

FIELD PERFORMANCE STANDARDS

The field performance standards are divided into three major sections in order to identify and organize the major areas of EMS practice. These three sections are:

- A. Call Management
- B. Patient Assessment
- C. Patient Treatment

While the performance standards are fairly inclusive, they are written in a common-sense fashion, and reflect reasonable notions of what is possible and expected, given the limitations and difficulties that accompany many of our calls.

There are 29 standards and each standard describes three levels of performance:

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| Does Not Meet Standard | Describes those behaviors that fall below expected field performance. |
| Meets Standard | Describes those behaviors that meet expected field performance. This is the standard that needs to be met in order to practicing safe, competent medicine. |
| Exceeds Standards | Describes those behaviors that exceed field performance. Outlines exceptional performance and/or solid performance on exceptional calls. |

In addition to being fairly common and sensible practices, these standards specify levels of performance without dictating how you should do a particular task. The immobilization standard asks that you adequately protect a patient's cervical spine, but it does not specify the double-V method, spider straps or any other method. This allows all of us to meet the standard while still maintaining our own methods of practice.

The standards also do not measure performance in terms of specific time requirements (that a focused history and physical should be done in two minutes, for example). Standards generally say "completes such a task in a timely fashion given the circumstances." We would all agree that a major trauma victim deserves a focused history and physical. But we might spend more time on that procedure if the patient seems stable and has a confusing complaint.

These standards take into account the various factors that limit field intervention and hamper field care; care rendered is care appropriate to the situation. The standard for IV starts, for example, specifies that the field personnel know when it is appropriate to start an IV on a patient. There are times when an IV should not be attempted, even on

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a critical patient, due to a short ETA and the need to address more immediate concerns, such as the patient's airway and breathing.

The Field Performance Standards also do not specify particular division protocols. They are meant to compliment these protocols by defining the level of care we provide while carrying them out. While policies and protocols give us specific medical direction, these standards presume that the field staff can set its own professional standards of practice, and monitor and reward compliance with these standards. This claim can only serve to improve the care we provide our patients, and can only help to make us all better practitioners.

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CALL MANAGEMENT

Ambulance Operation: (AOP)

Exceeds standard: Consistently exceeds minimum response requirements. Requires minimal map assistance to provide routing to the general area of the call. Generally familiar with entire response district, including major response points such as major employers and shopping centers. Excellent knowledge of response zone, including alternative routes at peak commute hours. Remarkable ability to anticipate and avoid possible driving hazards. Maintains calm in most frustrating driving situations. Extremely safe driving. Safely places vehicle at scene, even in confusing and chaotic situations. Maximizes EMS access to vehicle by EMS personnel.

Meets Standard: Complies with response time requirements. Familiar with primary response district geography. Uses map books to locate the call and route driver there in a timely fashion. Operates vehicle in a safe manner, with due regard for all other motorists. Parks vehicle on scene in a safe and appropriate location. Can route self from the scene to all hospitals and health care facilities.

Does Not Meet Standard: Fails to comply with response time requirements. Unfamiliar with response district. Unable to use map consistently to direct partner to a call. Fails to operate vehicle in a safe manner or with due regard for others. Locates the vehicle at scene in a dangerous location for those on scene. Unable to route self from scene to all hospitals and health care facilities. Does not show good overall knowledge of traffic flow or volume for a particular time of day.

SCENE MANAGEMENT: (SMG)

Exceeds Standard: Properly assesses all scenes, including unusual and complex ones, formulates a plan and implements it. Maintains calm even in most extreme situations. Demonstrates a heightened awareness of scene safety. Restores command in situations that are out of control. Calls for and releases additional personnel in a timely fashion. Provides direction for all personnel, even in difficult situations. Communicates with all EMS personnel in a positive fashion, and is careful to acknowledge their information and suggestions. Acknowledges family and friends on scene as a part of the overall call, and handles them in a positive fashion.

Meets Standard: Properly assesses routine scenes, formulates a plan and implements it in a timely fashion. Delegates tasks effectively. Maintains calm and self-control in most situations. Utilizes additional resources appropriately, directing other personnel adequately. Ensures scene safety for all personnel. Is able to recognize and convey

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potentially dangerous scene situations. Intervenes appropriately when the scene or patient condition deteriorates.

Does Not Meet Standard: Unable to assess routine scenes. Unable to formulate plan or does not do so in a timely manner. Fails to delegate tasks effectively. Takes wrong course of action, or avoids taking action in routine situations. In stressful situations, becomes emotional, panicky, loses temper or is confused. Does not utilize other resources. Endangers self or others by failing to recognize or convey a dangerous scene situation. Allows scene or patient condition to deteriorate without intervening.

PERSONAL SAFETY: (PSF) - ON SCENE/PATIENT COMPARTMENT

Exceeds Standard: In addition to meeting the standard, exhibits awareness of potential problems or dangers to self and others. Reassesses all scene decisions and interventions based on prioritizing safety first. Monitors others' scene tasks, such as lifting, to ensure they are being safe.

Meets Standard: Provides a safe working environment for h/herself and others. Enters scenes only after they have been designated "code 4". Complies with protocols and uses proper equipment for infection control, hazardous incidents and dangerous scenes. Uses proper lifting techniques. Properly restrains patients according to policy/protocol.

Does Not Meet Standard: Fails to provide a safe working environment for h/herself and others. Enters scenes that have not been designated "code 4". Fails to comply with protocol or use of proper equipment for infection control, hazardous incidents or dangerous scenes. Fails to use proper lifting techniques. Fails to properly restrain patients according to policy/protocol. Fails to use equipment safely.

PERSONAL SAFETY: (PSF) – DRIVING

Exceeds Standard: Complies with Pridemark Paramedic Services Driving Policy without exception. Is able to explain the rationale behind the policy and serves as a role model and resource for co-workers.

Meets Standard: Complies with Pridemark Paramedic Services Driving Policy for vehicle operation. Is familiar with these policies, and recognizes any failure to comply with them. Compliance failures are minimal and do not increase the risk of mishap when they occur. Operates vehicle in courteous and safe manner with due regard for others.

Does Not Meet Standard: Fails to comply with the Pridemark Paramedic Services' Driving Policy. Compliance failures are substantial and increase the risk of mishap. Is unfamiliar with these policies and/or does not respond to counseling regarding their implementation.

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DEMEANOR: (DEM)

Exceeds Standard: In addition to meeting standard, is self-critical and regularly critiques calls to improve performance. Is able to critique others' performance in a supportive fashion. Has a constructive perspective on EMS system operation.

Meets Standard: Functions as a team member. Attitude assists with efficient call operation. Displays self-confidence. Accepts constructive criticism and uses it as a tool to improve performance and further learning. Arrives on time for shift and is ready to run calls upon arrival.

Does Not Meet Standard: Does not function as a team member. Attitude impedes efficient call operation. Does not appear confident. Does not accept constructive criticism: rationalizes mistakes, denies that errors were made, is argumentative, and/or does not attempt to make corrections. Does not arrive for shift on time and/or is not ready to run calls upon arrival.

(DEM)- APPEARANCE

Exceeds Standard: In addition to meeting the standard, is always a positive influence upon other employees. Arrives for work in full uniform, ready for immediate shift start. Displays significant pride in appearance of self and partner. Uniform routinely starched and pressed with polished footwear.

Meets Standard: Arrives for work well groomed and displays a professional image. All uniform components are neat and present. Hair length and facial hair are in accordance with the company policy. Uniform is not torn or ripped. Uniform is clean and proper-fitting. Personal hygiene is in accordance with company policy.

Does Not Meet Standard: Does not adhere to company dress policies. Various components of the uniform are not present or not company issue. Hair length and facial hair is not in accordance with company policy. Jewelry and perfumes/after-shaves are not in accordance with company policy and/or are overpowering. Uniform is torn or ripped. Uniform is not clean. Personal hygiene is neglected and not in accordance with company policy.

COMMUNICATION :(COM) - OUTSIDE AGENCIES

Exceeds Standard: In addition to meeting the standard, is able to run a call and maintain excellent rapport and communication with all agencies. Is able to maintain good communication skills in difficult situations. Is able to actively problem-solve with other EMS personnel. Is able to communicate problem-solving options or decision to other personnel in a supportive, non-threatening manner. Has an exceptional command of the English language in both oral and written form.

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Meets Standard: Establishes rapport with other personnel. Listens to information already retrieved by other agencies and uses it to the benefit of the patient and the scene. Gives key information and adequate direction to partner and other personnel. Elicits information when needed. Listens to suggestions or concerns brought up by outside agency personnel and implements them if they are appropriate and help the patient or the scene. Easy to understand, with a working command of the English language.

Does Not Meet Standard: Fails to establish rapport with other personnel. Does not elicit or heed information already retrieved by other personnel. Fails to share key information or adequate direction to partner or other personnel. Ignores concerns or suggestions brought up by other agencies. Difficult to understand (too quiet, mumbles, hesitant, disorganized, unusable command of the English language in either written or verbal form.)

COMMUNICATION: (COM) - PATIENT AND FAMILY

Exceeds Standard: In addition to meeting the standard, is able to maintain good communication skills in difficult situations. Uses other resources to communicate when communication barrier exists (deaf patient, non-English speaking patient, mute patient, etc.). Consistently requests and uses patient's name.

Meets Standard: Establishes rapport with patient. Identifies self as an EMS provider and by level of certification. Listens to patient's concerns and complaints. Informs patient of procedures and overall plan. Informs patient's family of patient status. Asks for preferred hospital destination, if appropriate. Consistently requests and uses patient's name. Listens and addresses family's concerns, if scene and time allow. Speaks in a polite and professional manner and tone.

Does Not Meet Standard: Fails to establish rapport with patient. Fails to identify self and level of certification. Ignores patient's concerns and complaints, Fails to inform patient of procedures and overall plan. Fails to inform patient's family of patient status. Fails to ask for preferred hospital destination. Fails to heed or address family's concerns. Fails to speak politely and professionally to the patient and/or family, and is construed as rude and offensive. Fails to use patient's name.

COMMUNICATION: (COM) – RADIO WORK

Exceeds Standard: In addition to meeting the standard, reports are exceptionally accurate and concise, even in distracting and stressful situations. Paints an accurate enough picture to secure Base Station orders even in situations when patient's signs and symptoms present a confusing clinical picture.

Meets Standards: Uses proper radio procedure when speaking to Pridemark Paramedic Services communications and other agency communication centers. Knows

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whom to speak with while running other agency calls. Knows the appropriate radio codes and channels. Speaks calmly and clearly. Reports are organized, contain only pertinent information, and paint a clear and accurate picture. Reports secure appropriate Base Station orders. Reports are non-judgmental and patient confidentiality is maintained. Utilizes Base Station contact for consult on difficult calls, for problem-solving assistance.

Does Not Meet Standard: Use improper radio procedures. Speaks too slowly or too fast. Reports are disorganized, lack key information, or paint an inaccurate picture. Does not know the proper channel or radio codes for each of the various agencies that Pridemark Paramedic Services may respond with. Reports are too lengthy and contain unnecessary information. Reports contain judgmental information. Breaches patient confidentiality. Does not consult base station appropriately.

COMMUNICATION: (COM) – AT HOSPITAL

Exceeds Standard: In addition to meeting the standard, makes extra effort to make the patient feel welcome and comfortable at the ED. Report to ED staff is concise, organized and relevant, even with extremely critical patients. Makes extra effort to help family members at the ED. Time permitting, makes and extra effort to help out in the ED in every way possible. Introduces patient to ED staff by name.

Meets Standard: Ensures continuity of patient care from the field to the ED. Introduces patient to the ED staff by name, not injury. Report to ED staff is concise, organized and contains all necessary information. Report is non-judgemental. Attempts to help family with finding patient's bed and registration desk. Assists ED staff in preparing and caring for the patient until the staff is able to assume complete and full care of the patient.

Does Not Meet Standard: Leaves without properly turning over patient care to ED staff. Fails to introduce patient to ED staff. Report to ED staff is inaccurate, disorganized, contains unnecessary information, and/or lacks important information. Report contains judgmental information. Does not attempt to help family members with finding patient's bed or registration desk. Does not help ED staff at their request, if unit staffing or call volume permits it.

Preparedness: (PRP) – DAILY

Exceeds Standard: In addition to meeting the standard, checkout is repeated during shift as needed (after each call). Unit clean and consistently restocked upon return to quarters. Equipment care documentation consistently complete and submitted appropriately. Fuel & fluid levels always kept optimal.

Meets Standard: inspects stocks and cleans ambulance and equipment at the beginning of the shift, or as soon as possible thereafter. Oil and fuel are maintained at levels necessary to run several calls. Unit documentation is complete. Missing,

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damaged, or inoperable equipment is promptly reported. Problems with unit are reported to team leader and documented.

Does Not Meet Standard: Consistently does not inspect, stock or clean ambulance at the beginning of the shift or as soon as possible. Fluids and/or fuel levels are not maintained at levels necessary to run several calls. Unit checkout documentation incomplete or not submitted appropriately. Missing, damaged or inoperable equipment not promptly reported.

Preparedness: (PRP) – END OF CALL/EOS

Exceeds Standard: In addition to meeting the standard, consistently advises dispatch of status. Completes paperwork promptly and leaves copies at hospital prior to departure. When possible, assists other units at the hospital in getting back in service.

Meets Standard: Complies with company infection control policies. Restocks carry-in equipment promptly and appropriately. Checks oxygen status and replaces promptly as necessary. Keeps pram clean and stows properly. Keeps dispatch advised of In-Service status if prior to twenty minutes, or if the unit will be out of service for an extended period of time. Cleans ambulance during shift, between calls. Keeps unit stocked and with fueled for several consecutive calls. Keeps interior clean and free of trash. If this is not possible, notifies oncoming crews of unusual unit status.

Does Not Meet Standard: Does not consistently clean patient compartment. Fails to comply with company infection control policies. Does not consistently restock carry-in equipment appropriately. Does not consistently check and/or restock oxygen supplies. Does not ensure that pram is kept ready for responses. Fails to go in service prior to twenty minutes following transport, or notify dispatch if unit will be out of service for an extended period of time. Exhibits frequent or consistent inattention to response-readiness of unit.

DOCUMENTATION: (DOC)

Exceeds Standard: In addition to meeting standard, displays exceptional written communication skills; charting is extremely neat and thorough, even on “routine” responses. Other documentation consistently thorough and processed promptly.

Meets Standard: Complies with documentation standards set by Quality Assurance program. Charts and billing information are complete, accurate, legible and ready at the appropriate time. Writing reveals proper spelling, appropriate usage of approved abbreviations and correct terminology for describing mechanisms and findings. Charts completed in a timely fashion, with adequate detail given to treatment and response areas, patient status changes, call irregularities and complex calls. Incident reports completed and filed appropriately.

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Does Not Meet Standard: Does not comply with documentation standards set by Quality Assurance program. Charts are incomplete, illegible, and/or inaccurate; contain misspellings, inappropriate abbreviations or slang; and/or are not submitted in a timely fashion. Inadequate attention given to treatment and response areas. Incomplete documentation of patient status changes, call irregularities or complex calls.

PATIENT ASSESSMENT (PAS)

(PAS) - INITIAL ASSESSMENT

Exceeds Standard: In addition to meeting the standard, accurately and confidently handles complex ABC situations while completing the initial survey promptly and in an appropriate amount of time. Always addresses c-spine mechanisms by ensuring in-line stabilization.

Meets Standard: Consistently performs a prompt initial assessment and intervenes appropriately. Takes C-spine precautions, in accordance with protocols, when indicated by complaint or mechanism. Recognizes potential life threats and intervenes early and/or reassesses frequently to monitor changes. Consistently addresses c-spine mechanisms by ensuring in-line stabilization.

Does Not Meet Standard: Omits portions of the initial assessment. Is slow or disorganized and/or fails to intervene promptly in potential life-threats. Assesses possible C-spine patients without taking proper precautions or fails to consider clear mechanisms of c-spine injury, violating C-spine protocols.

(PAS) - FOCUSED HISTORY & PHYSICAL EXAM

Exceeds Standard: In addition to meeting standards, always performs an appropriate focused history and physical exam, even in very stressful situations. Shows exceptional judgement in prioritizing particularly relevant parts of the detailed physical exam on critical patients. Transport considerations always appropriate to patient status; demonstrates a masterful grasp of unusual options. In addition to meeting the standard, is able to vary history-taking style based on patient status. Promptly obtains important history in difficult or confusing situations. Frequently detects subtle findings in history or mechanism.

Meets Standard: The focused history and physical exam is consistently organized, complete and appropriate to the chief complaint. Physical findings and vital signs are accurate. Exam is completed in a timely fashion. Appropriately shortens a detailed physical exam when appropriate. Transport considerations usually appropriate to patient status; demonstrates a grasp of unusual options. Consistently evaluates patient's environment and mechanism of injury in order to confirm a suspicion or injury or illness. Gathers all appropriate history, and draws accurate conclusions from it.

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History-taking is streamlined by an organized approach that uses focused, relevant questioning.

Does Not Meet Standard: The focused history and physical exam is frequently disorganized, incomplete, or inappropriate to the chief complaint. Physical findings and/or vital signs are inaccurate. Detailed physical exam is frequently incomplete or not completed in a timely fashion. Transport considerations not appropriate to patient status. Fails to consider the patient's environment or mechanism of injury. Does not elicit available information. Draws inaccurate conclusions from statements made by patient or bystanders. History-taking is prolonged by inappropriate or poorly focused questions. Has to return to patient to gain essential information.

(PAS) - DIFFERENTIAL/WORKING DIAGNOSIS

Exceeds Standard: In addition to meeting the standard, is able to develop a differential/working diagnosis and treatment plan, even under adverse circumstances with limited or conflicting information or findings. Consistently reexamines working diagnosis when patient's status changes or field treatment is not producing expected results.

Meets Standard: Generates differential diagnosis, a "list" accurately based on patient's history and physical exam. Deduces diagnosis from this list, and develops an appropriate treatment plan in a timely fashion.

Does Not Meet Standard: Frequently fails to develop a differential diagnosis, or substantially misinterprets the patient's problems. Cannot formulate a working diagnosis on which to base treatment.

ECG INTERPRETATION

Exceeds Standard: In addition to meeting the standard, identifies even difficult ECG rhythms (rare rhythms, readouts with significant artifact, complex strips with multiple rhythm changes, etc.) accurately and quickly. Is able to use 12-lead ECG to gain additional useful information. Utilizes advanced ECG techniques to interpret multiple-lead findings (axis deviation, location of MI, wide-complex etiologies, etc.).

Meets Standard: Correctly identifies classic rhythms, pacemaker rhythms and variations in sinus rhythm in a timely fashion utilizing a multiple-lead approach. Uses ECG monitor when indicated and is able to troubleshoot atypical readouts. Always considers the patient's clinical status when developing a treatment plan for managing a possible dysrhythmia.

Does Not Meet Standard: Frequently fails to identify classic rhythms or takes an inordinately long time to do so. Is unable to interpret pacemaker rhythms and variations of sinus rhythm. Fails to use ECG monitor when indicated. Fails to troubleshoot atypical readouts (fails to check leads, patches, batteries, etc.). Tends to "treat the

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ECG" rather than considering the patient's clinical presentation to develop a treatment plan.

PATIENT TREATMENT (TRT)

(TRT) - TREATMENT/ONGOING ASSESSMENT

Exceeds Standard: In addition to meeting the standard, recognizes rare complications or side-effects of therapies. Demonstrates ability to manage several therapies simultaneously. Prepares in advance for potential patient deterioration. Keeps partner informed of patient status at all times.

Meets Standard: Appropriate treatment is suggested or performed in a timely fashion. Is able to accomplish necessary tasks, and considers limitations of treatment plan: ETA to hospital, ability to make base contact, compliance of patient with proposed plan, etc. Recognizes patients requiring immediate treatment. Is able to distinguish between unstable and stable patients. Reassesses patients after significant interventions, status changes, or appropriate time lapse. Recognizes complications and side-effects of therapies. Delegates' treatment tasks to other personnel appropriately.

Does Not Meet Standard: Frequently suggests or performs inappropriate treatment. Treatment often late or disorganized. Is easily distracted from treatment tasks, unable to accomplish necessary tasks or does not accurately consider limitations of treatment plan: ETA to hospital, ability to make base contact, compliance of patient with the proposed plan, etc. Fails to recognize patients requiring immediate treatment. Unable to distinguish between unstable and stable patients. Fails to reassess patients after significant interventions, status changes, or appropriate time lapse. Repeatedly fails to recognize complications or side-effects of therapies. Fails to delegate treatment tasks to other personnel as appropriate.

(TRT) - IV TECHNIQUE

Exceeds Standard: In addition to meeting the standard, is able to establish IVs on difficult patients. Is able to maintain proper technique in difficult situations.

Meets Standard: Uses good technique, and chooses proper catheter size and start location when attempting IV cannulation. Consistently uses aseptic technique. Establishes IVs in a timely manner. Complies with company policy for disposing of sharps. Uses good judgement in deciding whether or not to attempt IV cannulation. Knows when multiple IV attempts are appropriate or inappropriate.

Does Not Meet Standard: Frequently fails to establish IVs due to poor technique. Chooses improper catheter size and/or start location. Consistently fails to use proper aseptic technique. Does not establish IVs in a timely manner. Fails to comply with company policy for sharps disposal. Uses poor judgement in deciding whether or not to attempt IV cannulation.

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(TRT) - MEDICATION ADMINISTRATION

Exceeds Standard: In addition to meeting the standard, shows excellent knowledge of home and street drugs. Correctly anticipates and/or recommends orders in complex situations.

Meets Standard: Demonstrates a good pharmacological knowledge base. Demonstrates a working knowledge of indications, contraindications, dose, route, and adverse side-effects of paramedic medications. Verifies medication dose, route, and infusion rate (if applicable) of medications prior to administration. Administers medications in a timely manner with proper technique. Adequately reassesses patient after medication administration. Is aware of pertinent drugs in compromised patients. Has adequate knowledge of home and street drugs. Anticipates base orders. Complies with company policy for sharps disposal.

Does Not Meet Standard: Demonstrates a poor pharmacological knowledge base. Seems unsure of the indications, contraindications, dose, route and adverse side-effects of paramedic medications. Unable to calculate drug dosages. Does not verify medication, route, dosage or infusion rate, if applicable, when administering. Does not administer medication in a timely fashion, or with proper technique. Does not adequately reassess patients after administering medications. Is not aware of potentially adverse drug interactions, or the effects of pertinent drugs in compromised patients (lidocaine in the geriatric patient with liver failure, etc.). Has little knowledge of home medications or street drugs. Does not anticipate base orders. Does not comply with company policy for sharps disposal.

(TRT) - DEFIBRILLATION/CARDIOVERSION/PACING

Exceeds Standard: In addition to meeting the standard, is able to maintain correct technique, energy levels, and scene safety even during very adverse situations.

Meets Standard: Familiar with equipment. Able to do basic troubleshooting with leads batteries and electrodes. Understands when defibrillation/cardioversion/pacing is indicated. Confirms rhythm on the monitor prior to electrotherapy. Checks pulses/patient status between attempts. Informs all personnel of impending cardioversion/defibrillation/pacing, and ensures their safety. Uses correct technique and energy levels for each.

Does Not Meet Standard: Unfamiliar with equipment. Unable to do basic troubleshooting with leads, batteries, and electrodes. Does not understand when defibrillation/cardioversion/pacing is indicated. Does not confirm rhythm on the monitor prior to electrotherapy. After initial electrotherapy attempt, does not recheck pulses/patient status prior to ensuing attempts. Fails to adequately inform other personnel of impending defibrillation/cardioversion/pacing. Uses improper technique and/or energy levels for each.

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(TRT) - ORTHOPEDICS/BANDAGING

Exceeds Standard: In addition to meeting the standard, is able to creatively problem-solve difficult immobilization challenges. Routinely demonstrates ability to improvise as needs dictate. Immobilizes multiple patients in a reasonable time period. Shows extraordinary ability to correctly immobilize patients despite difficult scene extrications, rescues, etc... Provides exemplary care of spinal injuries.

Meets Standard: Recognizes potential spinal/extremity injuries. Initiates proper spinal precautions suggested by mechanism. Immobilizes possible extremity injuries. Uses correct splinting techniques, and splints in a timely fashion, in accordance with local protocol. Is not distracted by extremity injuries in multiple-systems trauma. Identifies bleeding and attempts to control using direct pressure, elevation and pressure points. Familiar with basic bandaging techniques. Assesses and reassesses distal circulation and neuro function of injured extremity. Reassesses bleeding from a wound site after acting to control it.

Does Not Meet Standard: Fails to recognize potential spinal /extremity injuries. Fails to initiate proper spinal precautions when mechanism indicates a need. Fails to immobilize possible extremity injuries. Uses incorrect or incomplete splinting procedures, or is too slow. Is distracted by extremity injuries in multiple-systems trauma. Fails to attempt to control bleeding injuries; seems unfamiliar with basic bandaging techniques. Does not assess or reassess distal neurovascular function. Does not reassess bleeding from a wound site after attempting to control it.

(TRT) - AIRWAY/O₂/BLS

Exceeds Standard: In addition to meeting standard, demonstrates BLS-level ability to manage the airway in extremely difficult situations. Makes good decisions regarding airway interventions on difficult calls. Is always alert to possible airway compromise. Carefully watches first responders to make sure they are ensuring airway patency and breathing.

Meets Standard: Ensures adequate airway and breathing of patient. Correctly uses appropriate BLS airway adjuncts. Familiar with all BLS equipment and proper usage. Demonstrates BLS-level ability to manage the airway in extremely difficult situations. Administers O₂ in a timely fashion. Uses appropriate delivery devices and flow rates. Uses proper suctioning techniques and suction adequately. Uses proper ventilation techniques, and reassesses ventilation regularly.

Does Not Meet Standard: Fails to ensure adequate airway and breathing of the patient. Fails to use appropriate BLS airway adjuncts. Unfamiliar with equipment, or uses equipment improperly. Takes excessive time to achieve airway patency with BLS methods. Does not administer oxygen in a timely fashion. Uses inappropriate delivery

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devices or flow rates. Uses improper ventilation techniques, or fails to reassess ventilation adequacy.

(TRT) - AIRWAY/O₂/ALS

Exceeds Standard: In addition to meeting the standard, successfully intubates in difficult situations, including time and space constraints, copious emesis, traumatized airways, and/or anatomically difficult airways. Demonstrates ability to troubleshoot faulty equipment. Consistently intubates quickly and effectively.

Meets Standard: Familiar with equipment and uses it properly. Chooses correct tube sizes. Oxygenates patients adequately prior to tube placement and documents such. Recognizes and corrects esophageal intubations promptly. Adequately secures tube, applies end-tidal CO₂ detector, and reassesses tube placement throughout call. Suctions the trachea when indicated.

Does Not Meet Standard: Unfamiliar with equipment, or uses it improperly. Chooses incorrect tube sizes. Fails to adequately oxygenate patient while preparing to intubate. Takes excessive time during intubation attempts. Consistently does not assess tube placement following insertion. Fails to recognize esophageal intubation. Does not adequately secure tube. Fails to apply end-tidal CO₂ detector. Fails to reassess tube placement during remainder of the call. Fails to suction the trachea when indicated.

(TRT) - SPECIALTY TASKS

Exceeds Standards: In addition to meeting the standard, appears confident with these tasks. Is able to initiate them even in confusing scenes, or with difficult patients. Is able to explain these procedures to other EMS personnel.

Meets Standard: Is familiar with tasks such as emergency delivery, pleural decompression, cricothyrotomy, MAST application, pulse oximetry, glucometer, AED, balloon pumps, IV pumps, etc. Is familiar with the protocols that govern these procedures. Is clear about their indications and contraindications. Appears competent with these procedures.

Does Not Meet Standard: Is unfamiliar with tasks such as emergency delivery, pleural decompression, cricothyrotomy, MAST application, pulse oximetry, glucometer, AED, balloon pumps, IV pumps, etc. Is unfamiliar with the protocols that govern these procedures. Is unclear about the indications and contraindications for these procedures. Does not appear competent with these procedures.

(TRT) - TOTAL PATIENT CARE

Exceeds standard: In addition to meeting the standard, displays exceptional compassion for patients, and “goes the extra mile” to provide them with kind words and understanding. Treats all people with dignity and respect, always.

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Meets Standard: Displays an open and attentive attitude toward all patients. Shows consideration for patients and family members. Refrains from prejudging patient complaint. Listens to patient's subjective view of h/her problem. Displays the attitude that anyone with a perceived emergency should be able to access 911, and that keeping people warm may be as important as establishing an IV.

Does Not Meet Standard: Displays a judgmental or prejudicial attitude toward patients. Shows a lack of consideration for the patient and family members. Prejudges patient complaints prior to thorough history-taking and assessment. Ignores patient's subjective view of h/her problem. Displays the attitude that only clinically critical patients should be accessing 911.

Dispositions (DIS)

(DIS) - CRISIS INTERVENTION

Exceeds standard: In addition to meeting the standard, shows exceptional crisis intervention skills. Is able to detect subtle factors that are affecting status of patient's crisis, and can respond using a variety of techniques. Is especially empathetic when dealing with the patient. Has a heightened awareness of safety considerations around a patient in crisis. Initiates or activates debriefing process when appropriate.

Meets Standard: Identifies patients in psychological or emotional crisis. Utilizes appropriate crisis intervention techniques to stabilize situations. Attempts various techniques when a particular plan fails to calm the patient. Speaks directly and honestly with patients. Maintains eye contact. Makes good judgment choices for return codes, appropriate facility, trauma activations, and cardiac alerts.

Does Not Meet Standard: Is unaware when a patient is in psychological or emotional crisis. Fails to use appropriate crisis intervention skills to stabilize situations. Interventions that are initiated aggravate the patient, and make h/her more agitated. Fails to speak directly and honestly with patients. Has difficulty making and/or maintaining eye contact with the patient.

(DIS) - AMA/PATIENT REFUSAL

Exceeds Standard: In addition to meeting the standard, goes well beyond the standard for AMAs and encourages patients to go to the hospital appropriately.

Meets Standard: Satisfies all the requirements for an adequate AMA as prescribed by the medical director and Pridemark protocols. Performs thorough assessments. Encourages patients to go to the ED appropriately. Informs patients of all the consequences of non-transport. Brings additional resources to bear when it is clear that the patient really needs to go to the hospital: base contact, having base physician speak

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with patient, etc. Secures signatures and appropriate witnesses. Thoroughly documents the AMA. Appropriate use of treat and release, refusals & AMA refusals *including considerations for: ETOH/drugs, minors, psych patients, the giving of risks and precautions & use of refusal forms*

Does Not Meet Standard: Fails to satisfy the requirements for an adequate AMA as prescribed by the medical director and Pridemark protocols. Fails to adequately assess patients after contact has been established. Fails to encourage patients to go to the ED appropriately. Fails to inform patients of all consequences of non-transport. Fails to bring additional resources to bear in cases when the patient clearly should go to the ED: base contact, having a base physician speak with the patient, etc. Fails to secure signatures and witnesses to document refusals. Fails to adequately document refusal procedures.