

Name: _____

Gloucester Volunteer Fire and Rescue Squad, Inc.

Basic Life Support (BLS) Precept Program

- I. **Purpose:** To provide a standardized program to train entry-level Emergency Medical Technician and newly accepted Emergency Medical Technician personnel to perform under the Peninsulas EMS Council protocol and within the excepted standards of Gloucester Volunteer Fire and Rescue Squad, Inc.

- II. **Goal:** To provide a standardized program for entry-level Emergency Medical Technician and newly accepted Emergency Medical Technician personnel to evaluate the members' ability to function on an ambulance as an Attendant-In-Charge (AIC) at the Emergency Medical Technician level.

- III. **Program:** All new members with EMS certification that desire to practice as an attendant-in-charge must complete the program; all members that obtain EMS certification must complete the program before being allowed to function as attendant-in-charge. Current members are exempt from this program only for their current certification level at time of program implementation.
 - a. There is no established time limit for completion of the program; it is designed to be completed at the pace of the new/entry-level member.

 - b. The EMS Training Officer manages the program; it shall be the responsibility of the new/entry-level member to communicate with their EMS Line Officer or Squad Sergeant to obtain information about the program.

 - c. The member participating in the Precept Program is responsible for maintaining the programs documentation and submitting the completed package upon program completion.

 - d. The precept period is independent of the probationary period for new members into Gloucester Volunteer Fire and Rescue, Inc.

 - e. The program shall evaluate the new/entry-level member's cognitive, affective and psychomotor proficiency. In addition to evaluation of skills, the program shall also evaluate interpersonal communication skills, ability to work effectively within a team, empathy and compassion, acceptance of feedback and other essential skills that may not be specifically described within this document but deemed to be necessary and essential qualities of an attendant-in-charge.

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f. The program is divided into four parts:

- I. Administrative
- II. Operational
- III. Clinical (which is divided into 2 Phases)
 - i. Assisted Phase: Preceptee is to complete Administrative, Operational, and participate in at least 5 documented calls.
 - ii. Independent Phase: Preceptee will function independently and without any intervention from the preceptor for at least 10 documented transported calls. **There must be at least two (2) different preceptors for this phase.**
- IV. Summative (Evaluation with EMS Training Officer)
 - i. PEMS Protocol Test
 - ii. Red Dot Verification
 - iii. Cardiac Arrest Scenario

IV. **Preceptors:** A list of preceptors is maintained by the EMS Training Officer after having completed the prescribed requirements. **Preceptors must maintain certification level equal to or higher than the provider being precepted.**

V. **Responsibility:** It will be the responsibility of the EMS Training Officer to manage the Basic Life Support Precept Program.

VI. **Completion:** Upon the completion of the Basic Life Support Precept Program, the package will be forwarded to the appropriate EMS Training Officer. The EMS Training Officer will review the document and present it to the EMS Line Officers. It will be the decision of the EMS Line Officers to approve the provider's completion of the program. The decision to release a provider to function as attendant-in-charge shall be handled individually and based upon the provider's total ability to function effectively in the role of team leader. Any provider not approved by the EMS Line Officers will be handled on a case-by-case basis.

VII. **Providers released in other jurisdictions:** Providers who are authorized to practice in another PEMS EMS agency may provide a letter stating such, on agency letterhead, from their other EMS agency. Upon receipt of the authorization to practice letter, the precepting provider will receive credit for 5 AIC calls and will be required to complete Administrative and Operational tasks, and complete 5 AIC calls prior to being authorized to practice independently with GVFRS. The Assistant Chief, EMS shall have the authority to accept or reject any such letter of authorization.

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Administrative

Date	Requirement	Initials
	Demonstrate the ability to complete ambulance inventory check procedures and documentation	
	Demonstrate the ability to effectively communicate via radio	
	Demonstrate understanding of station duties and procedures	
	Demonstrate understanding and compliance with duty scheduling and shift responsibilities	
	Receive issued equipment (pagers, jackets, etc)	
	Demonstrate understanding of incident reporting (injury, exposure, accident, etc.)	
	Review membership benefits	
	Review company meetings and training expectations	
	Valid CPR Card	
	Affiliate with GVFRS on the VA OEMS portal and NREMT portal (if applicable)	
	Complete ICS 100, 200, 700, 800 as evident by copies of Certificates attached to packet.	

Operational

Date	Requirement	Comments	Initials
	Identify and demonstrate the ability to use all equipment carried in the jump bag		
	Demonstrate the ability to use communication equipment for patient transmission of patient information		
	Demonstrate the ability to use and maintain on-board oxygen equipment		
	Demonstrate the ability to use the oxygen cascade system		
	Locate and demonstrate the ability to utilize and maintain suction equipment		
	Locate and describe the use and contents of the Broselow bag		
	Demonstrate the ability to use AED and vital signs functions of the Life-Pak 15		
	Demonstrate the ability to use the Lucas		
	Locate, identify and demonstrate the ability to use immobilization equipment		
	Demonstrate the use of the Sager splint		

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Date	Requirement	Comments	Initials
	Demonstrate proficiency in the use patient transportation devices (stair chair, scoop stretcher, wheeled stretcher, etc.)		
	Demonstrate the ability to use all other inventoried equipment applicable to level of certification		
	Locate resources and physical locations within RWRH		
	Demonstrate the ability to request and receive orders; response to inappropriate orders.		
	Demonstrate knowledge of pharmacological protocols		
	Describe indications, contraindications, side effects, dosage and route of administration for required medications within scope of practice and formulary.		
	Demonstrate medication security procedures		
	Demonstrate the ability to properly document an BLS call, to include hospital documentation (i.e. Drug Box usage, etc)		
	Demonstrate the ability to differentiate between ALS vs. BLS patients and high vs. low-priority transport		
	Demonstrate the ability to perform a thorough and accurate patient assessment, to include complete vital signs		

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Clinical

Date	Call Type	Skills Performed	Proper Documentation?	Comments	Initials
PHASE I: Assisted					
PHASE II: Independent					

*In Phase II: Independent- Preceptee must manage care for at least 10 BLS patients, **independently and without any intervention** from the preceptor. Proper management, including following regional protocols, must be performed for each patient.*

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Summative (Completed by Training Officer)

Date	Requirement	Comments	Initials
	Demonstrate knowledge of the EMT scope of practice through successful completion of the PEMS Protocol Test.		
	Demonstrate competency of VA OEMS Red Dot Skills (attach sheet to this packet)		
	Demonstrate competency as the AIC in a cardiac arrest scenario, to include proper operation of equipment and delegation of assignments.		

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Preceptor Name: _____ Preceptor Initials: _____

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Basic Life Support Precept Program

I have reviewed the Basic Life Support Precept Program requirements as demonstrated by the completed program package. I have demonstrated adequately, all required skills and have been provided all relevant information. I understand that factors other than the demonstration of skills are considered for completion of the program.

Member Signature

Date

Approved:

EMS Training Officer Name (Print)

Signature

Date

Assistant Chief, EMS (Print)

Signature

Date

Operational Medical Director (Print)

Signature

Date