

## **VTEMSD#3 Suggested Recruitment Training Program October 1997**

The following model has been designed to instruct Recruitment Trainees (RT's) with no prior experience in pre-hospital emergency care. Services may use the program with the following understanding:

- No state certification will be provided at the conclusion of the program.
- Services have flexibility in how the program may be implemented.
- RT's shall be directed by certified providers, therefore ambulances must provide the minimum crew, as directed by the Vermont Emergency Medical Services Rules, in addition to RT's.
- First Response Services should not allow RT's to respond on their own without one certified provider also responding.
- The program provides minimum needs for the RT so as to be safe and useful in an emergency pre-hospital situation.

### **Notes:**

1. Services may utilize the RT program for recruitment purposes, as probationary training, in addition to driver training programs, or in preparation to a certification course. It should be stressed that the RT program does not prepare an individual to provide undirected care outside of the RT acting as a Good Samaritan. RT's responding with a service should only do so with direction.
2. It is strongly recommended that the RT be assigned to a certified provider and that the RT not be allowed to jump any call (unless responding as a first responder and only with a certified provider).
3. The RT should complete a program, such as this one, prior to responding with a crew to any call.
4. Although requiring the RT to attend a certification course following their initial instruction is not mandated, services are encouraged to move the RT in this direction.

### **Overview:**

These guidelines have been divided into three sections: Administrative, Safety, and Directed Patient Care.

- Administrative:

1. Roles and Responsibilities
2. Dispatch Procedures
3. Patient Confidentiality
4. Basic Patient Communication

- Safety:

1. OSHA Bloodborne Pathogens (BBP) and Airborne Pathogens Training. Includes offering RT HBV vaccination
2. Protective Clothing
3. Scene Size-Up
4. Lifting and moving patients

- Directed Patient Care:

1. CPR (American Heart Association Healthcare Provider or American Red Cross Professional CPR).
2. Basic bleeding control.
3. Immobilizing c-spine manually.
4. Equipment location.

## **Recruitment Training Program Suggested Outline and Time Frames**

- Administrative (1-2 hours):

1. Roles and Responsibilities

- RT represents service.
- Provide care as directed by certified providers and not above skills trained.
- Structure of typical on-duty crew for service.
- Locate and retrieve equipment.
- (OPTIONAL) Trained as a driver.

Expectations

- Other than acting as a “Good Samaritan”, RT not expected to be alone with a patient.
- Training requires maintenance of skills.

Different Types of Calls

- Medical vs. Trauma
- Calls unique to service area.
- Motor Vehicle Crashes
- Calls requiring law enforcement assistance.

Interrelationships with other Agencies

- Other ambulances, first responders, fire department, law enforcement agencies

2. Dispatch Procedures

- Specific to service.

3. Patient Confidentiality

- Even though not certified, RT must maintain the same patient confidentiality as any other Representative of the service.

4. Basic Patient Communication

- How to talk to a conscious patient ... listen to other providers and follow their lead.
- Maintain calm composure.
- Do not judge patients.
- (OPTION) Record basic patient biographical data on the scene (name, DOB, address, Medical Record Number)

- Safety (4 – 4.5 hours):

1. OSHA Bloodborne Pathogens (BBP) and Airborne Pathogens Training. (1.5 – 2 hours)

- based on service’s Infectious Disease Plan

2. Protective clothing (.5 hours)

- jumpsuit or uniform
- footwear
- gloves (leather)
- coat

3. Scene Size-Up (HAZMAT?) (1 hour)

- Scene Size-Up based on EMT-B transition course module
  - An assessment of the scene and surroundings that will provide valuable information to the providers.
  - Scene Safety, assessment to assure the safety and well being of the providers. Is the scene safe to approach to include:
    - Crash/rescue scenes
    - Toxic substances – low oxygen areas
    - Crime scenes – potential for violence

- Unstable surfaces: slopes, ice, water
  - Protection of the patient – environmental considerations
  - Protection of bystanders – if appropriate, help the bystander avoid becoming a patient.
  - If scene is unsafe, do not enter.
  - HAZMAT? What a placard is. Stay wind.
4. Lifting and moving patient's (stretcher handling, proper lifting techniques). (1 hour)
- Stretcher operation (patient transfer, loading and unloading from ambulance, making up stretcher)
  - Lifting techniques based on EMT-B transition course
    - Use legs, not back, to lift.
    - Keep back in a locked-in position and refrain from twisting.
    - Flex at the hips, not the waist; bend at the knees.
    - Keep elbows bent with arms close to the sides.
    - Keep weight close to the body as possible.
    - Avoid reaching more than 15 – 20 inches in front of the body.
    - Do not hyperextend the back (avoid leaning back from the waist).
    - Consider weight of patient and need for additional help.
    - Know own physical ability and limitations.
    - Have feet positioned properly.
    - Communicate clearly and frequently with partner.
    - Push rather than pull, whenever possible.
    - Avoid pushing or pulling from an overhead object if possible.
    - If weight is below the waist, use kneeling position.
    - When possible, transport patients in devices that can be rolled.
  - Assisting with log-rolling patient
- Directed Patient Care:
    1. CPR (American Heart Association Healthcare Provider or American Red Cross Professional CPR).
      - Adult CPR (1 and 2 rescuer)
      - Child and infant CPR
      - FBOA for infant, child, and adult
      - Pocket mask
    2. Basic bleeding control (.5 hour)
      - Universal precautions
      - Direct pressure, elevation, pressure bandage
    3. Immobilizing c-spine manually (.5 hour).
      - Manual immobilization only.
        - Practice with simulated conscious patient.
        - Practice with simulated unconscious patient (including jaw thrust).
    4. Equipment location (two 1 hour sessions split over time).
      - Understand names of equipment and kits
      - Identify location of equipment and kits (emphasis on what kit is, not contents).

**Total estimated time:**

<b>Topic</b>	<b>Hours</b>
<b>Administrative</b>	1 – 2
<b>Safety</b>	
OSHA Bloodborne	1.5 – 2
Protective clothing	.05
Scene Size-Up	1
HAZMAT (?)	
Lifting and Moving	1
<b>Directed Patient Care</b>	
CPR	8 – 10
Basic Bleeding Control	.05
C-Spine Immobilization	.05
Equipment location	2
<b>Total</b>	<b>16 – 19.5</b>