

EMT / AIC QUALIFICATION RECORD
DEPARTMENT OF EMERGENCY MEDICAL SERVICES
CITY OF VIRGINIA BEACH

Trainee Name:	Station:
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The FTO should initial and print his/her name on the sheet once the Trainee has demonstrated adequate knowledge and/or skills in each area. See the page 6 for a note about the shaded blocks.

PATIENT CARE OBJECTIVES		
Operations Skills/Knowledge	Date	FTO Init & Name (<i>print</i>)
Station Orientation		
Station & Duty Responsibilities		
Ambulance Checkout		
Preparatory Skills/Knowledge		
CPR		
Appropriate use of BSI / PPE		
Disposal of Sharps		
Vital Signs		
Pulse Oximeter		
Patient Handling Ambulance Stretcher		
Scoop Stretcher		
Stair Chair		
Hospital Stretcher		
Assessment Skills/Knowledge		
Initial Assessment		
Assessment of the Trauma Patient		
Assessment of the Medical Patient		

Medical Skills/Knowledge	Date	FTO Init & Name (<i>print</i>)
AED / SAED Use on Patient		
Checkoff		
Patient-Assisted Medications Glucose		
Nitroglycerine		
Epi-Pen		
Metered Dose Inhaler		
Glucometer Use on Patient		
Checkoff		
Airway Skills/Knowledge		
Oxygen Administration Portable Oxygen		
Fixed Oxygen		
Use of Cascade System		
Oxygen Appliances Non-Rebreather Mask		
Nasal Cannula		
Humidifier		
Artificial Ventilation Appliances Pocket Mask		
Bag-Valve-Mask		
FROPVD (Demand Valve)		

Airway Skills/Knowledge (cont'd)	Date	FTO Init & Name (<i>print</i>)
Airway Adjuncts		
Oral Airway		
Nasal Airway		
Suction Devices		
Fixed		
Portable		
Managing ALS Airway		
Trauma Skills/Knowledge		
Wound Care & Bandaging		
Burn Care		
Burn Kit		
MusculoSkeletal Care		
Board Splints		
Commercial Splints		
Traction Splint		
Spinal Immobilization		
Long Backboard Supine		
Long Backboard Standing		
Short Spineboard / KED		
Peds Immobilizer		
Peds Infant Seat		
Infants & Children Skills/Knowledge		
Emergency Childbirth		
Broselow Bag		

MANAGEMENT OBJECTIVES		
Operations Objectives	Date	FTO Init & Name (<i>print</i>)
DEMS Chain of Command		
DEMS Rules & Regulations		
Station Chain of Command		
Station Bylaws & SOPs		
Regional & Local Protocols		
Specific Situations Objectives		
MCI/ START		
Fire Standby		
Police Standby		
Cardiac Arrest		
DDNR		
Patient is Deceased		
Use of Nightingale		
Non-Emergency Transports		
Elder Abuse Reporting		
CISM		
HazMat		
Water Rescue		
Station-Specific Situations Airport Alert		
Bay Bridge Tunnel		

Assist ALS Objectives	Date	FTO Init & Name (<i>print</i>)
Turnover to ALS		
IV Setup		
Monitor Assist		
BLS Transport with IV		
IV / Drug Box Exchange		
Documentation Objectives		
Patient Refusal		
Radio Reporting to ED		
Patient Turnover to ED		
PPCR		
ED Charge Sheets / Restocking		
Triage Tags		
Accident Reporting		
Injury Reporting		
Exposure Reporting		
Call Management Objectives		
En Route to Scene		
On Scene		
Patient Care Treating Trauma Emergencies		
Treating Medical Emergencies		
Transport		
Triage vs ED		
Patient Turnover		
Call Completion		

Calls Where Trainee Performed Satisfactorily as EMT AIC (Minimum of 5 calls required)		
Call Type	Date	FTO Init & Name (<i>print</i>)
Call 1		
Call 2		
Call 3		
Call 4		
Call 5		
Call 6		
Call 7		
Call 8		
Call 9		
Call 10		
Call 11		
Call 12		
Call 13		
Call 14		
Call 15		

A signature in this block indicates that adequate knowledge and/or skills of those shaded patient care areas has already been demonstrated and so documented under a First Responder Qualification Record. As such, NO additional knowledge or skill demonstrations for the shaded areas are necessary or desired.

Completed First Responder Qualification Record Date _____

EMS Training Staff Name: _____ Sig: _____

1. _____ Required certifications are on file at EMS Training
 - _____ Current OSHA
 - _____ Current EMT
 - _____ Current CPR
 - _____ Hazmat Awareness
 - _____ Glucometer
 - _____ MRL/AED

2. _____ Completed EMT / AIC Qualification Record including EMT Duty record on file at EMS Training.

3. _____ Completed evaluation forms for each duty on file at the station.

4. _____ Trainee contacts EMS Training (385-2970) to make arrangements to get the EMT AIC ID card. Trainees must call ahead to ensure all paperwork is on file and the AIC ID can be issued.

SQUAD COMMANDER/TRAINING OFFICER RESPONSIBILITIES:

1. _____ Ensure evals for all duties run are maintained at the station. Unsatisfactory evals are turned in to EMS Training.

I, the Squad Commander or Training Officer, certify that the above Trainee has demonstrated adequate knowledge and/or skills of all patient care and management objectives expected of an Emergency Medical Technician.

Signature of Squad Commander or Training Officer

Date

Name and title (print) _____