



ALS Field Training Release Packet – Intermediate/Paramedic

Welcome to the Virginia Beach EMS ALS field training program! We are all excited to help you embark on your journey to becoming released as an ALS provider with Virginia Beach EMS. Our preceptors, officers, and training staff will be happy to help you in any way that we can.

The ALS training program is divided into three phases: team member, team leader, and AIC. Your assigned shift captain will assign you a mentor for the duration of your ALS field training who will be a consistent resource to assist you with your training. Your mentor will be your primary point-of-contact and will help you build a solid foundation as an ALS provider.

During the team member phase, your focus is not to lead the calls, but to function as the assist and learn how to handle a call from the perspective of an ALS provider. The goal of the team member phase is to ensure that you have the requisite knowledge and a solid foundation to progress to the team leader phase and start acting as AIC on calls. You will precept primarily with your mentor during the team member phase—due to various scheduling limitations, you may not always be able to precept with your mentor, but you will be with your mentor as much as possible. Once you have completed all of the objectives in the team member section of this packet, you will progress to the team leader phase. You must progress from the team member phase to the team leader phase within the first four (4) months of the start of your ALS field training.

In the team leader phase, your goal will be to function on calls as the AIC. Having already demonstrated during the team member phase that you have the requisite knowledge, skills, and abilities to function as an ALS provider, you should have a solid foundation and be able to begin focusing on leading the calls. You will be rotating through many preceptors during the team leader phase. There are a variety of different approaches and methods to performing as an ALS provider and this rotation will broaden your perspective and expose you to different ways of providing ALS patient care. From these different views, you will be able to incorporate different ideas and form your own methods. Although one of the goals of the team leader phase is to broaden your perspective as an ALS provider by precepting with different preceptors, you will still periodically precept with your mentor so he/she can maintain an awareness of your progress. Once you have completed all of the call competencies in the team leader section of this packet, you will progress to the AIC phase. You must progress from the team leader phase to the AIC phase within 6 months of completing the team member phase (or within 10 months of the start of your ALS field training).

The AIC phase will be the final phase of your precepting and you will precept with your mentor (as much as possible) so that your mentor can determine whether or not you meet the Virginia Beach EMS expectations of an entry-level ALS provider and your eligibility to be released as an ALS provider. Once your mentor determines that you are eligible for release, you will proceed to the final steps of the ALS training program which are the ride-along with a shift captain, practice oral boards and then TEMS oral boards. If your mentor, at any time during the AIC phase, determines that you still have items needing improvement, you will transition back to the team leader phase with specific objectives to complete before returning to the AIC phase. You must complete the AIC phase and final sign-off within 2 months of completing the team leader phase (or within 12 months of the start of your ALS field training). If you have not completed the ALS training program within 12 months of the start of your ALS field training, you will need to meet with the ALS Training Coordinator to determine your eligibility for continuing in the ALS training program.

If you have any questions or if you need any assistance, please do not hesitate to contact your mentor, your assigned shift captain, or the ALS Training Coordinator. Our goal is to help you successfully complete the ALS training program so you can be released as an ALS provider.

Note: the required timelines for progression do not start until after completion of the academic program for the release level sought.



ALS Field Training Program Expectations

During the ALS training program, you will have the following expectations:

1. Bring this binder with all of your evaluations and any other ALS field training paperwork with you to every shift.
2. You are expected to have your protocol manual (electronic or paper) with you every shift. We recommend downloading the TEMS application (free) to your smartphone.
3. You are expected to arrive for your shift prepared to work.
4. Your preceptor will arrive between 5:30-5:45 for a 6:00 shift and between 8:30-8:45 for a 9:00 shift and you are expected to arrive at the same time. If you are late, your preceptor could take a call without you and your tardiness will be documented on your evaluation.
5. If you know you must miss an assigned shift or arrive late, you must contact the shift captain and/or the preceptor to notify them of your absence or tardiness.
6. You must complete an evaluation form each shift and work on completing this training packet during each shift. It is your responsibility to be proactive and to ensure that the paperwork is completed and signed by the preceptor prior to the end of each shift.
7. If, at any time, you are not meeting these expectations, you may not be allowed to continue with the scheduled shift and you may be sent home.

ALS Release Training

To ensure all ALS providers have received training on the ALS equipment our department uses (that may or may not have been included in initial training), ALS students/interns must complete an ALS release training process. This process consists of online training and one skills evaluation session and must be completed by all students/interns **within the first 30 days of starting his/her precepting**. The ALS release training must be completed in the beginning of the ALS training process so that if the opportunity presents itself for the student/intern to utilize the equipment, he/she will already have some familiarity. **If you do not complete the ALS release training within the first 30 days of starting your precepting, you will not be able to continue until you have completed the ALS release training.**

To complete the online component of the ALS release training, go to <http://learn.vbems.com/>, click on "ALS Courses", and then click on "ALS Release Training". After you login (if needed, create an account), you will be able to complete the online component of the ALS release training.

Intermediate/paramedic students/interns must review the following presentations and complete the associated quizzes:

- Capnography
- King Airway
- CPAP
- EZ-IO
- Glidescope
- NG Tube
- Cyanokit

Students/Interns who completed the Capnography, King Airway, and CPAP sections as an AEMT student/intern do not need to repeat those sections.

Once the student/intern completes all of the on-line training quizzes, the completed quizzes will be submitted to Senior Paramedic Hollie Albertson (HALberts@vbgov.com) at the training center. Once all of the student's/intern's quizzes have been sent to SPM Albertson, she will grade the quizzes (minimum passing score = 80%). Once the student/intern has successfully completed all of the quizzes, the student/intern will schedule an appointment with SPM Albertson to complete the skills evaluation session which will consist of scenarios during which the students will be able to apply the information learned. If a student does not successfully complete one or more quizzes, he/she will not be able to schedule the skills evaluation session until all quizzes have been successfully completed.

The ALS release training is not complete until all of the quizzes have been successfully completed and the skills evaluation session has been completed.

If there are any questions about this process, please contact the ALS Training Coordinator, Captain Jerry Sourbeer (JSourbee@vbgov.com), or Senior Paramedic Hollie Albertson (HALberts@vbgov.com).

By signing below, the instructor verifies that the student/intern has successfully completed the ALS release training and demonstrated competency in the aforementioned areas.

Date ALS release training completed: _____

Instructor (Print)

Instructor (Signature)

Team Member Phase

During the team member phase, you will demonstrate that you have the requisite knowledge, skills, and abilities to function as an ALS provider. All of these objectives/competencies may be completed by either observation or discussion. Once these objectives/competencies are complete, you may progress to the team leader phase.

Zone Car Unit Check-Off / Inventory			
Objective	Date	Preceptor Name	Preceptor Signature
Perform daily check-off and inventory			

Zone Car Controls / Operations			
Objective	Date	Preceptor Name	Preceptor Signature
Describe the functions of audible and visual light switches			
Review and explain the environmental controls			
Review the MDT/CAD operations			
Review MDT use and screen controls and commands			
Explain process for run times, call information in real time			
Locate times and run numbers for calls on MDT			

Zone Car Radio Equipment			
Objective	Date	Preceptor Name	Preceptor Signature
Explain and review the 800 MHz mobile system			
Review and explain the screen functions, channel designations for both the unit and portable radio systems			

Emergency Driving / Backing			
Objective	Date	Preceptor Name	Preceptor Signature
Review Virginia Beach Administrative Directive 5.09			
Review backing requirements/procedures			
Review when to transport patients emergently or non-emergently			

Zone Car Fueling Procedures			
Objective	Date	Preceptor Name	Preceptor Signature
Location of fueling sites			
Review of operations of fuel system			

Knowledge of Procedures and Use of Equipment			
Objective	Date	Preceptor Name	Preceptor Signature
Ventilatory Management – Adult (BVM, ET)			
Ventilatory Management – Pediatric (BVM, ET)			
Nasotracheal Intubation			
End-Tidal CO ₂ Monitoring			
Naso/orogastric Tube Insertion			
Cricothyrotomy (N/A for Intermediate)			
Tension Pneumothorax Chest Decompression			
Intravenous Therapy			
Intravenous Bolus Medication			
Intramuscular/Subcutaneous Medication Administration			
Intranasal Medication Administration			
Endotracheal Medication Administration			
Aerosolized Medication Administration			
External Jugular Vein Cannulation			

Knowledge of Procedures and Use of Equipment			
Objective	Date	Preceptor Name	Preceptor Signature
Intraosseous Infusions			
Rectal Valium Administration			

Knowledge of TEMS Protocols - Adult			
Objective	Date	Preceptor Name	Preceptor Signature
Cardiac Arrest			
Asystole and Pulseless Electrical Activity			
Bradycardia			
Tachycardia – Stable			
Tachycardia – Unstable			
Ventricular Fibrillation and Pulseless Ventricular Tachycardia			
ROSC – Return of Spontaneous Circulation			
Termination of Resuscitation			
Airway/Oxygenation/Ventilation			
Allergic/Anaphylactic Reaction			
Altered Mental Status			
Behavioral Emergencies			
Bites/Stings			
Breathing Difficulty			
Burns			
Cerebral Vascular Accident			
Chemical Exposure (Poisoning)			
Chest Pain/AMI			
Combative Patient			
Dialysis – Renal Failure			
Diving Medical Disorders			
Drowning/Near Drowning (Submersion Injuries)			
Electrical/Lightning Injuries			
Extraordinary Measures			
Hyper/Hypoglycemia			
Hyperthermia			
Hypothermia			
Nausea/Vomiting			
OB/GYN – Delivery			
OB/GYN – Pregnancy (Pre) Eclampsia			
Pain Management (Non-Cardiac)			
Rehabilitation			
RSI – Rapid Sequence Induction (Awareness)			
Seizures			
Shock (Non-Traumatic)			
Spinal Immobilization			
Toxicological Emergencies			
Trauma			
Trauma – Crush Syndrome			
Vascular Access			

Knowledge of TEMS Protocols - Pediatric			
Objective	Date	Preceptor Name	Preceptor Signature
Cardiac Arrest			
Asystole and Pulseless Electrical Activity			
Bradycardia			
Tachycardia – Stable			
Tachycardia – Unstable			
Ventricular Fibrillation and Pulseless Ventricular Tachycardia			
ROSC – Return of Spontaneous Circulation			

Knowledge of TEMS Protocols - Pediatric			
Objective	Date	Preceptor Name	Preceptor Signature
Airway/Oxygenation/Ventilation			
Allergic/Anaphylactic Reaction			
Altered Mental Status			
Breathing Difficulty			
Burns			
Care of the Newly Born			
Hyper/Hypoglycemia			
Nausea/Vomiting			
Pain Management (Non-Cardiac)			
Seizures			
Toxicological Emergencies			

Knowledge of TEMS Medications			
Objective	Date	Preceptor Name	Preceptor Signature
Adenosine			
Albuterol			
Amiodarone			
Aspirin			
Ativan			
Atropine			
Atrovent			
Calcium Chloride			
Dextrose 50% (25%, 10%)			
Diazepam			
Diltiazem			
Diphenhydramine			
Epinephrine 1:1000			
Epinephrine Drip			
Epinephrine 1:10000			
Epinephrine – Nebulized			
Etomidate (Awareness)			
Glucagon			
Glucose (Oral)			
Haldol			
Lasix			
Levophed			
Lidocaine			
Magnesium Sulfate			
Morphine			
Narcan			
Nitroglycerin			
Nitroglycerin Paste			
Norcuron (Awareness)			
Sodium Bicarbonate			
Solu-Medrol			
Succinylcholine (Awareness)			
Versed			
Zofran			

ECG Monitor Operations (LifePak 15)			
Objective	Date	Preceptor Name	Preceptor Signature
Review the contents of pouches			
Review and explain each control function panel and buttons			
Review how to change the ECG paper			
Review and explain use of the LifePak 15 for transmitting ECGs and data to ePCR			

ECG Monitor Operations (LifePak 15)			
Objective	Date	Preceptor Name	Preceptor Signature
Review capnography functions			
12 Lead ECG Acquisition and Transmission			
Defibrillation			
Synchronized Cardioversion			
Transcutaneous Pacing			

Stretcher Operations / Stair Chair			
Objective	Date	Preceptor Name	Preceptor Signature
Review use of floor locks			
Locate and operate release handles			
Review operations for head adjustments			
Review of Trendelenburg position			
Demonstrate raise, lower positions and lifting			
Demonstrate use of stair chair			
Explain required use of the 3-way chest straps (if equipped)			

Child Seat / Pediatric Transport			
Objective	Date	Preceptor Name	Preceptor Signature
Review the location of in-unit child seat			
Review child safety transport procedures			

Patient Care Reports / ePCR			
Objective	Date	Preceptor Name	Preceptor Signature
Review the ePCR computer format, program			
Enter a complete patient care report			

EMS System Overview			
Objective	Date	Preceptor Name	Preceptor Signature
Review the roles of EMS field supervisors and who to contact			
Review the area hospital orientation, capability of each hospital in the areas of cardiac, trauma, stroke, and obstetrics			
Turnover of BLS patient to a BLS crew			
Field Operations Procedures and Performance Expectations Policy			
Air Ambulance Policy			

Exchange Procedures for IV and Drug Boxes			
Objective	Date	Preceptor Name	Preceptor Signature
Chesapeake Regional Medical Center			
Children's Hospital of the King's Daughters			
Sentara Independence			
Sentara Leigh Hospital			
Sentara Norfolk General Hospital			
Sentara Princess Anne Hospital			
Sentara Virginia Beach General Hospital			

Controlled Medications			
Objective	Date	Preceptor Name	Preceptor Signature
Explain the procedure for securing and exchanging controlled medications			

Patient History			
Objective	Date	Preceptor Name	Preceptor Signature
Proper introduction to patient and greeting			

Patient History			
Objective	Date	Preceptor Name	Preceptor Signature
Establish chief complaint, HPI			
Ask appropriate questions during history			
Establish past medical history			
Ascertain medications, allergies			

Physical Examination			
Objective	Date	Preceptor Name	Preceptor Signature
Demonstrate detailed verbal, physical exams			
Ability to recognize time critical patients based on clinical findings (STEMI, stroke, trauma)			

Hospital Communications			
Objective	Date	Preceptor Name	Preceptor Signature
Identify information required for report to ED			
Perform radio report to ED			
Explain diversion status and when this does not apply			

Spinal Immobilization			
Objective	Date	Preceptor Name	Preceptor Signature
Explain indications and rule-outs for spinal immobilization (including when only a cervical collar may be applied)			
Demonstrate the proper strap placements/uses			
Demonstrate the proper pelvic trauma immobilization			
Review use of pediatric immobilizer			
Review use of KED			

Special Considerations			
Objective	Date	Preceptor Name	Preceptor Signature
LVAD			
Total Artificial Heart			
Life Vest			
Pulmonary Hypertension			
Hereditary Angioedema			
Home Ventilators			
Tracheostomy			
Patients with Special Needs (cognitive impairments)			

Team Member Phase Sign-Off

Team Member Phase Start Date: _____

Date Team Member Phase Completed: _____

By signing below, the mentor and the shift captain verify that the student/intern has successfully completed the team member phase and is ready to progress to the team leader phase.

Mentor (Printed Name)

Mentor (Signature)

Shift Captain (Printed Name)

Shift Captain (Signature)

Team Leader Phase

During the team leader phase, you will demonstrate your ability to function as an AIC. Having already demonstrated competency and knowledge of the basic objectives, you will be expected to lead the calls. Knowledge objectives/competencies may be completed by either observation or discussion. For call competencies, you are expected to demonstrate mastery on an actual call and have your performance as AIC observed by the preceptor.

If your preceptors and mentor deem that you are ready for release to general supervision and, after a minimum of 150 hours, still have not had the opportunity to complete all call competencies through demonstration on actual calls, the competencies may, at the discretion of your mentor and shift captain, be completed by successfully discussing the concepts and actions you would have taken on the call. Your mentor and shift captain will authorize the completion of call competencies by discussion only if the following criteria are met:

- You have received three consecutive “meets expectations” assessments on the most recent three field evaluations
- You have not had a recent, unsuccessful opportunity to complete the competency—if so, a sufficient amount of time must pass so you may have another opportunity to successfully demonstrate the competency on a call before the competency may be completed by discussion.

The trauma, cardiac arrest, and critical call competencies may not be completed through discussion and must be completed through demonstration on an actual call.

The critical call competency and other call competencies may be successfully completed concurrently with another competency. For example, if a patient meets the criteria for both the “respiratory distress (pulmonary edema)” competency and the “critical call” competency, the intern may be signed-off on both competencies for the same incident.

Once these objectives/competencies are complete, you may progress to the AIC phase.

Call Competencies					
Calls On Which Satisfactory Entry-Level Performance Demonstrated	Date	Incident Number	Preceptor Name	Preceptor Signature	Comments
Altered Mental Status <ul style="list-style-type: none"> • Student/intern acted as attendant-in-charge and required no assistance • Unresponsive patient expected, but <u>not required</u> • Student demonstrates ability to rule-out treatable causes (e.g., hypo-/hyperglycemia, hypoperfusion, overdose, CVA, seizures, hypo-/hyperthermia, cardiac) and manages appropriately 					<input type="checkbox"/> Observed on Call <input type="checkbox"/> Discussion
Allergic Reaction/Anaphylaxis <ul style="list-style-type: none"> • Student/intern acted as attendant-in-charge and required no assistance • Medication(s) administered, excluding oxygen and normal saline (e.g., Epinephrine, Albuterol, Benadryl, Solu-Medrol) 					<input type="checkbox"/> Observed on Call <input type="checkbox"/> Discussion
Chest Pain (ACS suspected) <ul style="list-style-type: none"> • Student/intern acted as attendant-in-charge and required no assistance • Medication(s) administered, excluding oxygen and normal saline (e.g., Aspirin, Nitroglycerin, Morphine) 					<input type="checkbox"/> Observed on Call <input type="checkbox"/> Discussion
Hypoglycemia – Adult <ul style="list-style-type: none"> • Student/intern acted as attendant-in-charge and required no assistance • Medication(s) administered, excluding oxygen, normal saline, and oral glucose (e.g., 50% Dextrose, Glucagon) 					<input type="checkbox"/> Observed on Call <input type="checkbox"/> Discussion

Call Competencies

Calls On Which Satisfactory Entry-Level Performance Demonstrated	Date	Incident Number	Preceptor Name	Preceptor Signature	Comments
Hypoglycemia – Pediatric <ul style="list-style-type: none"> • Student/intern acted as attendant-in-charge and required no assistance • Medication(s) administered, excluding oxygen, normal saline, and oral glucose (e.g., 10% Dextrose, 25% Dextrose, Glucagon) 					<input type="checkbox"/> Observed on Call <input type="checkbox"/> Discussion
Overdose <ul style="list-style-type: none"> • Student/intern acted as attendant-in-charge and required no assistance • Opiate overdose with Narcan administration expected, but <u>not</u> required 					<input type="checkbox"/> Observed on Call <input type="checkbox"/> Discussion
Respiratory Distress – Adult – Bronchoconstriction <ul style="list-style-type: none"> • Student/intern acted as attendant-in-charge and required no assistance • Medication(s) administered, excluding oxygen and normal saline (e.g., Albuterol, Atrovent, Solu-Medrol, Magnesium Sulfate) 					<input type="checkbox"/> Observed on Call <input type="checkbox"/> Discussion
Respiratory Distress – Adult – Pulmonary Edema <ul style="list-style-type: none"> • Student/intern acted as attendant-in-charge and required no assistance • Medication(s) administered, excluding oxygen and normal saline (e.g., Nitroglycerin, Lasix) 					<input type="checkbox"/> Observed on Call <input type="checkbox"/> Discussion
Respiratory Distress – Pediatric <ul style="list-style-type: none"> • Student/intern acted as attendant-in-charge and required no assistance • Medication(s) administered, excluding oxygen and normal saline (e.g., Albuterol, Atrovent, Solu-Medrol, Magnesium Sulfate) 					<input type="checkbox"/> Observed on Call <input type="checkbox"/> Discussion
Seizure - Adult <ul style="list-style-type: none"> • Student/intern acted as attendant-in-charge and required no assistance • Active seizure with medication administration expected, but <u>not</u> required 					<input type="checkbox"/> Observed on Call <input type="checkbox"/> Discussion
Seizure - Pediatric <ul style="list-style-type: none"> • Student/intern acted as attendant-in-charge and required no assistance • May be febrile seizure • Active seizure with medication administration expected, but <u>not</u> required 					<input type="checkbox"/> Observed on Call <input type="checkbox"/> Discussion
Stroke/CVA <ul style="list-style-type: none"> • Student/intern acted as attendant-in-charge and required no assistance • Positive Cincinnati Prehospital Stroke Scale finding (only one required) 					<input type="checkbox"/> Observed on Call <input type="checkbox"/> Discussion

Team Leader Phase Sign-Off

Team Leader Phase Start Date: _____

Date Team Leader Phase Completed: _____

By signing below, the mentor and the shift captain verify that the student/intern has successfully completed the team leader phase and is ready to progress to the AIC phase to determine final eligibility for release.

Mentor (Printed Name)

Mentor (Signature)

Shift Captain (Printed Name)

Shift Captain (Signature)

AIC Phase

During the AIC phase, you will demonstrate to your mentor that you are ready for release as an ALS provider. From the start of each shift and until the end of each shift, you must function independently and without any assistance from your preceptor (other than the assistance a secondary ALS provider would normally provide). You must perform all tasks including, but not limited to, operational tasks, administrative tasks, and general patient care independently and without guidance from your mentor (other than the assistance a secondary ALS provider would normally provide).

During this phase, your mentor will sign-off your affective competencies, which are the final competencies/objectives of the ALS training program.

If your mentor determines that you are not ready for release as an ALS provider, he/she will provide specific items in need of improvement and you will return to the team leader phase until those specific objectives are complete.

If your mentor determines that you are ready for release, you will submit your completed packet to the ALS Training Coordinator and proceed with practice oral boards in preparation for TEMS oral boards.

Navigation			
Objective	Date	Preceptor Name	Preceptor Signature
Locate calls using current map book			
Review knowledge of run areas			
Drive around run area, when/if able			

End-of-Precepting Release Requirement			
Objective	Date	Supervisor Name	Supervisor Signature
Ride-Along with Shift Captain (EMS06/EMS08)			

Affective Competencies				
(Signed-off by mentor once student has demonstrated the behavior on a sufficient number of occasions during the final period of his/her precepting) (Credit: TCC Student Clinical/Field Evaluation Form)				
Behavior Demonstrated	Date	Mentor Name	Mentor Signature	Comments
Empathy <ul style="list-style-type: none"> • Responds appropriately to emotional needs of patients/family members and the healthcare team • Demonstrates respect for others • Demonstrates a calm, compassionate, and helpful demeanor 				
Self-Confidence <ul style="list-style-type: none"> • Demonstrates the ability to trust personal judgment • Demonstrates an awareness of strengths and limitations • Exercises good personal judgment 				
Teamwork and Diplomacy <ul style="list-style-type: none"> • Places the success of the team above self-interest • Helps and supports other team members • Shows respect for all team members • Remains flexible and open to change • Communicates effectively with others to resolve problems 				
Team Leadership <ul style="list-style-type: none"> • Directs team in an effective manner • Delegates tasks appropriately • Maintains scene control 				

AIC Phase Sign-Off

AIC Phase Start Date: _____

Date AIC Phase Completed: _____

By signing below, the mentor and the shift captain verify that the student/intern has successfully completed the AIC phase. The student/intern is hereby recommended for release to the ALS Training Coordinator for a final review and to complete the final steps for release to general supervision.

Mentor (Printed Name)

Mentor (Signature)

Shift Captain (Printed Name)

Shift Captain (Signature)