

Welcome to Louisa County Fire and EMS! Congratulations, you have received your ALS precepting packet. First and foremost, if at any time throughout this process you feel that you need more direction or have any questions, please do not hesitate to ask! This is your time to learn us, just as it is our time to learn you. Your success is our gain! You will be assigned a preceptor. It is this person whom will oversee your release. They will assist you with knowledge and direction of patient care, policies, local acclimation, and anything else that may arise. Every effort will be made to accommodate you as a third provider on a transport unit until you become released. However, as situations dictate, occasionally you may be asked to perform as an operator on a two person unit.

Designed to be a three month process, this program will require extra work both while on duty, as well as while at home until all included information is retained. Periodically, written or oral tests may be given by your preceptor to gauge your progress. You should have already received a copy of TJEMS protocols and began to study them. Along with the updated medication list, you will have to demonstrate competency in knowledge of both documents prior to beginning ANY patient care. Included inside this packet are documents to track your progress of each. Once these have been completed, IN THEIR ENTIRETY, you may begin active precepting and conducting patient care under the direct supervision of your preceptor. Once a call is completed, a copy of the call sheet, a call report summary, and a preceptor call review sheet (both found in this packet) should be filled out and placed in this packet for review. Depending upon your relative experience, a determination will be made as to the total number of calls needed for review to achieve release. Either 20(A), 35(B), or 50(C) calls will be required. You will be issued ten call report summaries. Once ten have been completed, your preceptor will turn them in to the EMS supervisor for review and ten new reports will be given. Once this packet AND the required number of call reports are done, AND with the approval and written recommendation of your preceptor, you will be scheduled for a “mega-code” scenario and over-all general knowledge test issued by either George Lindbeck, OMD or the EMS supervisor. Failure to either submit the required documents, gain the recommendation of your preceptor, or successful completion of the practical scenario or general knowledge exam will extend your training for up to 90 additional days. Be aware that once this extension has been exhausted, no further extensions will be granted, except on a case by case basis for extenuating circumstances by the EMS supervisor and Fire Chief. If no further extension is granted, termination of employment will be eminent.

Again, welcome aboard. We hope that you find Louisa County as exhilarating and fulfilling as we each do. Please remember that the purpose of this program is to acclimate you to us and our department as well as TJEMS and their views on EMS. Constructive criticism is a part of precepting and should be accepted. Open communications is a must. Louisa County is located in a region that requires 20 to 60 minutes transport time. Often times this is with critically ill patients. We have no option but to hold our providers to an exceptionally high standard.

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County Fire/Rescue Stations

Preceptee should be able to locate the following stations:

1. Louisa Fire Department Company 1/ Louisa Rescue 1
2. Mineral Fire Department Company 2/ Mineral Rescue 2
3. Bumpass Fire Department/ Lake Anna Rescue 3
4. Holly Grove Fire Department Company 4/ Holly Grove Rescue 4
5. Locust Creek Fire Department Company 5
6. Trevilians Fire and Rescue Company 6
7. Zion's Crossroads Fire and Rescue Company 7
8. Louisa County Office Building

Landing Zones

The preceptee should be able to notify dispatch of the appropriate landing zone for their location in all areas of Louisa County. Be familiar with how to set up a landing zone and give a scene report to incoming aero medical transport.

Established Landing Zones within Louisa County:

Louisa County airfield

Piedmont Metals

Trevilians Fire Department

Bumpass airfield

Zion's Crossroad dialysis center

Wares Crossroad (Dickenson's store)

Louisa County Main Roads

Preceptee should be able to complete a road test by the end of their preception. Knowledge of the main roads and the first due areas is key to a timely response.

Rt. 15 James Madison Hwy

Rt. 22 Louisa Rd

Rt. 33 S. Spotswood Trail AND Jefferson Hwy

Rt. 250 Three Notch Rd

Rt. 522 Cross-County Rd AND Zachary Taylor Hwy

Rt. 208 Courthouse Rd AND New Bridge Rd

Rt. 652 Kentucky Springs Rd

Rt. 618 Fredricks Hall AND Belches Rd

Rt. 605 Willis Proffitt Rd AND Shannon Hill

Interstate 64 and all Louisa County exits 136, 143, 148, 152 (not Louisa County,) and 159

Adult Guidelines

Preceptee shall know and be able to discuss the patient care guidelines below and their applications set forth by TJEMS.

Adult	Guideline	Preceptor	Preceptee
Abdominal pain			
Alcohol related			
Cardiac	Asystole		
	Atrial Fibrillation/ flutter		
	Bradycardia/ Heart Blocks		
	Chest Pain		
	Acute Coronary Syndrome 12 Lead		
	Tachycardia/ Paroxysmal SVT		
	V-fibrillation/ Pulseless V-Tach		
	Ventricular Tachycardia		
Environmental			
	Envenomation		
	Hyperthermia		
	Hypothermia		
	Near Drowning		
General Medical			
	Hypotension		
	Severe Allergic Reaction		
Neurological			
	Altered Level of Consciousness		
	Seizures		
	Stroke/CVA		
OB-GYN			
	Childbirth		
	Sexual Assault		
	Vaginal Bleeding		
Psychological			
	Emotionally Disturbed		
Pulmonary Emergencies			
	Respiratory Distress		
Toxicology			
	Poisoning		
	Overdose		
Trauma			
	Amputations		
	Burns		
	CNS Injuries		
	General Management		

Pediatric Guidelines

Preceptee shall know and be able to discuss the patient care guidelines below and their applications set forth by TJEMS.

Pediatrics	Guideline	Preceptor	Preceptee
Arrest/ Pre-arrest Cardiology	General management of arrest/ pre-arrest		
	Asystole/PEA		
	Bradycardia (Symptomatic)		
	Tachycardia/ Paroxysmal SVT		
	Ventricular Fibrillation/ Pulseless VT		
	Ventricular Tachycardia		
Environmental			
	Hyperthermia		
	Near Drowning		
General Medical			
	Severe Allergic Reaction		
Neurological			
	Altered Level of Consciousness		
	Seizures		
OB/GYN			
	Newborn Resuscitation		
Pulmonary Emergencies			
	Respiratory Distress		
Toxicology			
	Poisoning/Overdose		
Trauma			
	Amputation		
	Burns		
	CNS Injuries		
	General Management		

Medications (TJEMS/ ODEMSA)

For each medication listed below, know the indication, contraindications, side effects, dose, routes, and how it is supplied.

Medication	Date	Preceptor	Preceptee
Adenosine			
Albuterol			
Amiodarone			
Aspirin			
Atropine Sulfate			
Calcium Chloride 10%			
50% Dextrose			
Diazepam			
**Diltiazem			
Diphenhydramine HCL			
Dopamine HCL			
Epinephrine 1:1000			
Epinephrine 1:10,000			
Furosemide			
Glucagon			
Haldol			
Ipratropium			
Magnesium Sulfate			
Metoprolol			
Methylpredisolone			
Midazolam			
Morphine Sulfate			
Naloxone HCL			
Nitroglycerine			
Nitropaste			
Ondansetron			
Promethazine			
Sodium Bicarbonate			
Vasopressin			
**Ziprasidone HCL (Geodon)			

** Found **ONLY** in ODEMSA boxes

ECG Monitor/AED Operation

Preceptee should be able to demonstrate knowledge and operation of the following Monitors/AEDs. Knowledge base shall contain ability to demonstrate the use all the specific machines capacities including defibrillation, pacing, cardioversion, as well as troubleshooting techniques.

Phillips	12- lead		
	Defibrillation		
	Cardioversion		
	Pacing		
	NIBP		
	SPO2		
	Capnography		
	Daily check/ troubleshooting		

Lifepack 12	12- lead		
	Defibrillation		
	Cardioversion		
	Pacing		
	NIBP		
	SPO2		
	Capnography		
	Daily Checks/ troubleshooting		

Zoll M series	12-lead		
	Defibrillation		
	Cardioversion		
	Pacing		
	NIBP		
	SPO2		
	Capnography		
	Daily Check/ troubleshooting		

ECG Interpretation

Interpretation of 12 lead ECG's is imperative in the field for our profession. This needs to be a continuously practiced process for all providers.

Preceptee shall describe proper anatomical 12 lead electrode placements.

V1	V2	V3
V4	V5	V6

Preceptee can demonstrate proper lead placement for the 12 Lead ECG. As well as identify the Inferior, Septal, Anterior, and Lateral sections of the 12 lead ECG. Preceptee should have knowledge of how to interpret 12 lead and how to notify hospital of patient's ECG findings. Preceptee should be well versed in notifying hospital of a STEMI, and treatment thereof.

12 lead placement	Date	Preceptor	Preceptee

Preceptee shall be able to interpret, and treat the following rhythms:

Sinus Rhythm		
Atrial Fibrillation		
Atrial Tachycardia		
Sinus arrest		
Sinus Tachycardia/SVT		
Type I & II, Complete Heart Blocks		
Sinus Bradycardia		
Ventricular Tachycardia/Fibrillation		
PEA		
Asystole		
Junctional, Idioventricular		

Specialized equipment

Preceptee shall have thorough knowledge of all departmental equipment, its usage and care. Below is a list of specialized equipment utilized by Louisa County Department of Fire and EMS. Preceptees shall demonstrate its use and discuss applications for each.

Equipment	Date	Preceptor	Preceptee
CPAP			
Doppler			
E-Z IO			
Jamshidi IO			
Gum Bougie			
Surgical Airway			
NG/OG tubes			
King airway 4,5,6			

Specialized Skill Set

Preceptee shall demonstrate knowledge of lesser practiced ALS skills listed below.

Skill	Date	Preceptor	Preceptee
EJ access			
Central Access Port			
Chest decompression			
Needle-Surgical Cricothyrotomy			
Naso/ Endotracheal Intubation			

TJEMS/Louisa County specific policies

Policy	Date	Preceptor	Preceptee
Refusals (all ages)			
Airway form			
HIPPA/ Billing			

Communications

Preceptee shall demonstrate ability to effectively communicate with Louisa County Dispatch and UVA Medcom via cellular telephone AND high band mobile radio the following information.

Preceptor	Preceptee
Louisa ECC	
Medical command	
STEMI Alert	
Stroke Alert	
Trauma Alert	
Any critically ill patient	

Hospitals

Preceptee shall know ALL hospitals Louisa County DFEMS transports to and at least one main route of travel to each of the below.

Preceptor	Preceptee
**UVA	
**MCV/ VCU	
Martha Jefferson	
St. Mary's	
HDH- Paraham	
HDH-Forrest	
Culpeper	

** Regional Trauma Centers

Call Sheet Review Summary

Preceptee _____

Preceptor _____

Dispatched Call: _____

Incident Number _____

Chief Complaint: _____

Date _____

PMH: _____

HPI: _____

PE: _____

TX: _____

TX Response: _____

Differential Diagnosis: List three differential considerations and the treatment for or rule out of each.

1. _____

2. _____

3. _____

Vital Signs and ECG interpretation

Attach ECG strip to back of summary

Preceptor Call Review Sheet

Preceptor _____

Preceptee _____

Dispatched Call _____

Incident Number _____

Chief Complaint _____

Date _____

Please review at the completion of each call the performance observed, and share with the preceptee your marks below. Please use the scale as 1= poor ... 5= outstanding. Please also utilize the comment section to elaborate on any noteworthy actions you witness. This will help to steer the preceptee towards ideal performance.

Area	Score	Preceptor	Preceptee
Scene Management	1 2 3 4 5		
Bedside Manner	1 2 3 4 5		
Patient Assessment	1 2 3 4 5		
Guideline Knowledge	1 2 3 4 5		
Skill Performance	1 2 3 4 5		
Nurse Report	1 2 3 4 5		
Documentation	1 2 3 4 5		
Supply Restocking	1 2 3 4 5		

Comments below
