



City of Virginia Beach

EMERGENCY MEDICAL SERVICES
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EMS HEADQUARTERS
4160 VIRGINIA BEACH BLVD
VIRGINIA BEACH, VA 23452

To: VB Rescue Basic Life Support (BLS) Interns

From: Katie Snell
BLS Internship Coordinator

Subject: BLS Field Internship

THE GOAL OF THE BLS FIELD INTERNSHIP PROGRAM:

1. Your goal while on strict supervision is:
To demonstrate your ability to function as an BLS intern while following the policies and protocols established by the City of Virginia Beach Department of Emergency Medical Services.

THE OBJECTIVES OF THE BLS FIELD INTERNSHIP PROGRAM:

1. Your specific objectives while on strict supervision are:
 - a. Satisfactorily demonstrate any skills authorized for the EMT provider level in the City of Virginia Beach
 - b. Satisfactorily demonstrate the ability to function as an EMT "in charge of" a BLS ambulance
 - i. Perform assessments on patients with a variety of chief complaints
 - ii. Determine appropriate patient care
 - iii. Initiate and/or direct appropriate patient care for patients with a variety of medical or trauma emergencies requiring the skills of an EMT
 - c. Demonstrate thorough knowledge of the city and regional protocols as they relate to the EMT
 - d. Demonstrate the ability to safely operate an ambulance in both emergency and non-emergency mode

THE RULES OF THE BLS FIELD INTERNSHIP PROGRAM:

1. Your assigned BLS Training Coordinator is Katie Snell
2. You may function as a BLS Intern in the presence of and under the direct supervision of any released BLS/ALS provider. As an intern, you may only practice on behalf of VBEMS while on duty.

3. You may perform any skills authorized for the BLS level while on duty. You may only administer BLS level medications.
4. You will wear your city issued ID card at all times while on duty and while in a city building.
5. You will wear your uniform while on duty.
 - a. You should wear layers appropriate for the weather that conform with DEMS policy.
 - b. You should wear sturdy work boots/shoes.
6. You will arrive at the station assigned and be prepared and ready to go by the time assigned. It is advisable to arrive 15 – 30 minutes prior to the start of shift to complete unit check-off.
7. You must ensure the crew logs you into both CAD and EMR for the shift.
8. You may not operate an ambulance while a patient is onboard unless you have EVOC and have a released driver riding in the front with you (make sure you are listed in the EMR as the driver for that call). You should not operate the zone car unless previously arranged. If you do not have EVOC you CAN NOT operate a city insured vehicle. You can only drive in emergency mode if you have EVOC.
9. You will run four (4) 12 hour shifts per month which you submit duty request by the 15th of the prior month using OSCAR.
 - a. If you are unable to maintain 48 duty hours for the month due to leave, long-term illness, injury or any other reason, you must contact BLS Intern Coordinator at BLSSintern@vbgov.com or #757-385-2973, in advance, to make notification and/or alternate arrangements.
 - b. If you are ill and will be unable to work your scheduled duty, you need to contact your EMS Duty supervisor EMS 1 or EMS 2 immediately. Once your Duty supervisor is notified, please send an email to your BLS Scheduler Katie Snell at BLSSintern@vbgov.com or phone #757-385-2973 to leave a message. If you are unable to work a scheduled duty due to a scheduling conflict, you must first work on covering the shift or trading and then notify the BLS Scheduler so OSCAR watchbill can be updated. If you are assigned duty and need to call in sick without prior arrangements (within 72 hours of shift) call EMS 1 at 757-274-2946 or EMS 2 at 757-635-7695.
10. In EMR, BLS Interns will be entered as “Secondary Patient Care Provider” or “Tertiary Patient Care Provider” as their role. You should not be listed as “Primary”. The AIC is ultimately responsible for all entries made in the patient care record, so make sure they review the record before the final post. **The AIC for the case must sign the report.**
11. You are required to complete an evaluation form for every shift that you work. Evaluations allow us to track your progress, help you in weak areas and provide ongoing feedback of your skills. **Not turning in evaluations can result in corrective action.**

- a. It is your responsibility to have the AIC complete the evaluation before the end of shift. Attempting to catch up with an AIC after the fact is very challenging. If the AIC will not complete your evaluation, please complete it, make a note, and turn it in anyway.
 - b. All calls should be listed on the evaluation and each skill and role that you perform should be evaluated for each call.
 - c. All evaluations **must** be turned in to your BLS Field Internship Coordinator within one week of the shift. You can drop them off, send them via interoffice through the city mail system, fax them, scan and email them, or any combination of the above.
12. You will be allowed up to one year to complete your internship. Each provider is an individual and may progress at a different rate due to experience and call volume. We will absolutely take this into account.
- a. If you are unable to complete your internship within the allotted time frame, you may be required to meet with VBEMS Training Division to determine your future progression.
13. Failure to fulfill the internship requirements or comply with policies, procedures and other rules and regulations related to your intern status can result in disciplinary action up through and including dismissal from the intern program and the COVB Department of EMS.
14. You must complete all the required courses prior to being released as an AIC. You are expected to understand and be familiar with the content of the required courses such as the AIC Orientation course, OSHA, NIMS and Lifepak upon release as AIC.
15. We look forward to working with you. Please don't hesitate to ask questions!

Acknowledgement

I have read and fully understand the information contained in this memo regarding my BLS Field Internship. I understand that I must adhere to the policies and procedures of the DEMS.

Signature: _____

Date: _____

Current phone numbers: _____

Current email: _____