



Field Training Officer Orientation

What Happens on Day 1?

- New employees will attend a virtual HR orientation on Day 1.
- Education will join the Day 1 orientation and direct everyone to their emails for their login sheets. Once the new employee is able to log into their email and find their login sheet, they will log into CareerCert and begin their courses. They have preassigned courses in CareerCert that they must complete BEFORE they are cleared.

CareerCert Classes that are preassigned:

Driver – 2 hours

Hippa for EMS
Blood Borne Pathogens
Lifting and Moving

EMT – 4 hours

Hippa for EMS
Blood Borne Pathogens
Lifting and Moving
emsCHARTS
PCS/Med Necc
Quality Documentation
X-Series Monitor

Paramedic – 7 hours

Hippa for EMS
Blood Borne Pathogens
Lifting and Moving
emsCHARTS
PCS/Med Necc
Quality Documentation
X-Series Monitor
Zoll Portable Ventilator
Transporting the Vent Pt

What Happens on Day 2 and Day 3?

- New employees will report in person to their home market for Day 2 and 3 of orientation. Day 2 and Day 3 will be run by the local market operations supervisor/manager, or their designee, and will consist of training in the following areas:
 - Uniforms / Badges
 - Logging into systems (epro, careercert, emscharts, tablet, paycor)
 - EPRO / Scheduling
 - EmsCHARTS / Documentation
 - Employee handbook / SOG's
 - Narcotic process
 - Station tour / Any market or local level differences
 - Hands on education training: Lifting/moving, Pediatric/neonate transport (neomate/kangoofix), Oxygen, Glucometer/blood pressure/pulse ox, Monitor/AED, Ventilator checkoff scenarios, Hi-flow (if applicable).
- Operations will then schedule Ride Time with an FTO. ONLY APPROVED FTO's will be allowed to have new people.

Roles and Responsibilities of the FTO

- Provide training to new Drivers, EMTs and Paramedics.
- Ensure new employees are functioning at a safe, competent, and independent level appropriate to their level of certification.
- Assist in continuing education at the market level. (CPR, ACLS, PALS, Vent, Invasive lines, etc...)
- Knowledgeable on MedTrust Policies, Procedures, and Protocols.
- Complete a “New Employee Field Training Shift Evaluation Form” for each ride time shift you are acting as an FTO, before the end of your shift.
- Attend a quarterly FTO meeting.

Ambulance Training Shift

- Start of Shift Procedure
- Contacting Dispatch
- Truck Checkoff
- Ambulance Driving Operations
- Use of Lights and Sirens
- Supply Locations
- Facility Locations, Entry Codes, and Soiled Linen
- Documentation with emsCHARTS (Importing, Attaching Documents, and Troubleshooting)
- Oxygen (main and portable tanks)
- Biohazard Bags and Containers
- Ambulance Refueling Procedure Including Gas and Diesel Trucks (DEF)
- Stretcher - Lifting and Moving
- Stairchair - Lifting and Moving
- Patient Transfer – Lifting and Moving
- Pediatric/Neonate Transport Devices
- Vital Signs (Glucometer, BP Cuff, PulseOx)
- AED Device
- Truck Cleaning/Wash Station
- End of Shift Procedure
- South Carolina DHEC Forms (Part A, Part B, and Part C)

Start of Shift Procedure

- Upon arrival at the station, employees will clock in (up to, but no more than, 15 minutes prior to start of shift) and receive their vehicle and equipment assignment from Operations.
- Under no circumstances may a crew select a different vehicle than the one assigned without the prior approval of Operations Management.
- Employees must follow the Uniform Policy at the time they clock in.
- The crew must notify the Communications Center that they are in service, with the following information:
 - Call Sign
 - Truck Number
 - Crew Names
 - Equipped/staffed ALS or BLS
- The crew will ensure the MDT is on and functioning properly. Under no circumstance shall the crew turn off MDT unless specifically directed to do so by a supervisor.
- Crews may have up to but no longer than 15 minutes after their scheduled shift start time to check their vehicle and make it ready for the shift. If the crew cannot go in service within 15 minutes, they must immediately notify their Supervisor.
- The paramedic must sign out controlled substances and secure them in the vehicle in accordance with the Controlled Substance Policy.
- The crew is responsible for completing the electronic truck check off in full. If any equipment or vehicle issues are noted, the crew must properly document the issues in the truck check off.

Truck Checkoff

- There is a truck check off form on all the tablets and all the phones.
- Go over the form with them and do the truck checkoff together during each shift.
- Talk about where to secure a wheelchair during a wheelchair sub call.



Ambulance Driving Operations

- **Non-Emergency Operations**

- MedTrust ambulances shall be operated in accordance with all applicable traffic laws and speed limits, including school zone speed limits.

- **Emergency Operations**

- The use of both siren and emergency warning lights is required when operating the ambulance in an emergency mode. Using emergency warning lights alone is prohibited.
- Excessive speeds are not justified and are prohibited. The maximum allowable speed is 10 MPH over the posted speed limit.
- Emergency response driving must give fair and sufficient attention to all facts to ensure the safety of all persons.
- A complete stop is required prior to entering an intersection at all red lights or stop signs. Proceed into an intersection with due regard, applying caution and clear each lane of travel prior to entering that lane.

Supply Locations

- Where resupply is.
- ALS and BLS supplies.
- What to do and who to contact if an item is missing.



Facility Locations, Entry Codes, and Soiled Linen

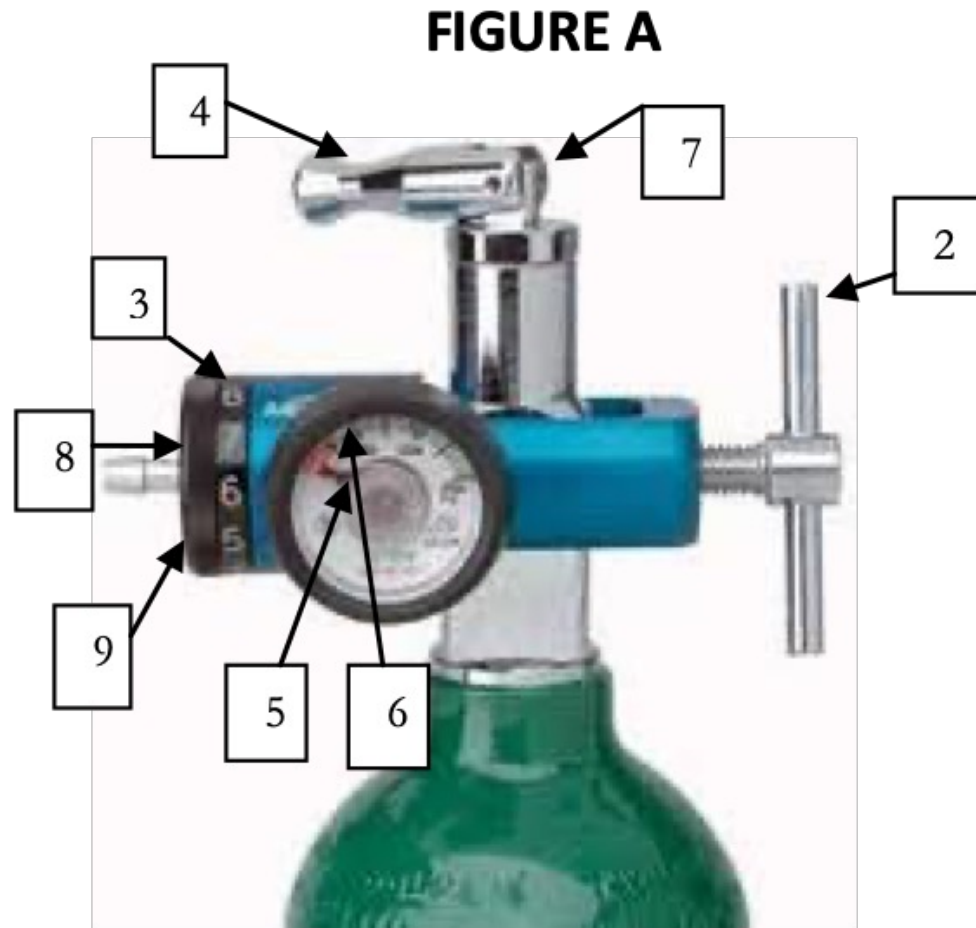
- How to get into the different facilities.
- Key fobs.
- Door Codes.
- Help them make a cheat sheet.
- Where to put dirty linen.

Documentation with emsCHARTS

Page 9: There is a lot going on on this page. You must obtain a Standard Signature. This is where the patient or authorized representative would sign. Next you need to get the facility signature. This is found under Custom forms and is called: Receiving Facility Signature Form 1. Next, make sure you are uploading attachments of the PCS and Face Sheet. Lastly make sure you sign your chart and then complete/lock your chart.

The screenshot displays the emsCHARTS interface for Page 9. The top navigation bar shows the user is a QA Supervisor (S1) and provides links for home, adding QA flags, and viewing NEMSISv3 validations. The left sidebar lists various chart sections, with Page 9 (Misc Forms) currently selected. The main content area is divided into three columns: 'Print', 'Miscellaneous Forms', and 'Attached Files'. The 'Print' column includes a 'Standard Signatures' section with a 'Delete' button. The 'Miscellaneous Forms' column lists various forms, including 'Receiving Facility Signature Form 1'. The 'Attached Files' column shows a list of attached files and a 'Signatures' section. The right sidebar contains buttons for 'Print Chart', 'NEMSIS v3 Status', 'Quality Assurance', and 'Complete / Lock Chart'. A red arrow points to the 'Complete / Lock Chart' button with the text: 'This is where you lock your chart when you are done with it.'

Oxygen (main and portable tanks)



Biohazard Bags and Containers

- How to change a sharps container.
- Where to put red bag/sharps containers when they're full.
- What happens if you get exposed or stuck with a needle, who do you call?
- Where can you find the exposure control plan?

A screenshot of the MedTrust web application dashboard. The interface includes a top navigation bar with the MedTrust logo and a dropdown menu. Below this is a sidebar with a "Dashboard" link and a "Messages (2 new!)" notification. The main content area is titled "Dashboard" and features a tabbed interface with "Self Service", "Management", "Schedule View", and "Company Documents". The "Company Documents" tab is active, displaying a table of documents. The table has two columns: "Category" and "# of Documents". It lists various documents such as "Company Handbook", "Code of Conduct", "SOG's", "OSHA Plan", "Exposure Control Plan", "SC Protocol", "FL Protocol", "GA Protocol", "Drug Free Workplace", and "Personal". A "Total Documents" row at the bottom shows a count of 8.

Category	# of Documents
Company Handbook	1
Code of Conduct	1
SOG's	1
OSHA Plan	1
Exposure Control Plan	1
SC Protocol	1
FL Protocol	1
GA Protocol	0
Drug Free Workplace	1
Personal	0
Total Documents:	8

Ambulance Refueling

- Gas Cards/Fuel Pins
- DEF Fluid
- Gasoline goes in gas ambulances
- Diesel goes in diesel ambulance



######

Stairchair - Lifting and Moving



Name: _____ CERT LEVEL: _____

Date: _____

COMPLETED	SKILL
P / F	Obtains stair chair and opens the chair
P / F	Ensures the stair chair has locked into position
P / F	Checks the stair chair to ensure straps are in working order and stair chair is clean and in good working order
P / F	Explains the procedure to the patient and answers any questions appropriately
P / F	Assist the patient to the stair chair and positions them properly in the chair
P / F	Secures the patient correctly with all straps being secured
P / F	With a partner approaches the stairs with the patients back facing the stairs
P / F	Checks with partner to ensure they are ready to initiate the lift
P / F	On a count of 3 initiates the lift by leaning back the chair and pulling the chair towards them
P / F	Ensures the chair maintains a centered position on the stairs with each lift
P / F	Once at the top of the stairs, ensures the chair is on level ground away from the stairs with wheels locked
P / F	Assist the patient off of the stair chair and to a standing position. Properly supports the patient to prevent fall risk
P / F	Gathers and puts away all equipment in designated area

Comments:

EVALUATOR NAME:

SIGNATURE:

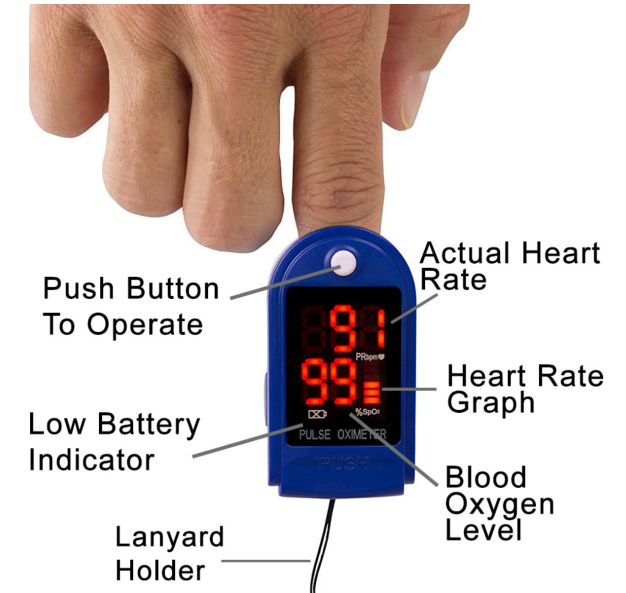
Pediatric/Neonate Transport Devices



Vital Signs (BP Cuff, Glucometer, PulseOx)



New Employees need to show they can take a manual blood pressure



AED Device



How to operate the AED

How to use the cardiac monitor as an AED



Truck Cleaning/Wash Station

- Trucks should be cleaned after every shift.
- Show new employee how to properly clean/ take down your truck.



End of Shift Procedure

- Employees shall refuel all vehicles at the end of every shift. If the crew has been subject to the Shift Extension Policy and the fuel level exceeds 3/4 of a tank, this requirement may be excused.
- Employees shall adhere to the Uniform Policy for the duration of their shift until they are removed from service from dispatch.
- The crew must: Remove all trash, Sweep and/or decontaminate cab and patient compartment. Restock any/all used consumable EMS supplies. Secure tablet (according to base guidelines), and phone. Wash unit exterior. Remove all “supporting documentation” and place in the designated secured location within the station. Write the run number on all paperwork.
- Complete all Patient Care Reports within 24 hours, as required by state regulations.
- The paramedic will sign in all controlled substances and secure them in the proper safe in accordance with the Controlled Substance Policy.

South Carolina DHEC Forms

Part A:

D H E C
DIVISION OF EMS AND TRAUMA
INTERFACILITY TRANSPORT FORM
PART A - DRUG REPORT

EMS Patient Care Form #: _____

Patient Name: _____ DOB: _____

Referring Physician: _____ Transferring Facility: _____

Accepting Physician: _____ Receiving Facility: _____

Instructions: Part A (Drug Report) and Part B (Device Report) must be completed by and signed by the sending facility. Attached Part A (Drug Report) and Part B (Device Report) to EMS ePCR once transport is complete.

DIAGNOSIS: (1) _____ (2) _____ (3) _____

LAST VITAL SIGNS: Time: _____ Initials: _____
HR: _____ B/P: _____ / _____ RR: _____
SpO2: _____ BGL: _____ Other: _____

IV Fluids: _____ Rate: _____

Medications: _____

Dosage / Rate/Concentration: _____

Comments/Additional Orders: _____

IV Fluids: _____ Rate: _____

Medications: _____

Dosage / Rate/Concentration: _____

Comments/Additional Orders: _____

IV Fluids: _____ Rate: _____

Medications: _____

Dosage / Rate/Concentration: _____

Comments/Additional Orders: _____

PLEASE CHECK THE INTERFACILITY DEVICES BEING USED IN THIS TRANSPORT ON THE BACK PAGE OF THIS FORM.

This report was given by (Print name): _____ RN / PA / NP / MD / DO
Signature: _____ Date: _____ Time: _____
(None of the drugs being sent with this patient are part of an experimental program.)

This report was accepted by (EMT-P signature): _____ Date: _____

EMS Service must retain a copy of this form for their records.
If any problems are experienced en route, the EMT-P must contact on-line medical control.

White form: EMS Copy Yellow Form: Accepting Facility Copy Pink Form: Sending Facility Copy

DHEC 3485 (5/2014) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Part B:

PART B - DEVICE REPORT

EMS Patient Care Form #: _____

Patient Name: _____ DOB: _____

Referring Physician: _____ Transferring Facility: _____

Accepting Physician: _____ Receiving Facility: _____

Instructions: Part A (Drug Report) and Part B (Device Report) must be completed by and signed by the sending facility. Attached Part A (Drug Report) and Part B (Device Report) to EMS ePCR once transport is complete.

INTERFACILITY INVASIVE/IMPLANTED DEVICES USED IN THIS TRANSPORT

Check all devices being used:

- ☐ Automatic Internal Cardiac Defibrillator (AICD)
- ☐ Arterial Lines, Arterial Sheaths
- ☐ Tube Thoracostomy/Chest Tube
- ☐ Percutaneously Placed Central Venous Catheters (does not include Swan-Ganz catheters)
- ☐ Peritoneal Dialysis Catheters
- ☐ Epidural Catheters
- ☐ Urethral/Suprapubic Catheter
- ☐ Implantable Central Venous Catheters
- ☐ Nasogastric/Orogastric Tubes
- ☐ Surgically Placed Gastrointestinal Tubes
- ☐ Percutaneous Drainage Tubes
- ☐ Completely Implantable Venous Access Port
- ☐ Surgical Drains

Comments/Additional Orders: _____

This report was given by (print name): _____ RN / PA / NP / MD / DO
Signature: _____ Date: _____ Time: _____

This report was accepted by (EMT-Paramedic) Signature: _____ Date: _____ Time: _____

White form: EMS Copy Yellow Form: Accepting Facility Copy Pink Form: Sending Facility Copy

DHEC 3485 (5/2014) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Part C:

PART C - VENTILATOR SETTINGS

Electronic EMS Patient Care Record #: _____

Patient Name: _____ DOB: _____

Referring Physician: _____ Transferring Facility: _____

Accepting Physician: _____ Receiving Facility: _____

Instructions: Part A (Drug Report), Part B (Device Report) and Part C (Ventilator Settings) shall be completed as indicated, signed by the sending facility, and attached to the EMS ePCR once transport is complete.

If a ventilator is used during interfacility transport the following information **MUST** be reported to the receiving Paramedic and attested to by the RT / NP / PA / MD / DO turning over the patient.:

Facility Settings: to be filled out by RT/NP/PA/MD/DO	Initial Transport Settings: to be filled out by EMS Provider
Mode (check one): <input type="checkbox"/> AC <input type="checkbox"/> SIMV <input type="checkbox"/> PSV	Mode (check one): <input type="checkbox"/> AC <input type="checkbox"/> SIMV <input type="checkbox"/> PSV
<input type="checkbox"/> PRVC <input type="checkbox"/> BIPAP <input type="checkbox"/> Other: _____	<input type="checkbox"/> PRVC <input type="checkbox"/> BIPAP <input type="checkbox"/> Other: _____
Patient Sedated: <input type="checkbox"/> No <input type="checkbox"/> Induction <input type="checkbox"/> Maintenance	Patient Sedated: <input type="checkbox"/> No <input type="checkbox"/> Induction <input type="checkbox"/> Maintenance
Patient Paralyzed: <input type="checkbox"/> No <input type="checkbox"/> Induction <input type="checkbox"/> Maintenance	Patient Paralyzed: <input type="checkbox"/> No <input type="checkbox"/> Induction <input type="checkbox"/> Maintenance
ET Tube Size: _____ Depth: _____ @ Teeth/Lip	ET Tube Size: _____ Depth: _____ @ Teeth/Lip
Respiratory Set Rate: _____ Actual Rate: _____	Respiratory Set Rate: _____ Actual Rate: _____
Tidal Volume (VT): _____	Tidal Volume (VT): _____
Fraction of Inspired Oxygen (FiO2): _____	Fraction of Inspired Oxygen (FiO2): _____
Insp. Press/PS: _____ PEEP: _____	Insp. Press/PS: _____ PEEP: _____
I:E ratio: _____ PIP: _____	I:E ratio: _____ PIP: _____
SpO2: _____ ETCO2: _____	SpO2: _____ ETCO2: _____
Additional Orders/ Comments: _____	Our equipment is able to meet the above settings and I attest to my competency to operate this equipment during transport
Paramedic Signature: _____ Date: _____ Time: _____	

This report was given by (print name): _____ RN / PA / NP / MD / DO
Signature: _____ Date: _____ Time: _____

This report was accepted by (EMT-Paramedic) Signature: _____ Date: _____ Time: _____

Original Copy: Sending Facility Copy 2: Accepting Facility Copy 3: Transport agency

DHEC 3485 (02/2018) SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

Paramedic New Employees:

- Zoll X-Series Monitor
- Invasive Line Monitoring with Zoll X-Series
- Zoll Ventilator
- HFNC (High Flow Nasal Cannula)
- Narcotics Sign-in, Sign-out, and Usage/Administration
- ALS Bag
- Medication Formulary

Zoll X-Series Monitor

Follow this standard format for monitor checkoff.



ZOLL X-SERIES CHECKOFF

	COMPLETED
Completed the required Zoll X series tutorials in CareerCert	
Turns device on	
Can check and change paper	
Verbalizes and understands HOME button	
Verbalizes and understands Snapshot button	
Verbalizes and understands Alarm button	
Applies 3-lead	
Changes lead views	
Applies 12-lead	
Demonstrates how to print a strip	
Locates NIBP button and activates manual bp	
Access NIBP menu and verbalizes options	
Unstands how to set auto NIBP	
Demonstrates how to change NIBP alarm settings	
Access SpO2 menu and verbalizes options	
Demonstrates how to attach capnography and obtain reading	
Locates multifunction cable	
Selects defibrillator mode	
Understands how to change Energy Select button	
Understands and verbalizes how to charge device	
Understands and verbalizes how to deliver a shock	
Understands and verbalizes how to place the unit into a SYNC mode for cardioversion	
Demonstrates how to access LOG on device to print historic records	
Demonstrates how to troubleshoot common alarms on device	
Demonstrates how to plug in device and how to charge batteries	
Demonstrates monitor checkoff using the truck check off form	

By signing this both the employee and the evaluator verify competency with the Zoll X-Series Monitor

Name of employee_____

Signature of employee_____ Date Signed_____

Name of skills evaluator_____

Signature of skills evaluator_____ Date Signed_____

Zoll Ventilator

Follow standard format for ventilator checkoff.



Zoll EMV+ Ventilator & ETCO2 Skill Evaluation Form

Date : _____

Student Name: _____

Evaluator Name: _____

Purpose:

To teach and evaluate competent skills and decision making to meet or exceed the standard of care for ventilator dependent patients.

SKILL TASK	TASK COMP
Verbalizes Equipment Needed (Vent, Full Portable, BVM)	
Correctly Connects High Pressure hose and QC	
Correctly Connects Vent Circuit to Vent	
Selects Correct Settings For Scenario #1 (AC Volume)	
Selects Correct Settings For Scenario #2 (AC Pres)	
Selects Correct Settings For Scenario #3 (SIMV Pres)	
Selects Correct Settings For Scenario #4 (BIPAP)	
Connects ETCO2 Between Circuit & ETT	
Connects ETCO2 To Zoll X Series	
Verbalizes Normal CO2 Values	
Verbalizes Connecting High Pressure To Unit Wall	
PROFICIENT IN USE	

Student Signature: _____

Evaluator Signature: _____

Wheelchair Training Shift

- Start of Shift Procedure
- Wheelchair Truck/Van Checkoff
- Wheelchair Truck/Van Driving
- Straps, Securing, and Operating a Wheelchair
- Facility Locations, Entry Codes
- First Aid Kit
- Wheelchair Regulations
- Wheelchair Van/Truck Cleaning
- End of Shift Procedure

New Employee Evaluation Form

- We have moved to new electronic check off form.
- You will all be added to a shared platform which will allow you access to new employee checkoff sheets, FTO training material, and a quick link to the form you need.
- For a shift to count towards training, you must fill out a “New Employee Field Training Shift Evaluation Form.”

Click play to watch
this short video

Search in Drive

?

⚙

⋮

MedTrust
Medical Transcription, LLC

My Drive > MedTrust New Employee Field Training Shift Evaluation Form

Folders

Charleston

Grandstrand

Greenville

Lexington

Name ↑



How does a New Employee Get Cleared?

A “Yes” response automatically sends an email to the market manager for approval. Both the FTO and the manager will now have to sign off for the new employee will be considered clear.



In your opinion, do you feel the New Employee is ready to be on their own (cleared) at MedTrust? *

- ☐ Yes, they are ready to act as a cleared provider for MedTrust.
- ☐ Not yet, they are scheduled for and/or need additional, ride time shifts before they should be released on their own.
- ☐

FTO Completing This Form: *

<input type="text"/>	<input type="text"/>
First Name	Last Name

FTO Provider Level: *

Market: *

FTO Signature *

[Clear](#)

Clinical Competency	Exceeds Standards
Critical Patient Competency	Exceeds Standards
Overall Affect (empathy, morals, ethics)	Exceeds Standards

Any additional feedback you would like to provide on the Training Shift?

Test GREAT Provider. This employee is punctual, professional, and a great addition to the team!

In your opinion, do you feel the New Employee is ready to be on their own (cleared) at MedTrust?

Yes, they are ready to act as a cleared provider for MedTrust.

FTO Completing This Form:

Matthew Van Camp

FTO Provider Level:


Paramedic

Market:

Greenville

FTO Signature

Approval Activity History

Approvers	Approver Actions	Date
 Scott Worcester scott.worcester@ridemedtrust.com	Approve	Saturday, September 24, 2022

The new employee must also fill out a “Field Training Officer Evaluation Form.”

There will be a new link to this on their login form.

The Field Training Officer position is a privilege and is a position of integrity and trust.

More than 3 non favorable Field Training Officer Evaluations will subject the FTO to a review meeting held by local market Operations, the Education Manager, and a peer FTO from that market.



Field Training Officer Evaluation Form

Field Training Officer Name _____ Date of shift _____

Please answer YES or NO	
Appeared and behaved in a professional manner	
Was willing to teach and answer questions	
Encouraged participation	
Respected new and current employee(s)	
Respected patients, families, and facility staff	

Does this FTO have the social skills necessary to be an effective field training officer?

Does this FTO have the clinical knowledge and skills necessary to be an effective field training officer?

What are this FTO’s strongest characteristics?

What are this FTO’s weakest characteristics?

Is there anything you would like to add or are there any comments/concerns/suggestions for this FTO?

****Please return this directly to operations at the completion of your training shifts.****

Questions?

Please fill out the attendance form with your preferred contact information.

<https://forms.gle/Nx7S9ATHg2y5ukCQ8>