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EXPLANATION OF FAUQUIER COUNTY PRECEPTING VARIATIONS FROM REMS PROTOCOLS

Fauquier County participates in both the Rappahannock EMS and Northern Virginia EMS Council Regional Programs. Obviously, the operations vary greatly. Several years ago, the agencies in the REMS area were not practicing many of the advanced techniques in their care programs. Our OMD felt that we were being held back and our patients were suffering as a result. In an attempt to better our programs we developed our own set of protocols which included our own ALS Precepting and Release Program. A couple of years ago the decision was made to go back to the REMS protocols because the Department and the Fire and Rescue Association felt that they would meet our needs. There have been some bumps in the road and this is one of them and we are trying to work through them. We are for the most part following the REMS ALS Release Program but our OMD and EMS Committee disagree with some of the policies in the program and, as a result, have determined that they would utilize the general policy verbiage as a guideline with the intent of revisiting and rewriting the policy.

An example of this would be that REMS classifies anyone over the age of 55 as a Geriatric patient. They then state that any procedure that is performed on a patient over 55 cannot be classified in any other category. Fauquier County's OMD and the EMS Committee determined that if the preceptee had received enough Geriatric contacts that the patient was still an adult and that the remaining contacts could then be classified as adult contacts. Fauquier County also classifies anyone at or over the age of 65 as a geriatric patient as opposed to 55. Therefore, someone between the age of 55 and 65 is classified as an adult.

The other issue that seems to linger with the REMS Protocols is that patient contacts may only be counted toward one category. I.e. a patient who is having chest pain along with difficulty breathing can only be categorized one or the other but not both. The EMS Committee and the OMD have altered this policy to allow the preceptor to count the contact in the contacts areas that they deem appropriate as long as the preceptee and the preceptor can document their choices to the satisfaction of anyone who may have to review the precepting paperwork later on in the process.

The forms were also at issue with the OMD and the Committee. We did not want to overburden the preceptor or the preceptee with unnecessary paperwork. However, we felt that there needed to be evidence that there was a productive dialogue between the two parties during and after each patient contact. We developed the Student Evaluation Form so after each Patient Contact the Preceptee and the Preceptor would fill the Evaluation Form out individually. This would ensure that each party was adequately communicating to each other and document the communication for further reference during review by the Operational Medical Director or Auditors.

As always, we welcome any feedback you may have and please let us know if you have any additional questions.

SERVICE

KNOWLEDGE

EXPERIENCE

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EMS COUNCIL INC.

**ADVANCED LIFE SUPPORT
RELEASE PROGRAM
HANDBOOK**

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Rappahannock EMS Council
Advanced Life Support Release Handbook

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Policies and Procedures

As part of Rappahannock EMS Council Advanced Life Support education, an ALS release program is required. The purpose of the program is to allow the new ALS provider, or preceptee, the opportunity to demonstrate their knowledge and skills under the direct supervision of a designated and experienced preceptor. Preceptees will use the training period to hone their patient management and new ALS skills. Preceptees will submit the Identification Form to the REMS Council **prior** to beginning the ALS Release process.

Preceptees may only begin the ALS Release Program following successful completion of an ALS certification course and upon gaining **State** certification. Any time spent on an ambulance (e.g. class internships) prior to state certification **will not** be credited toward release requirements. Preceptees will be released to perform ALS care independently at their current level of training after they have successfully completed the ALS Release Program and have met all other requirements. Enhanced Providers, Intermediates, and Paramedics will be required to complete specific patient contacts and competencies within a six (6) month period. In addition, Intermediates and Paramedics are required to obtain ACLS and PALS certification (or any pediatric equivalent) prior to release. Providers will also be required to successfully complete a REMS protocol test. The test, patient contacts, and competencies are explained in more detail later in this Handbook.

Each Preceptee will be provided with a list of approved Rappahannock EMS Council Preceptors. The Preceptors are Virginia certified EMT-Intermediates and Paramedics. Preceptees must designate a Lead and Alternate Preceptor and should complete the ALS Release Program under one of the two preceptors whenever possible. The Preceptee's Lead Preceptor must be of **equal certification or higher**. Paramedic Preceptees may have an Intermediate Preceptor as their alternate. The Lead Preceptor may approve exceptions to this policy. Only one Preceptee at a time may be under the supervision of a Preceptor while on a call. Lead Preceptors may have only two active Preceptees assigned to them at any given time.

While choosing a Preceptor (lead or alternate), Preceptees may not select an individual related to them by blood or marriage, or with whom they have had, or are currently engaged in, a long-standing relationship. This policy is designed to prevent any question as to the objectivity of the field Preceptor, or the ALS Release Program.

Preceptees should also submit to the REMS Council a copy of their tentative precepting schedule, including day, time, location, and Preceptor. **At no time** is a preceptee to be used as part of the minimum staffing on an ALS transport unit.

The ALS Release Program must be completed in a pre-hospital emergency care organization, licensed by the Commonwealth of Virginia at the ALS level, that routinely responds to pre-hospital emergencies. Medical transport companies may be suitable for field precepting but need to be pre-approved.

All Preceptees must remember that they are guests of the host agency. It is the Preceptee's responsibility to be familiar with the policies, procedures, and rules of the host organization.

Preceptees can only perform ALS skills in the field when a Preceptor is present. Endotracheal intubation for Intermediates and Paramedics may ***only*** be performed after gaining state certification as well as ACLS for adult patients and PALS for pediatric patients.

Preceptees will, at all times, follow the guidance of their Preceptor when medical care is provided. The Preceptor has the right to deny the Preceptee the chance to perform a particular skill based on the patient's medical condition. Preceptees are to follow the protocols established by the Rappahannock EMS Council. All credible patient contacts and competencies must be done under the direct supervision of a Preceptor.

Scheduling for the ALS Release Program is the sole responsibility of the individual Preceptee. The REMS Council has agreements with area pre-hospital ALS organizations, which will coincide with the Preceptor list provided to each Preceptee. It is up to the individual Preceptee to contact their desired Preceptor and make the appropriate arrangements.

Preceptees are expected to be *on time* for their scheduled field rotation. If a Preceptee is unable to attend a particular rotation, they must notify that Preceptor as soon as possible. Rescheduling a missed rotation is the responsibility of the Preceptee. Transportation to and from a scheduled rotation is the responsibility of the Preceptee.

Appropriate dress for field rotations will be the Preceptee's own EMS agency uniform in a clean and serviceable condition. You may be asked to wear blue pants and a plain white shirt. Footwear should provide a level of protection from various hazards; boots are suggested. Remember that the more professional you appear, the better the impression on the patient and the public.

Outside Region Release:

Certified ALS providers from other areas wishing to practice in the REMS Council region must meet the following criteria:

1. Documentation of one (1) year of field experience or successful completion of a release program, comparable to the REMS Council ALS Release Program.
2. A letter of competency from the provider's previous OMD. The letter should state which ALS field skills the provider is qualified to perform.
3. Documentation that the REMS Council Protocol/Procedure Manual has been reviewed and is understood.
4. Successful completion of the REMS Protocol Test. Which will require a score of 90% or better on a 100 question, open-book test.

Once all the criteria have been met, the Rappahannock EMS Council ALS Release Process may be waived.

The provider's individual agency will make the final decision as to whether or not the provider may practice. Each agency has the discretion to require an orientation program.

Required Patient Contacts

A variety of patient contacts will be required during the ALS Release Program. This is to ensure that Preceptees interact with patients experiencing various conditions. All patient contacts during the rotations will be documented on an End of Call Report, the Daily Contacts Form, and the Daily Competencies Form, which is included in this Handbook. In order to receive credit, the completed log, to include the PPCR #/agency incident #, must be maintained by the Preceptee and turned into the Rappahannock EMS Council at the completion of the Program.

The Preceptee must complete as many ALS interventions as possible with the required patient contacts. These interventions must be documented by both the Preceptee and Preceptor, and a log is to be kept listing all interventions completed along with the PPCR #/agency incident #.

Enhanced Providers:

Assessments

Trauma:

Adult – 3
Pediatric - 1
Geriatric - 2

Cardiac Patients:

Adult - 2
Geriatric - 2

Respiratory Patients:

Adult - 6
Pediatric – 1
Geriatric - 3

Psychiatric Emergencies:

Adult - 1

Altered Mental Status:

Adult - 5
Geriatric – 4

OB/GYN Emergencies:

Adult - 1

Competencies

IV Access:

Adult - 10
Geriatric - 5

Medication Administration:

Adult - 5
Geriatric - 5

Age Note: Pediatric- 16 years or younger
Adult- 17-54 years
Geriatric- 55 or older

Enhanced upgrading to Intermediate/Paramedic:

Assessments

Trauma:

Adult - 2
Pediatric - 1
Geriatric - 3

Cardiac Patients:

Adult - 4
Pediatric - N/A
Geriatric - 4

Respiratory Patients:

Adult - N/A
Pediatric - 1
Geriatric - 3

Psychiatric Emergencies:

Adult - 1
Pediatric - N/A
Geriatric - 1

Altered Mental Status:

Adult - N/A
Pediatric - N/A
Geriatric - N/A

OB/GYN Emergencies:

Adult - 1
Pediatric - N/A
Geriatric - N/A

Age Note: Pediatric- 16 years or younger
Adult- 17-54 years
Geriatric- 55 or older

Competencies

IV Access:

Adult - 10
Pediatric - 1
Geriatric - N/A

Medication Administration:

Adult - 10
Pediatric - 1
Geriatric - N/A

Live Intubations:

Adult - 1
Pediatric - N/A
Geriatric - N/A

Mannequin Intubations:

Adult - 10
Pediatric - 5
Geriatric - N/A

EKG Interpretations:

Adult - 20
Pediatric - 1
Geriatric - 15

Intermediates / Paramedics:

Assessments

Trauma:

Adult – 5
Pediatric – 2
Geriatric – 5

Cardiac Patients:

Adult – 6
Pediatric – N/A
Geriatric – 6

Respiratory Patients:

Adult – 6
Pediatric – 2
Geriatric – 6

Psychiatric Emergencies:

Adult – 2
Pediatric – N/A
Geriatric – 1

AMS:

Adult – 5
Pediatric - N/A
Geriatric – 4

OB/GYN Emergencies:

Adult – 2
Pediatric - N/A
Geriatric - N/A

Age Note: Pediatric- 16 years or younger
Adult- 17-54 years
Geriatric – 55 or older

Competencies

IV Access:

Adult - 20
Pediatric – 1
Geriatric - 5

Medication Administration:

Adult - 15
Pediatric - 1
Geriatric - 5

Live Intubations:

Adult -1
Pediatric - N/A
Geriatric - N/A

Mannequin Intubations:

Adult – 10
Pediatric – 5
Geriatric - N/A

EKG Interpretations:

Adult – 20
Pediatric -1
Geriatric – 15

Release Program Requirements

Preceptees who are unable to complete the program within a six-month period will be evaluated on a case-by-case basis by the Rappahannock EMS Council and the Guidelines and Training Committee. After evaluating documentation and recommendations from the Lead Preceptor, the REMS Council may require additional program hours, additional training classes, or an emergency room rotation with the goal of interventions for the preceptee.

All Preceptees with marginal or questionable performance will be assigned additional hours or training classes. Preceptees will repeat the review process after completing the additional work. Preceptees failing to pass the second review may be required to repeat the ALS Release Program or appear before the OMD for review.

Providers who have successfully completed the REMS ALS Release Program at the Intermediate level will not have to repeat the process at the Paramedic level upon certification, they will be automatically released as a Paramedic.

All Preceptees must successfully complete the ALS Release Program, including required patient contacts and competencies, and successfully complete all other requirements before being permitted to run as an independent ALS provider within the Rappahannock EMS Council region. All required paperwork for the Release Program must be *maintained by the Preceptee*, frequently reviewed by the Lead Preceptor, and submitted to the Rappahannock EMS Council at the completion of the candidate's training period.

The preceptee's individual agency will make the final decision after OMD approval to permit the preceptee to practice independently.

Preceptee Responsibilities

The following is a list of general Preceptee responsibilities during the ALS Release Program:

1. Be prompt. Notify your Preceptor if you will be late or unable to make the scheduled time and date. Only the hours you coordinate and spend with your Preceptor will be credited toward your hours.
2. Review all operating rules and policies of the host agency with the Preceptor at the beginning of the rotation.
3. Review, with your Preceptor, the clinical objectives for the rotation and discuss the activities and skills that you may perform under the Preceptor's supervision. Remember, you may perform only those skills for which training has been received and has been documented.
4. Observe and participate in activities. The more a Preceptee is willing to assist, the more likely they will be asked to participate. In addition, you should focus on leadership skills.
5. All patient information obtained during the Release Program is confidential and legally protected.
6. Complete all required documentation for each field rotation. The Preceptee must have all required forms completed and signed at the end of the rotation. Completed forms must be maintained by the Preceptee and frequently reviewed by the Lead Preceptor. The Lead Preceptor will do a final review for completeness prior to submission to the Rappahannock EMS Council at the completion of the program.
7. Proper conduct, dress, and attitude are expected at all times.
8. Ensure that you are covered for liability with your, and your Preceptor's, agency in case of ambulance accident or patient mishaps.

Learning Objectives

Upon completion of the program the preceptee should be able to demonstrate the ability to:

1. Accurately relate a patient's medical complaint to pathophysiology or pharmacological effect and discuss appropriate interventions based on condition and diagnosis.
2. Obtain a history from the patient, relatives, or bystanders in a systematic and timely fashion.
3. Conduct a thorough and appropriate patient assessment.
4. Function as a leader.
5. Describe the anticipated effects of interventions, including side effects and undesirable reactions, with both personal interaction and medication procedures.
6. Safely and appropriately perform all pertinent advanced life support skills.
7. Perform skills utilizing equipment in a manner consistent with patient care priorities.
8. Explain procedures to the patient in a manner that the patient can understand.
9. Exhibit professional behavior and concern when interacting with patients, family, or bystanders.
10. Accurately and concisely document and report assessment findings and interventions creating a legal document to be placed in the patient's medical record.
11. Show respect for, and adherence to, the principles of patient confidentiality.

ALS Release Program Preceptors

1. Preceptors for the ALS Release Program will be Virginia certified Intermediates or Paramedics.
2. They must hold a current certification in CPR (Healthcare Provider Course)
3. They must possess valid ACLS and PALS certifications. PEPP or PPC are also acceptable, provided they have been completed within 2 years (ITLS or PHTLS are also recommended).
4. They will have at least two (2) years experience practicing at the Intermediate level or higher in the REMS Council region and be currently affiliated with a REMS Council agency.
5. They must attend the REMS Council Preceptor class and successfully pass the protocol test (50 question, closed book test, 84% minimum passing score).
6. They will attend updates as prescribed by the REMS Council
7. A letter of approval is required from the provider's Chief/Director or designee from the agency they will be precepting for.

Preceptors will be chosen from the list of approved REMS Council Preceptors who serve with EMS agencies that have agreed to participate in this program. This list will be provided to each Preceptee who will select a Lead and Alternate Preceptor. The Preceptee will be required to serve the majority of the ALS Release Program under one of the two Preceptors for consistency of evaluation.

Documentation of all rotations must be maintained by the Preceptee. The Lead Preceptor is responsible for continuously reviewing, and performing a final review of, all paperwork for completion prior to submission, along with a written recommendation to the REMS Council for preceptee release at the completion of the program.

Preceptors will also be responsible for the following:

1. Reviewing of host agency rules and procedures with the Preceptee.
2. Reviewing the Preceptee's objectives for the program period and assist them in meeting these whenever possible.
3. Providing supervision of the Preceptee's activities while in the program.
4. Providing feedback to the Preceptee concerning their patient care.

5. Completing and signing all pertinent areas of the Preceptee's program paperwork at the conclusion of each period to properly document accomplishments and discrepancies.
6. Providing a positive and helpful environment for the Preceptee's education.
7. Providing the Preceptee opportunities for practicing skills during "down time".

ALS Release Program Conflicts

The Rappahannock EMS Council ALS Release Program is overseen by the Guidelines and Training Committee in conjunction with the Program Director and Regional Education Coordinator. In all situations where a conflict arises, the single most important concern is the safety and welfare of the patient and the emergency care providers.

Patient Care Issues

The Preceptee should inform the Preceptor whenever they are asked to do a procedure for which they feel ill-equipped, ill-trained, or for which they believe is not in the best interest of the patient. If after explaining these concerns the Preceptor continues to direct the preceptee to perform the intervention, the Preceptee should release control of patient care to the Preceptor and not perform the intervention. The Preceptor will respect the Preceptee's concern and assume patient care with minimal disruption. Both providers, upon conclusion of the call, should discuss the issue and attempt to resolve the matter.

The Preceptor should inform the Rappahannock EMS Council of the issue and, if required, document it in writing. The Preceptee should, likewise, inform the Council, in writing, as soon as possible.

Preceptee-Preceptor Conflicts

If there is a conflict between the Preceptee and their Preceptor, the Rappahannock EMS Council must be notified *as soon as possible, in writing*. Upon receipt of the written documentation, the Program Director, Regional Education Coordinator, and the Guidelines and Training Committee will review the matter and recommend a solution.

Suspension or Termination from Program

A Preceptee may be removed from the ALS Release Program for the following reasons. *This is not an exclusive list*. Any improper activity can result in termination from the program.

- Inappropriate patient contact
- Inappropriate appearance
- Appearance or smell of intoxication, or any decreased level of proper functioning for any reason

Note: Inappropriate conduct involving preceptee-to-preceptor or preceptor-to-preceptee will not be tolerated and may be grounds for removal of either provider from the program.

Documentation of ALS Release Program

Daily documentation will include:

- End of Shift Report

End of release program documentation will include:

- End of Program Patient Contact Form
- End of Program Competency Form
- Preceptee Evaluation of Preceptor
- Any applicable Incomplete Competencies Forms

Completion of the ALS Release Program

The Rappahannock EMS Council Regional Education Coordinator will review all ALS Release Program paperwork. Written recommendations from the Lead Preceptor will be considered along with the variety of ALS interventions documented. Completion of a protocol test, given by the REMS Council Education Coordinator, will also be required. The Preceptee must meet with the REMS Regional Education Coordinator, or their designee, for final approval to perform advanced life support in the field without a Preceptor.

The REMS protocol test will be given at the REMS Office by the Regional Education Coordinator. The test must be completed after 90 days of precepting and at the completion of the ALS Release Process. Successful completion will require a score of 90% or better on a 100 question, open-book test. Preceptee's who are unsuccessful at passing the test may attempt a retest after 5 business days.

Upon successful completion of the ALS Release Program, the Preceptee will:

- Turn in all paperwork to the REMS Council
- Turn in a letter of recommendation for release from the Lead Preceptor
- Turn in copies of all certifications
- Set up a meeting with the REMS Regional Education Coordinator (*Note: The Council needs approximately 3 days to review the paperwork*)

At the final release meeting, the preceptee will:

- Review and sign the Pre-hospital Guidelines Agreement
- Review and sign the Pre-hospital Provider Invasive Procedures Agreement
- Review the Endotracheal Intubation Protocol
- Be given documentation to present to their agency designee regarding their release

Note: This does not exempt the Preceptee from completing any additional agency requirements for ALS release

ALS Release Program Preceptor Manual

End of Shift Report Directions

- The form will be used to maintain a record of all contacts, skills, and competencies that the Preceptee has completed at the end of each shift
- The form will be completed at the end of each shift or rotation
- Only skills and contacts performed with an evaluation score of 2 or higher will be counted for this form
- It is the responsibility of the Preceptee to ensure that this form is completed after each shift
- The Preceptee must present the filled out form to their Preceptor for initialing prior to leaving from the shift
- The Preceptee will fill out the form *first*; the Preceptor will then initial it
- The Preceptor should refer to run sheets to ensure the accurate number of competencies and contacts are entered

If a skill is performed incorrectly or unsafely and results in an evaluation score of less than 2, the Preceptee will not receive credit; the preceptor should discuss the appropriate manner in which the skill should be performed and, if needed, assist with remedial training.

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End of Shift Report (1 of 2)

Name:		Date:		Total Hours:
Incident Number:	PPCR #:			Contact Type:
Incident Number:	PPCR #:			Contact Type:
Incident Number:	PPCR #:			Contact Type:
Incident Number:	PPCR #:			Contact Type:
Incident Number:	PPCR #:			Contact Type:
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Incident Number:	PPCR #:			Contact Type:
Incident Number:	PPCR #:			Contact Type:

Total Contacts

Type	Adult	Pediatric	Geriatric	Initials	
Trauma				Preceptee	Preceptor
Cardiac				Preceptee	Preceptor
Respiratory				Preceptee	Preceptor
Psychiatric				Preceptee	Preceptor
AMS				Preceptee	Preceptor
OB/GYN				Preceptee	Preceptor

Total Skills

Skill	Adult	Pediatric	Geriatric	Initials	
IV Access				Preceptee	Preceptor
Medication				Preceptee	Preceptor
Live Intubation				Preceptee	Preceptor
Mannequin Intubation				Preceptee	Preceptor
ECG Interpretation				Preceptee	Preceptor
OB/GYN				Preceptee	Preceptor

Additional Skill / Medication Information

<p>Skills information (needle decompression / CPAP / meconium aspiration / defibrillation / cardioversion / pacing / gastric decompression / IO placement / etc.):</p>
<p>Medication information (dose / route / med / etc.):</p>

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Advanced Life Support Release Handbook

End of Shift Report (2 of 2)

	Preceptee Rating	Preceptor Rating	Area of Evaluation	Comments: Preceptee & Preceptor
Section 1			<i>Leadership, Management, and Professionalism:</i> Evaluate preceptee's ability to manage scene, direct others, and portray professional attitude. Preceptee should be able to effectively interact and communicate with patients, bystanders, and other team members.	<i>Preceptee:</i> <hr/> <i>Preceptor:</i>
Section 2			<i>Safety of Skills and Direction:</i> Safely executes skills and gives direction in a safe and efficient manner. Identifies any hazards and responds appropriately.	<i>Preceptee:</i> <hr/> <i>Preceptor:</i>
Section 3			<i>Skill Performance:</i> Preceptee performs appropriate skills in a safe and efficient manner. Preceptee has knowledge of skills performed, and adjusts to even complex situations. Preceptee shows the ability to perform all necessary skills in a timely manner.	<i>Preceptee:</i> <hr/> <i>Preceptor:</i>

Preceptee Signature: _____

Preceptor Signature: _____

ALS Release Program Final Release Forms Competency Requirements & Totals (Enhanced)

Preceptee: _____ Preceptor: _____

Program Start Date: _____ Person Recommending Release: _____

Contacts

Contacts	Required	Achieved	Initials
Trauma Assessment	Adult 3 Pediatric 1 Geriatric 2	Adult ____ Pediatric ____ Geriatric ____	Preceptee ____ Preceptor ____
Cardiac Assessment	Adult 2 Geriatric 2	Adult ____ Geriatric ____	Preceptee ____ Preceptor ____
Respiratory Assessment	Adult 6 Pediatric 1 Geriatric 3	Adult ____ Pediatric ____ Geriatric ____	Preceptee ____ Preceptor ____
Psychiatric Assessment	Adult 1	Adult ____	Preceptee ____ Preceptor ____
Altered Mental Status	Adult 5 Geriatric 4	Adult ____ Geriatric ____	Preceptee ____ Preceptor ____
OB/GYN Assessment	Adult 1	Adult ____	Preceptee ____ Preceptor ____

Skills

Skill	Required	Achieved	Initials
IV Access	Adult 10 Geriatric 5	Adult ____ Geriatric ____	Preceptee ____ Preceptor ____
Medications	Adult 5 Geriatric 5	Adult ____ Geriatric ____	Preceptee ____ Preceptor ____

**ALS Release Program Final Release Forms
Competency Requirements & Totals
(Enhanced Upgrading to Intermediate/Paramedic)**

Preceptee: _____ Preceptor: _____

Program Start Date: _____ Person Recommending Release: _____

Contacts

Contacts	Contacts Req.	Contacts Achieved	Initials
Trauma Assessment	Adult 2 Pediatric 1 Geriatric 3	Adult _____ Pediatric _____ Geriatric _____	Preceptee _____ Preceptor _____
Respiratory Assessment	Pediatric 1 Geriatric 3	Pediatric _____ Geriatric _____	Preceptee _____ Preceptor _____
Cardiac Assessment	Adult 4 Geriatric 4	Adult _____ Geriatric _____	Preceptee _____ Preceptor _____
Psychiatric Assessment	Adult 1	Adult _____	Preceptee _____ Preceptor _____
OB/GYN Assessment	Adult 1	Adult _____	Preceptee _____ Preceptor _____

Skills

Skill	Required	Achieved	Initials
IV Access	Adult 10 Pediatric 1	Adult _____ Pediatric _____	Preceptee _____ Preceptor _____
Medications	Adult 10 Pediatric 1	Adult _____ Pediatric _____	Preceptee _____ Preceptor _____
Live Intubation(s)	Adult 1	Adult _____	Preceptee _____ Preceptor _____
Mannequin Intubations	Adult 5 Pediatric 5	Adult _____ Pediatric _____	Preceptee _____ Preceptor _____
EKG Interpretation	Adult 20 Pediatric 1 Geriatric 15	Adult _____ Pediatric _____ Geriatric _____	Preceptee _____ Preceptor _____

ALS Release Program Final Release Forms Competency Requirements & Totals (Intermediate/Paramedic)

Preceptee: _____ Preceptor: _____

Program Start Date: _____ Person Recommending Release: _____

Contacts

Contacts	Contacts Req.	Contacts Achieved	Initials
Trauma Assessment	Adult 5	Adult _____	Preceptee _____
	Pediatric 2	Pediatric _____	Preceptor _____
	Geriatric 5	Geriatric _____	
Cardiac Assessment	Adult 6	Adult _____	Preceptee _____
	Geriatric 6	Geriatric _____	Preceptor _____
Respiratory Assessment	Adult 6	Adult _____	Preceptee _____
	Pediatric 2	Pediatric _____	Preceptor _____
	Geriatric 6	Geriatric _____	
Psychiatric Assessment	Adult 2	Adult _____	Preceptee _____
	Geriatric 1	Geriatric _____	Preceptor _____
Altered Mental Status	Adult 5	Adult _____	Preceptee _____
	Geriatric 4	Geriatric _____	Preceptor _____
OB/GYN Assessment	Adult 2	Adult _____	Preceptee _____
			Preceptor _____

Skills

Skill	Required	Achieved	Initials
IV Access	Adult 20	Adult _____	Preceptee _____ Preceptor _____
	Pediatric 1	Pediatric _____	
	Geriatric 5	Geriatric _____	
Medications	Adult 15	Adult _____	Preceptee _____ Preceptor _____
	Pediatric 1	Pediatric _____	
	Geriatric 5	Geriatric _____	
Live Intubation(s)	Adult 1	Adult _____	Preceptee _____ Preceptor _____
Mannequin Intubations	Adult 10	Adult _____	Preceptee _____ Preceptor _____
	Pediatric 5	Pediatric _____	
EKG Interpretation	Adult 20	Adult _____	Preceptee _____ Preceptor _____
	Pediatric 1	Pediatric _____	
	Geriatric 15	Geriatric _____	

ALS Release Program Preceptor Manual Incomplete Competencies Form Directions

- Some skills or contacts not completed at the end of the program can be gained through use of drills
- No more than one skill or contact in each category can be simulated
- The Preceptor will determine if the Preceptee will use drills to finish the requirements or wait until the contact/skill is acquired in the field
- The Preceptor will complete the form
- Note the skill or competency in the first column
- The second column contains the resolution (e.g. describe the drill)
- The third column will be initialed by the Preceptor and Preceptee

ALS Release Program Final Release Forms Incomplete Competencies

Skills/Competencies Not Obtained	Resolution	Initials
		Preceptee _____ Preceptor _____
		Preceptee _____ Preceptor _____
		Preceptee _____ Preceptor _____
		Preceptee _____ Preceptor _____

Additional Comments: _____

ALS Release Program Preceptor Manual Preceptee Evaluation Form Directions

- The form shall be completed at the end of each call resulting in a patient contact
- It is the responsibility of the Preceptee to ensure that the form is completed after each call
- The form will be filled out by Preceptee *first*; the Preceptor will then complete form, discuss the call and answer any questions, then ensure that both the Preceptee and Preceptor sign it
- The Preceptee will fill out the pertinent information in the top blocks concerning the call; the contact type will be determined by the Preceptor
- Any skill performed shall be noted on the bottom block; this will ease the completion of the end of shift forms
- Prior to the evaluation being submitted to the preceptor, the Preceptee will complete all areas that are written in **BOLD** *first*; the sections include a numerical rating and a comment portion
- The Preceptee will rate how they feel regarding their performance during the call utilizing the scale listed below
- The Preceptee will include any comments or concerns they have regarding the call

The Preceptor should rate the Preceptee with the following values:

- **0: *Unsatisfactory***
 - Remedial training is required prior to performing the skill or continuing field training
- **1: *Needs improvement***
 - Further and continue training is needed
- **2: *Acceptable***
 - Continue with supervision
- **3: *Ready for release***
 - Skills are performed at an experienced level

The Preceptee will be evaluated for the entire call as well as individual skills/competencies performed

Fauquier ALS Release Program

Preceptee Evaluation Form

Ranking Scale: 0 = Unsatisfactory, 1 = Needs Improvement, 2 = Acceptable, 3 = Ready for Release		
Section 1		
Preceptee Rating	Preceptor Rating	Area of Evaluation
		<i>Leadership, Management, and Professionalism:</i> Evaluate preceptee's ability to manage scene, direct others, and portray professional attitude. Preceptee should be able to effectively interact and communicate with patients, bystanders and other team members.
Preceptee Comments:		
Preceptor Comments:		
Section 2		
Preceptee Rating	Preceptor Rating	Area of Evaluation
		<i>Safety of Skills and Direction:</i> Safely executes skills and give direction in a safe and efficient manner. Identifies any hazards and responds appropriately.
Preceptee Comments:		
Preceptor Comments:		
Section 3		
Preceptee Rating	Preceptor Rating	Area of Evaluation
		<i>Skill Performance:</i> Preceptee performs appropriate skills in a safe and efficient manner. Preceptee has knowledge of skills performed, and adjusts to even complex situations. Preceptee shows the ability to perform all necessary skills in a timely manner.
Preceptee Comments:		
Preceptor Comments:		

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PRE-HOSPITAL PATIENT CARE PROTOCOLS AGREEMENT

As a pre-hospital emergency medical services provider in the Rappahannock EMS Council region, I have read, and fully understand, the REMS Council's **Pre-Hospital Patient Care Protocol (Basic Life Support/Advanced Life Support)**. I have been trained to use these guidelines and will follow them to the best of my ability. I understand that I am subject to disciplinary action if I fail to follow these guidelines. I have received, or have access to, a copy of the REMS Council's **Pre-Hospital Patient Care Protocol (Basic Life Support/Advanced Life Support)**.

_____	_____
<i>Printed Name</i>	<i>Certification</i>
_____	_____
<i>Signature</i>	<i>Date</i>
_____	_____
<i>Witness</i>	<i>Date</i>

Organization Affiliation: _____

Virginia Certification Number: _____

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PRE-HOSPITAL INVASIVE PROCEDURES AGREEMENT

As a pre-hospital emergency medical services provider in the Rappahannock EMS Council region, I fully understand that I must possess current Advanced Cardiac Life Support and Pediatric Advanced Life Support* certifications in order to function as a released advanced life support provider within the REMS Council region. I have read, and fully understand, the REMS Council's **Pre-Hospital Patient Care Protocol (Basic Life Support/ Advanced Life Support)** regarding invasive procedures. I have been trained to use these guidelines and will follow them to the best of my ability. I understand that I am subject to disciplinary action if I fail to follow these guidelines.

I also understand that providers must receive additional training and be signed off by their Operating Medical Director in order to perform the following advanced procedures:

- Sternal IO(Easy IO, FAST1)
- Medication Assisted Intubation
- Surgical Cricothyrotomy (EMT-Ps Only)
- Adult Intubation (must maintain a current ACLS)
- Pediatric Intubation (must maintain a current PALS or Pediatric equivalent)
- Nasotracheal Intubation
- Needle Cricothyrotomy

_____	_____
<i>Printed Name</i>	<i>Certification</i>
_____	_____
<i>Signature</i>	<i>Date</i>
_____	_____
<i>Witness</i>	<i>Date</i>

Organization Affiliation: _____

Virginia Certification Number: _____

ACLS Expiration: _____

PALS* Expiration: _____

* Pediatric Advanced Life Support (PALS), Pediatric Prehospital Care (PPC), Pediatric Education for Pre-hospital Professionals (PEPP), and Pediatric Basic Trauma Life Support (PBTLS) are acceptable.

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**Advanced Life Support Release Program
Preceptor Identification/Handbook Form**

This form must be submitted to the REMS Council with a copy of all ALS certifications (including ACLS and PALS).

No contacts/competencies will be counted until this form is received in the REMS Council office.

The ALS Release Program cannot be started until the student has received their Virginia ALS certification.

Student Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Email: _____

EMS Agency Affiliation: _____

Lead Preceptor: _____

Secondary Preceptor: _____

Beginning Date of Release Program: _____

I acknowledge that I have received a copy of the Rappahannock EMS Council Advanced Life Support Release Program Handbook. I agree to follow policies outlined in the handbook and understand that I may be subject to disciplinary action by the Medical Director should I fail to do so.

Print Name

Signature

Date

REMSC Office use- Date Received:

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