BLS Provider Development Manual

Table of Contents

Overview and Expectations

The purpose of the Basic Life Support Field Training Program is to ensure that our providers are providing safe, competent and compassionate care to their patients. This is accomplished by ensuring that providers new to the Washington County EMS Operational Program receive adequate orientation to our operations and to ensure that they possess the knowledge skills and abilities to function as an independent BLS provider.

The program is separated into 2 distinct sections that are designed to provide an orientation to the Washington county system to the newly licensed provider from that of a student to a safe and functional independent provider. In the event that an experienced provider is joining the EMSOP, the program can be tailored to meet their specific needs once their experience level has been verified.

The Field Training Coach (FTC) and Field Training Supervisor (FTS) staff will play a pivotal role in this program. The role of the FTS is to oversee the mentoring of the candidate and ensure that they are progressing through the process. The FTC serves as the evaluator/mentor/preceptor for the candidate and has the biggest impact on their progress and outcome. The FTC must strive to produce a provider capable of functioning independently. To that end, the FTC must learn to allow the candidate to make decisions and take actions at their own pace, so long as it is not detrimental to the patient's wellbeing or crew safety. In essence, the FTC is to allow the provider to develop his or her own practice and not make the candidate into a replica of the FTC.

The evaluation of a candidate may occur between the hours of 0700 and 2100. These shifts are scheduled by the individual corporations and can be of varying lengths. No evaluations will be conducted during the overnight hours. The FTC is responsible for ensuring that all evaluation forms are completed prior to the end of the evaluation time. This may require placing the response unit out of service for a short period of time. Candidates are expected to be on time for the evaluation shift and to have this binder in their possession. Candidates that fail to have the program binder in their possession will not be eligible for evaluation.

The candidate is responsible for ensuring that the manual is complete and correct prior to submission. The core call types and skills, unless otherwise noted, are for tracking purposes only.

Candidate Status Form

Candidate's Name:

Status	Date	FTS/DES Signature
Orientation and protocol package delivered		
Protocol package completed and returned, reviewed		
Precepting Start date		
Packet completed, returned to DES		

This section is used to track the candidate's status and to allow the FTC/FTS to quickly recognize which phase the candidate is in. As the candidate completes a task, the FTS will sign as completed. No precepting will occur prior to the precepting start date.

Authorization to Function as a Basic Life Support Provider Candidate in Washington County, Maryland

Candidate's Name:

The above named individual is authorized to function as an Basic Life Support Provider Candidate in Washington County, MD in the following circumstances:

- Only when under the direct supervision of an approved Washington County BLS or ALS FTC or FTS.
- Only to the level of the Candidate's Maryland provider license.
- Only as outlined in the instructions and guidelines of the BLS Field Training Program.
- Only when the Candidate has this manual in his or her possession.
- Only until the Recommended Completion Date.

Authorized Provider Level:	EMT-B		
Experience Level:	Limited	Some Meaningful	Significant
Start Date:			
Primary Field Training Coach:			
Assigned Field Training Supervisor:			
Authorizing Signature:			
Recommended Completion Date:			

BLS Candidate Previous Experience Evaluation

For Significant Documented Experience Classification:

Reliable documentation exists and has been submitted by the BLS candidate for the following:

- ❑ Provider was authorized to provide independent BLS care on ***9-1-1 emergency incidents*** without supervision to their Maryland licensed level of care in their prior jurisdiction. A lapse of practice for a maximum of 6 months prior to date of application to the Washington County EMSOP is permitted. (Letter on jurisdictional or organizational letter head is required)

- ❑ Provider functioned as BLS provider in charge, including completion of the patient documentation, for at least one year and 100 ***9-1-1 emergency BLS patients***. (Documentation from an EMS PCR System is required)

For Some Meaningful Experience Classification:

Reliable documentation exists and has been submitted by the BLS candidate for the following:

- ❑ Provider was authorized to provide independent BLS care on 9-1-1 emergency incidents without supervision to their Maryland licensed level of care in their prior jurisdiction for the period of at least one year. (Letter on jurisdictional or organizational letter head is required)

- ❑ Provider functioned as BLS provider in charge, including completion of the patient documentation for at least 50 ***9-1-1 emergency BLS patients***. (Documentation from an EMS PCR System is required)

All others will be classified as Limited Experience.

Comments:

❑ Significant Documented Experience
❑ Some Meaningful Experience
❑ Limited Experience Signature: Date:

Required Performance and Recommendation Objectives of this process are:

1. To successfully complete required **Coaching Review sessions**.

2. To successfully complete the required **Operations/Policy Review/Task sessions**.

3. To demonstrate competency with the **required Team Leadership objectives.**
    a. To have the candidate's performance rated by a preceptor as at the level of "Independent Function" (rating of a "3") on at least 10 comprehensive BLS incidents where the candidate functioned as a Team Leader for the entire incident[1].

4. To demonstrate competency with the required **Core Skills**.

5. To demonstrate competency with the **Core Patient Types**.

6. To obtain a recommendation from one or more FTC for authorization to function independently as a BLS provider.

7. To obtain a recommendation from the primary FTS for authorization to function independently as a BLS provider.

8. To obtain a recommendation from Chief Officer of the candidate's company for authorization to function independently as a BLS provider.

Description and Sequence of the Process

Candidates will be given an orientation as well as a Maryland Protocol review to complete. Once the protocol review is completed and reviewed by DES, DES will formally authorize the provider to begin precepting.

During precepting, the FTC/FTS will be responsible for the following:

Mentorship: gaining an understanding of jurisdictional/company level operations; to be completed with an FTS/FTC at the candidate's primary affiliated company.

The areas of focus are:

a. Orientation to Washington County EMS operations.
b. Orientation to company level operations.
c. General patient care.
d. Progress with the BLS Provider Development manual.

BLS Skills Development and Team Lead evaluation: The BLS candidate develops the knowledge and skills required to be a BLS team leader. Candidates are expected to function as the Team Leader on the scene and during transport while under the supervision of a FTC/FTS at ALL times. The role of the FTC/FTS is to monitor the patient but allow the candidate to function independently with no input from the evaluator unless patient welfare is in jeopardy. Official evaluation forms must be completed by the FTC for each incident.

The areas of focus are:

a. BLS skills competency.
b. BLS Team leadership.
c. Critical thinking and medical decision making.
d. Completion of a comprehensive eMEDS report
e. Completion of the BLS Candidate Development manual to include skills evaluations.

When the candidate and FTC feel that the objectives of the process have been completed, they complete the steps listed in the Completion of the Process section of this document.

At any time in the BLS Candidate Development process, the assigned FTS may elect to schedule a precepting shift with themselves or a DES FTS to better assess the candidate's progress.

Process Documentation

Clearance: Candidates will be officially "cleared to precept" by the **Authorization to Precept as an BLS Provider in Washington County, Maryland form** in their manual.

Call Evaluation: The candidate will initiate a **BLS Candidate Evaluation form** for each incident where the candidate participated as a BLS provider (whether they contributed for the entire incident or just part of it). Upon completing the candidate areas of the form, the candidate will submit the form to the Preceptor, who will rate the student's performance in each task category and overall, and discuss performance with the candidate.

Completion of the Process

Completion of the process occurs when the candidate and their FTC/FTS feels he/she is capable of being an independent BLS provider and has satisfied each of the required performance objectives of the process. The candidate will then complete all components of the **Checklist for Manual Submission** and submit the manual to their primary FTC:

FTC REVIEW: The FTC will review the manual for organization and completeness, using the **Checklist for Manual Submission**:

- If the FTC determines that the candidate has **NOT** met the process objectives, they will notify the candidate of their conclusion and return the manual to the candidate and notify the FTS. The FTS will ensure that precepting continues while the incomplete objectives are completed.

- If the FTC judges the manual to be complete, and feels that the candidate is ready for independent BLS function, they will complete their portion of the **Checklist for Manual Submission** and attach a letter of recommendation in Section 9 of the manual. The manual will then be forwarded to the FTS.

FTS REVIEW: The FTS will review the manual for organization and completeness, using the **Checklist for Manual Submission**. FTS's should return manuals that they deem to be incomplete or inappropriately organized to the candidate prior to their complete evaluation.

- If the FTS determines that the candidate has **NOT** met process objectives, he/she should return the manual to the candidate and ensure that precepting continues while the incomplete objectives are completed. The FTS is responsible for documenting a corrective plan with identified specific expectations.

- If the FTS judges the manual to be complete and concurs that the candidate is ready for independent BLS function, they will complete their portion of the **Checklist for Manual Submission** and attach a letter of recommendation that the BLS provider be released for independent BLS function.

DES REVIEW: DES staff members will review the manual, completing the DES Checklists. Incomplete manuals will be returned, and a decision regarding approval to function will not be made until the manual is complete.

- QA Review of documentation: All calls submitted will be reviewed for thorough patient care reporting to BLS expectancy. Feedback will be delivered via EMEDS CQI and/or meeting between QA reviewer and the candidate if considered necessary.
- Upon completion of documentation review, a written recommendation of clearance and completed manual will be submitted to DES EMS director for final approval and clearance.

Definitions

BLS Candidate

An individual seeking to join the EMS Operational Program as a currently certified Maryland BLS provider and has been approved by the EMSOP program to enter into the BLS Provider Development Program.

BLS Provider Field Training Program

The County-wide process that allows BLS Candidates to develop their competency as BLS providers and assures a standard of competency has been achieved prior to authorizing an BLS provider to function independently within Washington County. This is accomplished through evaluation experiences, educational programs, scenario simulations, written and practical testing, and other methods.

Call – Entire Call

Implies that evaluation actively occurred during all of the following phases of an incident:

1. Response to the call (radio use, map reading, area knowledge)
2. Initial scene assessment
3. Initial patient assessment
4. Treatment plan decision
5. Treatment
6. Transport
7. Medical consultation/notification
8. Transfer of care to hospital staff
9. Patient care report and documentation
10. Restock and return of equipment

Call - Partial Care

Implies the Candidate was actively precepting during some portion of the incident.

Comprehensive BLS Incident

An incident where the candidate completes the eMEDS report and all required tasks including:

- Patient Assessment
- Vital Signs
- Medication Administration
- Hospital Consult(if necessary)

Conditional Release

A release category for those providers determined to have limited experience. During the conditional release period, the provider's performance will be monitored and periodic Quality Assurance reviews will be conducted.

Core Skills

BLS level skills to include pulse measurement, manual blood pressure measurement, lung sound auscultation, spinal immobilization, splinting, traction application, etc

Core Patient Types

Patient categories determined to be essential to the development of an independent BLS provider. If a provider is unable to obtain specific core

	patient types during live patient evaluation, the candidate may be evaluated in a station led skills evaluation. These include but are not limited to: general illness, psychiatric emergencies, OB, trauma, general illness medicals, patient assists and refusals.
Field Training Coach	An EMS provider approved by the EMS Operational Program to mentor and evaluate the competencies of the BLS Candidate or student.
Field Training Supervisor	An EMS provider approved by the EMS Operational Program to manage a company level Field Training Program.
Precepting	The oversight and coaching of the Candidate's performance by authorized Washington County Field Training Staff (FTC/FTS) while completing assigned tasks and skills or when engaged in actual EMS incidents.
Previous Experience Categories	Limited Experience: Limited previous field experience other than an BLS educational program field internship and precepted experiences. All candidates that are new graduates from BLS educational programs shall be classified in this category. Some Meaningful Experience: Some field experience as an independently functioning BLS provider in addition to a BLS program field internship. If significant experience cannot be adequately documented, the candidate would fall into this category. Significant Documented Previous Experience: Significant field experience as an independently functioning BLS provider that can be adequately and specifically documented, as outlined on the B**LS Candidate Previous Experience Form.**
Team Leader	The leadership role on an EMS incident. The role typically involves performing the patient assessment, determining the care plan, directing or performing care interventions, and must include the completion of the patient care report. The team leader is both responsible and accountable for patient care, interventions, and quality of care.
Team Member	Any BLS, ALS or firefighter performing in a support role on an EMS incident. The role involves performing tasks or skills as directed by the team leader.

Preceptor Directed Coaching and Review Session

	Tasks	Date Completed	Candidate Initials	FTC/FTS Initials
	Is able to logon to EMEDS as an BLS Provider			
	Properly dons Patient Care PPE			

✓	Daily Operations	Date Completed	Candidate Initials	FTC/FTS Initials
	Successfully and properly completes a daily vehicle/equipment check			
	Successfully and properly completes a weekly vehicle/equipment check			
	Locates and Identifies vehicle registration and insurance card			
	Identifies dispatch and alert system			
	Interprets information on the ECC dispatch print out			
	Demonstrates proficiency at using Fire Mobile			
	Verbalizes understanding that ECC phone lines are recorded			
	Explain the process for placing a vehicle out of service – notifying ECC			
	Performs shift change report			
	Identifies and demonstrates use of mobile fireboard radio			
	Demonstrates ability to change channels and zones on mobile fireboard radio			
	Identifies and demonstrates use of portable fireboard radio			
	Demonstrates ability to change channels and zones on portable radio			
	Explains use of orange emergency button and how to reset on both mobile and portable radios			

Preceptor Directed Coaching and Review Session

✓	**Policy and Procedure Review**	Date Completed	Candidate Initials	FTC/FTS Initials
	300-03 BLS first responder Narcan and leave behind Narcan			
	300-20 Vaccination and PPD testing			
	Documentation Policy to include signatures			
	Protocol review completed			
Company Specific Policies (Please List)				
	Sensory kit location and use			

✓	**Hospital and Special Resources :**	Date Completed	Candidate Initials	FTC/FTS Initials
	Demonstrate the use of the Supply Pyxis at MMC			
	Demonstrate use of UCAPIT Machine at MMC			
	Identify the appropriate parking areas for emergency vehicles at the ED			
	Identifies the location of the Triage Desk			
	Identifies the location of the Resource Desk			
	Identifies the location of the Trauma/ Resuscitation Rooms			
	Identifies the location of the RAZ 1 & 2 Zones			
	Identifies the location of the High C Hallway/D Pod			
	Identifies the location of the OB Department			
	Demonstrate understanding of aviation protocol			
	Demonstrates understanding of Region II alert policy			

Preceptor Directed Coaching and Review Session

Skill	Date Completed	Candidate Initials	FTC/FTS Initials
Medication Administration – IM			
Medication Administration – IN			
Medication Administration – Oral			
Medication Administration – nebulizer			
Airway- OPA			
Airway- NPA			
Airway- Suction			
Airway- BVM			
Bleeding Control(Tourniquet, packing)			
Adult and pediatric HPCPR			
Critically Unstable patient protocol			
Immobilization Skills: Joint Injury			
Immobilization Skills: Long Bone Injury			
Immobilization Skills: Traction Splinting			
Oxygen Administration			
Medical Assessment			
Trauma Assessment			
Spinal Immobilization: KED			
Spinal Immobilization: Long Board			
Vital Signs			
Tracheostomy suctioning and change			
Pelvic binder			
Nebulizer			
BLS 12 lead acquisition (formal) training *			
Start/JUMPstart Triage drill			
Documentation policy and standards			

Preceptor Directed Coaching and Review Session

Equipment Review	Date Completed	Candidate Initials	FTC/FTS Initials
Stretcher Functions and Lifting Procedures			
Stair Chair Operation			
Reeves Orientation			
Ortho (Scoop) Stretcher Orientation			
Traction Splints (Adult and Pediatric) Orientation			
Pediatric Backboard Orientation			
Backboard and Collar Kits Orientation			
Suction Unit Orientation (On Board and Portable)			
Glucometer (Operation, Weekly Test, Retrieving Stored Data)			
Lucas II (Operation, Troubleshooting, Returning to Service)			
Pedi-Mate Plus Transportation System			
Spinal Immobilization Equipment			
LP: AED Operations Connecting Defib Cable to LP AED Mode Analyze and Shock Buttons Discharge of powered-up joules			
LP: Assisting in 12 & 15 leads Entering Patient Data, lead placement, transmitting			
LP: Download Data to eMEDS Report Retrieving Patient Data, downloading, reports			
LP: Access and retrieve archived information Retrieving Patient Data Downloading Reports and Printing			
LP: Use of "Events" Options			
LP: Daily User Test			
Equipment Review (use weekly inventory for reference)			
LP: NIBP (Connecting Cuff & Troubleshooting)			
LP: Pulse Oximetery (Troubleshooting)			
LP: SpO2/SpCO (Connection & Troubleshooting)			
LP: Battery Change			

Medical Facility Familiarization

Hospitals	Location City, State	Specialty
Chambersburg Hospital		
Children's National Medical Center		
Berkley Medical Center		
Frederick Memorial Hospital		
Fulton County Medical Center		
Jefferson Memorial Hospital		
Johns Hopkins Bayview		
Johns Hopkins Hospital Center		
Meritus Medical Center		
R. Adams Cowley Shock Trauma		
Suburban Hospital		
Union Memorial Hospital		
Washington Hospital Center		
War Memorial		
Waynesboro Hospital		
Western Maryland Medical Center (Cumberland)		
Winchester Hospital		

Candidate should list street address and capabilities (ED, Trauma, Stroke, etc.)

Hospital Mileage Exercise

Hospitals	Time to Facility (in minutes)			
Chambersburg Hospital				
Children's National Medical Center				
Berkley Medical Center				
Frederick Memorial Hospital				
Fulton County Medical Center				
Jefferson Memorial Hospital				
Johns Hopkins Bayview				
Johns Hopkins Hospital Center				
Meritus Medical Center				
R. Adams Cowley Shock Trauma				
Suburban Hospital				
Union Memorial Hospital				
War Memorial				
Washington Hospital Center				
Waynesboro Hospital				
Western Maryland Medical Center (Cumberland)				
Winchester				

Candidate must complete the mileage to each facility from their assigned station and at least the next two closest stations as determined by assigned corporation leadership.

Manual Submission Review

Candidate Review Complete: I CERTIFY THAT ALL DOCUMENTATION WITHIN THIS MANUAL IS AUTHENTIC AND CORRECT. I UNDERSTAND THAT FALSIFICATION OF ANY DOCUMENTATION MAY RESULT IN THE LOSS OF MY AFFILIATION WITH THE WASHINGTON COUNTY EMS OPERATIONAL PROGRAM. Signature: Date:
Field Training Coach Comments (attach if extensive): Signature: Date:
Field Training Supervisor Comments (attach if extensive): Signature: Date:
Chief of Department Comments (attach if extensive) Signature: Date: