



## EMT Task Book

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### TASK BOOK ASSIGNED TO:

EMT TRAINEE'S NAME

### TASK BOOK INITIATED BY:

Elizabeth Papelino, Deputy Director

DATE TASK BOOK WAS INITIATED:

### VERIFICATION OF COMPLETED TASK BOOK

#### FINAL VERIFICATION

I verify all tasks have been performed and documented with appropriate initials.

Elizabeth Papelino, Deputy Director

I give permission for \_\_\_\_\_ to serve as an attendant in charge.

Joanne Lapetina, M.D

***This book is to be placed in the EMT Trainee's official training record upon completion.***

# **EMT TRAINEE TASK BOOK**

## **TASK BOOK DESIGN AND OPERATION**

A Task Book has been developed for the EMT Trainee roles within SVEC. This lists the performance and knowledge requirements / tasks for the EMT Trainee position in a format that allows him or her to be evaluated against written guidelines. Successful performance of all tasks, as observed and recorded by a Field Training Officer, will result in a positive recommendation and the EMT Trainee being cleared.

Evaluation and confirmation of the EMT Trainee's performance of all the tasks shall involve all shift Field Training Officers and can occur on incidents, in classroom simulation, and in other work situations. Evaluators consist of Field Training Officers, and Shift Captains. It is important performance be critically evaluated and accurately recorded by each Field Training Officer. All tasks must be evaluated before recommending the EMT trainee be cleared.

### **Task Book Initiation**

A EMT Trainee must have completed all prerequisite training before the Task Book can be initiated. A EMT Trainee cannot function as an operational member until they complete the EMT Trainee task book. The Task Book may only be distributed by the director, deputy director, or training officer.

### **Cover**

The cover includes the title of the position, date the Task Book was initiated, and initials of the person distributing the task book, and name of the EMT Trainee.

### **Task Book Sections**

Accurate completion of the Task Book is important to the qualification process. The introductory information in each Task Book provides a brief description of how the Task Book is to be performed and the responsibilities of those involved.

### **Verification/Certification of Completed Task Book**

This is located on the cover and provides a record of the Deputy Director's recommendation of certification.

The Deputy Director and Operational Medical Director (OMD) will complete the verification section recommending certification.

## **Task Book Completion Timeframes**

Task Books are designed to be completed during Phases 1-3. The Task Book is valid for 6 months from the day it is initiated. Upon documentation of the first task in the Task Book, the time limit is reset from that new date. If the Task Book is not completed in 6 months from the date of the Task Book initiation (or first task being evaluated) the Task Book will no longer be valid. A lost or destroyed Task Book may require starting the EMT Trainee program over again.

## **RESPONSIBILITIES:**

### **Agency**

- Select EMT Trainees based upon needs of the agency.
- Initiate and explain the purpose and proper operation of the Task Book, and the training, qualification and certification processes.
- Ensure the EMT Trainee has the opportunity to acquire the knowledge/skills necessary to perform the position. This includes completion of training courses and on-the-job training assignments.
- Ensure Field Training Officers are qualified in the position they are evaluating.
- Authority to verify an individual's qualifications.
- Issue permission for the EMT Trainee to operate as a crew member.

### **Deputy Director**

- Ensure individuals selected as EMT Trainees are qualified in any prerequisite training prior to Task Book initiation, task evaluation and/or position performance.
- Review and confirm the completion of the Task Book and make a determination of certification. This determination should be made based on specific knowledge of the individual's capabilities and as well as the completed Task Book.
- Meet with the EMT Trainee. Consider past experience and training, current qualifications, desired goals and objectives of the assignment.
- If the EMT Trainee does not meet the prerequisite training or required experience for the position or does not have the knowledge/skills to perform the tasks of the position, then they must not continue.
- Identify opportunities for on-the-job training and position performance assignments, which meet the EMT Trainee's needs and objectives.
- Work with the agency to identify and assign qualified Field Training Officers.
- Initiate a Task Book after acquiring authorization from the agency officers.
- Document all on-the-job training.
- Conduct periodic progress reviews to ensure assignments are proceeding as planned.
- Completes final evaluation for the EMT trainee to operate as an attendant in charge.

- Complete the verification statement inside the front cover of the Task Book once all tasks in the Task Book have been completed and signed off.
- Conduct closeout interviews with the EMT Trainee and Field Training Officers to ensure the Task Book has been properly completed.

### **EMT Trainee**

- The EMT Trainee is the individual who is preparing to qualify as an attendant in charge. They are eligible for formal, on-the-job training.
- It is important to ensure the EMT Trainee is fully prepared to perform the tasks of the position prior to undertaking a position performance assignment.
- Review and understand the instructions in the Task Book.
- Meet with Field Training Officers and identify desired goals and objectives for the assignment.
- Ensure readiness to perform the tasks of the position prior to undertaking the assignment. This includes completing prerequisite required training, and acquiring the knowledge and skills needed to perform the job tasks. On-the-job training assignments may assist in acquiring knowledge and skills.
- Provide background information (training and experience) to the Field Training Officer.
- Complete the Task Book within the 6-month time limit.
- Ensure the Field Training Officer completes the appropriate Evaluation Record and a Daily Observation Report as well as initials each completed task
- Provide a copy of the completed Task Book to the Deputy Director.
- Retain the original Task Book. This is extremely important, as the Task Book is the only record of task performance.

### **Field Training Officers**

- The Field Training Officer is the mentor and evaluator who actually observe the tasks being performed and documents successful performance for certification and/or recertification purposes.
- Review the tasks in the Task Book with the EMT Trainee and explain the procedures to be performed in the evaluation and the objectives that should be met during the assignment.
- Reach agreement with the EMT Trainee on the specific tasks to be performed and evaluated during the assignment.
- Accurately evaluate and record the demonstrated performance of tasks. This is the Field Training Officer's most important responsibility. It provides for the integrity of the performance-based qualification system.
- Complete the appropriate evaluation record in the back of the Task Book.
- Provides instruction to the EMT Trainee. This may be in the classroom, on-the-job, or on an incident. While many of the requirements of a trainer are similar to those of an evaluator, the roles of training and evaluation must remain separate.

- Provide opportunities for non-incident task evaluation, which are not performed on incidents.

**Qualification Record:**

The right-hand columns provides space for the Field Training Officer to initial and date when the task is completed. All tasks must be completed, initialed and dated before the EMT Trainee can be recommended for certification in the position.

The left-hand column is the list of knowledge and skills objectives / tasks to be performed. Field Training Officers may sign off any number of tasks. This is to be evaluated by all shift Field Training Officers.

Tasks within the Task Book are not necessarily in any sequential order. The Field Training Officer indicates the order in which the tasks need to be performed or evaluated.

Phase I

| Ambulance Orientation                                       | Date Completed | FTO |
|---|----------------|-----|
| Orientation to exterior compartments and equipment location |                |     |
| Instructed on base radio operations                         |                |     |
| Basic rear control panel operations                         |                |     |
| Inside compartment and equipment location                   |                |     |
| Familiar with the BLS jump bag                              |                |     |
| Change portable & main oxygen cylinder                      |                |     |
| location of MCI kit   |                |     |
| Operation of Zoll   |                |     |
| Use of CPAP   |                |     |
| Use of portable suction                                     |                |     |
| Use of main suction   |                |     |
| Use of Autopulse  |                |     |
| Complete 3 inventory sheets                                 |                |     |
| Battery rotation  |                |     |

| Hospital Orientation       | Date Completed | FTO |
|----------------------------|----------------|-----|
| Where to change linens     |                |     |
| Equipment Pick Up Location |                |     |
| Cleaning the Stretcher     |                |     |
| Location of Triage         |                |     |

| Hospital Orientation                 | Date Completed | FTO |
|--------------------------------------|----------------|-----|
| Location of Cardiac and Trauma Rooms |                |     |

Phase II

| Instrument Identification            | Date Completed | FTO |
|--------------------------------------|----------------|-----|
| Fueling procedures                   |                |     |
| Air pressure/High Idle/Parking break |                |     |
| DEF                                  |                |     |
| Garage Remotes                       |                |     |
| Engine Compartment – fluid checks    |                |     |
| Ampmeter/Voltmeter                   |                |     |
| Airhorn/Siren                        |                |     |
| Headlights                           |                |     |
| Emergency lights/Scene lights        |                |     |
| Turn signals/Hazard lights           |                |     |
| Tire pressure                        |                |     |
| Radio operations – 800/HEAR          |                |     |
| Climate controls                     |                |     |
| Battery compartment                  |                |     |





## Non-Alarm Driving

| Locations Trainee Must Drive                   | Date | FTO |
|--|------|-----|
| Fire stations 2, 3, 4, and 5                   |      |     |
| Dialysis Centers - Crater Rd. x 2 and West Old |      |     |
| 835 Commerce St.                               |      |     |
| 250/550/590 Flank Rd                           |      |     |
| 287 E. South Blvd.                             |      |     |
| 128/214 S. Sycamore                            |      |     |
| 135 W. Old St.                                 |      |     |
| I95/I85/U.S 460                                |      |     |
| Liberty St.                                    |      |     |
| Crater Rd.                                     |      |     |
| SRMC/95 Medical Park Blvd./Wagner Rd.          |      |     |
| Halfiax St.                                    |      |     |
| Wythe St./Washington St.                       |      |     |
| Harding/Halifax/Harrison St.                   |      |     |
| Shore St.                                      |      |     |
| Boydton Plank Rd.                              |      |     |
| Industrial Place                               |      |     |
| Johson Rd.                                     |      |     |
| Describe How to drive to JRMC and VCU          |      |     |



## Skills Verification

| Procedure/Skill                       | Date Observed Or Reviewed | Comments | FTO Initials |
|---------------------------------------|---------------------------|----------|--------------|
| Oropharyngeal Airway                  |                           |          |              |
| Nasopharyngeal Airway                 |                           |          |              |
| Head Tilt Chin Lift                   |                           |          |              |
| Jaw Thrust                            |                           |          |              |
| Management of Existing Tracheotomy ** |                           |          |              |
| Non Visualized Airway Devices         |                           |          |              |
| Obstructed Airway Clearance           |                           |          |              |
| CPR/Auto Pulse                        |                           |          |              |
|                                       |                           |          |              |
| Nasal Cannula                         |                           |          |              |
| Non-Rebreather Mask                   |                           |          |              |
| Oxygen Humidification Device          |                           |          |              |
| Nebulizer                             |                           |          |              |
| Suction – Endotracheal **             |                           |          |              |
| Suction – Oral/Pharyngeal **          |                           |          |              |
| Ventilation –Bag-Valve-Mask           |                           |          |              |
| CPAP                                  |                           |          |              |
|                                       |                           |          |              |
| Blood Glucose Testing                 |                           |          |              |
| Pulse Oximetry                        |                           |          |              |
| 12 Lead EKG                           |                           |          |              |
| Medication Administration             |                           |          |              |
|                                       |                           |          |              |
| Vital Signs                           |                           |          |              |
| --- Blood Pressure                    |                           |          |              |
| --- Pulse                             |                           |          |              |
| --- Respirations                      |                           |          |              |
| Pupil Response                        |                           |          |              |
| Lung Sounds                           |                           |          |              |
|                                       |                           |          |              |
| Bleeding Control                      |                           |          |              |
| Foreign Body Removal **               |                           |          |              |
| Splinting                             |                           |          |              |
| --- Long Bone                         |                           |          |              |
| --- Joint                             |                           |          |              |
| --- Traction                          |                           |          |              |
|                                       |                           |          |              |
| Spine Immobilization                  |                           |          |              |
| --- Supine                            |                           |          |              |
| --- Seated                            |                           |          |              |
|                                       |                           |          |              |
| Patient Restraint – Physical **       |                           |          |              |
| Patient Report/Turnover               |                           |          |              |



Final Field Training Phase

| Task                           | Date Completed | FTO |
|--------------------------------|----------------|-----|
| Four Shifts with an FTO        |                |     |
| Complete 3 Mega Code Scenarios |                |     |

**Evaluation Records of Field Training Officers:**

Evaluation Record

Name \_\_\_\_\_ Signature \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Evaluation Record

Name \_\_\_\_\_ Signature \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Evaluation Record

Name \_\_\_\_\_ Signature \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_