

	<b>Terryville Fire Department Chiefs Policies</b>	
	<u>Subject</u> <b>EMT Clearance Procedure</b>	<b>BP# 4-05</b>
	<u>Authority</u> <b>Chief of Department</b>	Initiated 7/1/2023  Revised

**A. PURPOSE**

- To establish a standard for members seeking to be cleared to respond/ride as an Emergency Medical Technician (EMT-B, EMT-CC, or EMT-P) with the Terryville Fire Department.

**B. POLICY**

- Members must have successfully completed a New York State approved EMT-B, EMT-CC, EMT-P certification class. Additionally, EMT-CCs and EMT-Ps must have successfully completed the Suffolk Protocol test and all other county requirements.
  - A photocopy of their original certification card shall be submitted to the EMS Squad leader and Chiefs Office.
- New EMTs (certified for less than three years) will complete up to 10 field evaluations in which they oversee patient care. The number of field evaluations may be reduced based on the member demonstrating adequate and consistent proficiency. Members already holding a current NYS EMT certification with more than three years of EMS experience may be eligible for an abbreviated field evaluation program which will be determined on a case-by-case basis.
  - Patient care should be provided under the direction of a preceptor (an approved EMS Squad member or district medic).
  - Field evaluations will not be counted when care is handed off to another provider.
  - Processing an RMA will ordinarily not count as a completed field evaluation.
  - Upon completion of a field evaluation, members will review the call with the preceptor.
  - Members should maintain a personal photocopy of all field evaluations.
  - Field evaluations will be completed using the Terryville Fire Department EMT Field Evaluation Form (Attachment #1).
- Upon completion of all required field evaluations:
  - Members shall submit all field evaluations to the EMS Squad Leader for review.

- EMS Squad Leaders will review all field evaluations to ensure calls were completed satisfactorily.
- Members may be required to perform additional field evaluations if any calls were deemed to be unsatisfactory or outside of the standards outlined above.
- Members will be authorized by the Chiefs Office to ride and perform as an EMT upon the recommendation of the EMS Squad Leader and District EMS Supervisor.

### **C. PRECEPTOR ELIGIBILITY**

- Any Terryville Fire District Medic
- EMS Squad Members that hold a current EMT certification and have a minimum of one year of active EMS experience with the Terryville Fire Department.
  - Must receive approval from the EMS Squad Leader.

**ATTACHMENT #1**

**TERRYVILLE FIRE DEPARTMENT  
EMT Field Evaluation Form**

Member Name: \_\_\_\_\_

Date: \_\_\_\_\_ Run #: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

PCR # \_\_\_\_\_

**Skill Ratings:**

- 1 Excellent
- 2 Very Good
- 3 Average
- 4 Below Average
- 5 Not Applicable
- 6 N/A

**Any rating of a 4 or 5 requires a written explanation by the preceptor.**

**Patient Assessment Skills:**

- \_\_\_ Performs hands on physical exam on patient as indicated.
- \_\_\_ Able to and record complete history of presenting problem.
- \_\_\_ Able to record complete medical history, meds, and etc.

**Practical Skills:**

- \_\_\_ Obtain/direct another crew member to obtain full set of vital signs in a timely manner.
- \_\_\_ Recognizes the need for and applies O2 in a timely manner and uses the appropriate delivery device.
- \_\_\_ Proper use of KED, Traction splint, and board splints.
- \_\_\_ Use proper method of bleeding control.
- \_\_\_ Immobilizes the patient completely without compromising the integrity of spine.
- \_\_\_ Write a complete and acceptable PCR.

**Personal Skills:**

- \_\_\_ Displays confidence in skills and abilities.
- \_\_\_ Able to perform as team leader.

\_\_\_ Maintains control of situation and crew.

\_\_\_ Delegates responsibilities appropriately.

\_\_\_ Completes call in timely manner.

**Preceptor Comments:**

Did the EMT choose the correct hospital based on patient assessment? \_\_\_\_\_

\_\_\_\_\_

Did the candidate perform the skills listed above? \_\_\_\_\_

\_\_\_\_\_

How efficient and appropriate were the candidate's actions? \_\_\_\_\_

\_\_\_\_\_

Did you feel the candidate was open to learning? \_\_\_\_\_

Did you discuss this call upon completion? \_\_\_\_\_

Were there any problems or concerns you feel should be addressed? \_\_\_\_\_

\_\_\_\_\_

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preceptor Signature: \_\_\_\_\_

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

Member Signature: \_\_\_\_\_

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