li>Equipment/Decon</li></ul>
1415 – 1630	Medical/Legal and Ethics (1.5 Hours) <ul style="list-style-type: none"><li>Consent</li><li>Confidentiality</li><li>Advanced Directives</li><li>Types of Court Cases</li><li>Evidence Preservation</li><li>Statutory Responsibilities</li><li>Mandatory Reporting</li><li>Ethical Principles</li></ul>
1630 – 1700	Medical Terminology (.5 Hour)

### **April 14, 2017 (Friday) – Jacob Brock**

0800 - 0900	Quiz on last week's material.
0900 - 1100	Human Body: Anatomy & Physiology (2 Hours) <ul style="list-style-type: none"><li>Anatomy and Body Functions</li><li>Life Support Chain</li></ul>
1100 – 1130	Pathophysiology (.5 Hour) <ul style="list-style-type: none"><li>Respiratory Compromise</li><li>Shock</li></ul>
1130 – 1200	Life Span Development (.5 Hour) <ul style="list-style-type: none"><li>Infancy</li><li>Toddler</li><li>School-Age Children</li><li>Adolescence</li><li>Early Adulthood</li><li>Middle Adulthood</li><li>Late Adulthood</li></ul>
1200 – 1300	Lunch
1300 – 1700	<i>Airway Management</i> (3 Hours) <ul style="list-style-type: none"><li>Airway Anatomy</li></ul>

Lower Airway Tract  
Airway Assessment  
Maintaining Patent Airway  
Age Variations

**April 21, 2017 (Friday) – Jacob Brock**

0800 – 0900	<i>Respirations</i> (1 Hours) Anatomy of the Respiratory System Physiology of Respiration Pathophysiology of Respiration Respiration Assessment Respiration Management Supplemental Oxygen Therpay Age Variations
0900 – 1200	<i>Artificial Ventilation</i> (3 Hours) Assessment Ventilation Oxygenation Management of Ventilation Apneic Patient Differentiation from Normal and PPV. Age Variations
1200 – 1300	Lunch
1300 – 1700	<i>CPR Healthcare Provider</i> (4-6 Hours)
1700 – 1730	Quiz CPR/HCP

**April 28, 2017 (Friday) – Jacob Brock**

0800 – 0900	Quiz on last week's material
0900 – 0930	Scene Size-Up (.5 Hour) Scene Safety Scene Management
0930 - 1100	<i>Primary Assessment</i> (1.5 Hours) Therapeutic Communication Primary Survey/Primary Assessment Interventions
1100 - 1200	<i>History Taking</i> (1.5 Hours) Determining Chief Complaint MOI Signs and Symptoms Age Variations
1200 – 1300	Lunch
1300 – 1330	History Taking cont.
1330 - 1430	<i>Secondary Assessment</i> (1 Hour) Full Body Scan Focused Assessment Assessment of Vital Signs Age Variations
1430 - 1500	<i>Reassessment</i> (.5 Hour) How and When Age Variations
1500 – 1530	<i>Documentation &amp; EMS Communication</i> (.5 Hours) Communications
1530 – 1535	Medical Overview (5 Minutes)
1535 - 1630	Neurological (1 Hour) ALOC

	Seizures
	Stroke
1630 – 1730	Abdominal and Gastrointestinal (1 Hour)
	Acute Abdomen (Define)
	Organs of the Abdomen
	Assessment and Symptoms
	Management
	Specific Acute Abdominal Conditions
	Age Variations

**May 5, 2017 (Friday) – Jacob Brock**

0800 - 0900	Quiz on last week's material
0900 – 0930	Immunology (.5 Hour)
	Introduction (Anaphylaxis)
	Assessment Findings
	Management
	Age Variations
0930 – 1000	Endocrine Disorders (.5 Hour)
	DM Conditions
	Age Variations
1000 – 1030	Psychiatric (.5 Hour)
	Definition
	Assessment
	Behavioral Changes
	Calming Methods
	Care
	Age Variations
1030 – 1200	Cardiovascular (1 Hour)
	Chest Pain
	Age Variations
1200 – 1300	Lunch
1300 – 1330	Toxicology (.5 Hour)
	Intro (Define and Poison Control #)
	CO Poisoning
	Nerve Agents
	Nerve Agent Antidote Auto-injector Kit
	MARK I
	Age Variation
1330 – 1400	Respiratory (.5 Hour)
	A&P
	Normal Respiratory Effort
	Age Variations
1400 – 1430	Genitourinary/Renal (.5 Hour)
	Hemodialysis
1430 – 1500	Gynecology (.5 Hour)
	Vaginal Bleeding
1500 – 1530	Disease of EENT (.5 Hour)
	Nosebleed

**May 12, 2017 (Friday) – Jacob Brock**

0800 - 0900	Quiz on last week's material
0900 – 0935	Trauma Overview
0935 – 1000	<i>Shock</i> (.5 Hour)
1000 – 1030	<i>Bleeding</i> (.5 Hour)



1030 – 1200	Bleeding <i>STI</i> (1 Hour) Abrasions Lacerations Penetrations/Punctures Impaled Objects Foreign Body in Eye Burns Dressing & Bandages
1200 – 1300	Lunch
1300 – 1400	<i>Chest Trauma</i> (1 Hour) Chest Trauma
1400 – 1500	<i>Orthopedic Trauma</i> (1 Hour) Fractures and Dislocations
1500 – 1600	<i>Head, Neck, Face and Spine</i> (1 Hour)
1600 – 1630	Abdominal & Genitourinary Trauma (.5 Hour) Abdominal Trauma
1630 – 1700	Special Considerations in Trauma (.5 Hour) Pregnant Trauma Pediatric Trauma Elderly Patient Management

**May 19, 2017 (Friday) – Jacob Brock**

0800 - 0900	Quiz on last week's material.
0900 - 1000	Environmental Emergencies (1 Hour)
1000 - 1030	Multi-System Trauma (.5 Hour)
1030 - 1200	<i>Obstetrics</i> (1.5 Hour) A&P Vaginal Bleeding General Assessment/Management Vital Signs Physical Exam Delivery Baby Care Mother Care
1200 – 1300	Lunch
1300 – 1330	Neonatal Care (.5 Hour)
1330 – 1500	Pediatrics (1.5 Hour) General Considerations Assessment Process Respiratory Distress/Failure/Arrest Shock Seizures SIDS
1500 – 1600	Geriatrics (1 Hour) Age Associated Changes Assessment and Care Implications

**May 26, 2017 (Friday) – Jacob Brock**

0800 - 0830	Patients w/ Special Challenges (.5 Hour) Recognizing and Reporting Abuse & Neglect
0830 - 1030	<i>Operating Ground Ambulance</i> (1 Hour)

	Risk & Equipment Readiness
1030 - 1100	MCI (.5 Hour)
	MCI Incidents
	Triage Principles
	Resource Management
1100 – 1200	Air Medical (.5 Hour)
	Safe Air Medical Operations
	Criteria for Utilizing Air Medical Response
1300 – 1500	<i>Vehicle Extrication</i> (1.5 Hour)
	Safe Vehicle Extrication
	Use of Simple Hand Tools
	Special Considerations for Patient Care
1500 – 1630	MCI due to Terrorism (1.5 Hour)
	Risk and Responsibilities

**May 27, 2017 (Saturday) – Jacob Brock and Staff**

0830 – 1030	Final Exam
1030 - ????	NREMT Practical Examination

Italicized topics indicate LAB hours are included.

SACRED MOUNTAIN MEDICAL SERVICES, INC.  
**CRIMINAL CONVICTION DISCLOSURE FORM**

The information provided in this form will be used by Sacred Mountain Medical Services, Inc. to determine if the applicant may not be able to become certified by the National Registry of Emergency Medical Technicians (NREMT). The NREMT has adopted a Criminal Conviction policy, as such, the NREMT may deny an applicant eligibility to sit for a certification examination, deny certification, or take other appropriate action with respect to the applicant's certification based on that applicant's criminal conviction.

YOUR NAME ( <i>First, Middle, Last</i> )	DATE OF BIRTH ( <i>MM/DD/YY</i> )
ADDRESS ( <i>No., Street, Apt. No., City, State, ZIP</i> )	

Check one of the following and provide information as directed:

- ☐ I have not been convicted of nor am I under pending indictment for any crimes.
- ☐ I have been convicted of or I am under pending indictment for the following crime(s) (*provide dates, location/jurisdiction, circumstances and outcome-attach additional pages as needed*).

**ALSO** – Check one of the following and provide information as directed:

- ☐ I am not subject to registration as a sex offender in Arizona or in any other jurisdiction.
- ☐ I am subject to registration as a sex offender (*provide dates, location/jurisdiction, circumstances and outcome-attach additional pages as needed*).

I certify that I understand this affidavit. My self-disclosure is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

Notary Public

State of Arizona, County of \_\_\_\_\_

Subscribed and sworn or affirmed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Commission Expiration date

\_\_\_\_\_  
Notary Public's Signature

## Health Screening Questionnaire

The HSQ is not a medical examination. Any "Yes" answers in the Medical History questionnaire may place you, others and/or your patients at risk, and as such additional testing or medical clearance by a physician may be required prior to participating in the EMT program.

Name:		Date:		
Address:				
Phone No.:		DOB:		
MEDICAL HISTORY				
Date of Last Physical Exam:				
Medications (List all medications you are currently taking, including those prescribed and over-the-counter.)				
<div></div> <div></div> <div></div> <div></div> <div></div> <div></div>				
MEDICAL HISTORY		Yes	No	Every item checked “Yes” must be explained in the spaces below, specifying the number of item. Copies of pertinent medical records also may be necessary.
Do you have, or have you ever had?				
1. Surgery, or advised to have surgery?				
2. Treatment by doctors, healers, or other practitioners for any problem other than minor illnesses?				
3. Treatment for a mental or emotional condition?				
4. Allergies? (If “Yes”, describe in the box on the right).				
5. Any type of ear disease?				
6. Problem with dizziness or balance?				
7. Any type of skin disease (other than acne)?				
8. Varicose veins, blood clots, or swollen and painful veins?				
9. High blood pressure?				
10. A stroke?				
11. Poor circulation in hands or feet?				
12. Heart disease, heart murmur, chest pain (angina), palpitations (irregular beat) or heart attack?				
13. Problem with passing out, fainting, or losing consciousness?				
14. Any type of lung disease?				

MEDICAL HISTORY (Continued)	
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	YES	NO
15. Tuberculosis or positive TB skin test?		
16. Diabetes?		
17. A need of insulin shots?		
18. Unexplained weight loss or gain?		
19. Joint pain or arthritis?		
20. Loss of use of an arm, leg, finger or toe?		
21. Back pain, back trouble, or injury?		
22. Tremors, shakiness, or seizures?		
23. Numbness or tingling in hands or feet?		
24. Frequent headaches or migraines?		
25. Any type of stomach or intestine disease?		
26. Hernia?		
27. Hepatitis?		
28. Any type of liver disease?		
29. Blood in the stool or vomited blood?		
30. Any type of kidney or bladder disease?		
31. Kidney stones?		
32. Difficulty or pain with urination?		
33. Diagnosed or treated for alcoholism or alcohol dependence?		
34. Diagnosed as dependent on drugs or treated for drug abuse?		

Are you currently receiving care from a physician or other health care practitioner for any of the above conditions you marked "Yes" to? If so, please explain:

**IMMUNIZATIONS.** Copies of current immunizations must be attached.

	<u>Vaccine Date</u>		<u>Vaccine Date</u>
Mumps	_____	Hepatitis B (Dose 1)	_____
Rubella	_____	Hepatitis B (Dose 2)	_____
Varicella	_____	Hepatitis B (Dose 3)	_____
Measles (Rubeola)	_____	Tetanus	_____

☐ TB     
 ☐ Positive     
 ☐ Negative

I certify that the foregoing information is true to the best of my knowledge and that I am capable to perform the ***Essential Functions and Work Conditions of an EMCT***. I understand that misrepresenting medical facts called for above could expose myself and/or other to an unsafe and unhealthy working environment and may forfeit this training opportunity.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Essential Functions and Work Conditions of an EMCT***

**STANDING/WALKING:** Frequently too continuously when responding to calls. Standing or walking is optional while at rest at the facility. This usually includes: going to and from the emergency vehicle, getting patients from their locations, and rendering treatment. Most walking would be for short distances, as emergency vehicles are allowed to get as close to the location as possible. However, the incumbent must also be able to run these same distances, in case of an emergency where time is of the essence. Walking and running may vary, however, as the patient may be located inside a large, multi-floored facility. Standing, walking and running could be on all types of surfaces, including but not limited to: asphalt, cement, concrete, soft/ packed dirt, linoleum, wood, hardwood floors, etc. The individual must be able to go up and down slight inclines or declines that may be found at roadsides, agricultural areas, etc. At a location, standing would occur more often than walking or running. Standing would occur on the wide variety of surfaces mentioned above. Standing could last from a few minutes to hours, depending on the situation. Standing could occur in the standard erect position, the kneeling or squatting position, etc.

**SITTING:** Frequently when responding to a location, the individual will sit in the emergency vehicle. The emergency vehicles are equipped with a standard installed vehicle seat. The time performing the sitting activity on a call would depend upon the specific situation.

**LIFTING AND CARRYING:** Frequently required to lift and carry weights ranging from a few pounds to fifty (50) pound and above. Occasionally required to lift and carry weights scaled at above 100 pounds or more. Incumbents will need to lift and carry, with one team member, adult patients, lifting them from various positions (such as a bed or a chair) onto various patient movement devices, such as an ambulance stretcher, a stair chair, long back boards, etc., and then efficiently move them into an ambulance. Other heavier objects in the high range category would be 5-foot tall, 10-inch diameter oxygen cylinders, and medical equipment boxes. The oxygen cylinders can be made of quarter-inch steel and weigh up to 113 pounds. The medical equipment boxes/bags can weigh approximately fifty pounds or more.

**BENDING AND STOOPING:** Frequently throughout a work shift the incumbent will be required to bend in a range of 1 to 90 degrees. The average situation will require the individual to work in a range of 35 to 65 degree bends. This would involve: lifting a patient, lifting equipment, treating a patient at ground level, sitting on a bench located in the ambulance. This activity may be prolonged and last up to 30 minutes or more. During any given call, the provider may bend and/ or stoop 1 to 15 times per incident.

**CROUCHING AND KNEELING:** Frequently, crouching and kneeling may be performed when on the scene picking up equipment or assisting patients. The actual number of times this is done depends on the particular incident but may be up to 15 times for a duration up to 30 minutes or greater.

**CLIMBING:** Occasionally, this is required when climbing steps up and down with a patient on a stretcher or other device, and when entering or exiting the emergency vehicle. Generally, the climbing would require that the incumbent be lifting and carrying heavy objects such as a stretcher or other device with a patient on it. Balancing may be required when backing down staircases.

**REACHING:** Frequently to continuously throughout the work shift in order to review monitoring equipment, operate communication equipment, administer oxygen and operate equipment. The incumbent may also be required to reach in precarious positions, such as in a vehicle, which has been crushed in an accident, or in other confined spaces. If working inside the ambulance en route to a medical facility, the incumbent will need to reach to access the patient and supplies. Reaching will involve partial to full extension of the arms.

**PUSHING AND PULLING:** Frequently the activities that would require the most force in pushing and pulling is when removing or returning a gurney to the emergency vehicle with and without a patient on the gurney. The weight required to push/pull will vary, depending on the weight on the gurney. Slight pushing will be required if the incumbent is performing CPR, which can require repetitive pushing and may range from a few minutes to hours. Pushing and pulling is required when operating and closing vehicle doors.

**HANDLING OR GRASPING:** Continuously, while working at any given location, continual bilateral gross manipulation is performed in this position. This may be involved when: opening/closing doors; and using, handling, carrying and /or operating medical equipment boxes that may weigh approximately fifty (50) pounds or more, such as stretcher rails, various handles attached to equipment, and tools. The arm and hand must be able to perform all types of positions, including supination and pronation. Hyperextension, extension and flexion of the fingers will be involved, ulnar and radial deviation, abduction and adduction of the hand and wrist will

be required. A wide variety of grasping will be required, such as cylindrical grasping, palmer grasping, hook grasping, tip grasping and lateral and spherical grasping.

**HAZARDS:** The incumbent, when responding to emergencies, can be exposed to dust, fumes, gases, fire, smoke, adverse weather conditions, and chemicals. There is potential for bodily harm or death from violent patients, bystanders, or other dangers. At all time the incumbent is expected to adhere to all applicable policies and procedures concerning safety and the prevention of contamination and infection due to bloodborne pathogens.

**OTHER PHYSICAL REQUIREMENTS** Maintain balance and strength in awkward positions; speak clearly, even under stressful circumstances; accurately communicate ideas orally and in writing in English; Respond physically with speed; and speak at proper volumes for appropriate situations.