

Call Management

Call Response

- ⤴ **Exceed standard:** Consistently responds to calls in a safe manner and exceeds call response expectations. Requires minimal map assistance to provide routing. Excellent familiarity with entire response district, including major response points such as major employers and shopping centers. Excellent knowledge of response zone, including alternative routes at peak commute hours. Remarkable ability to anticipate and avoid possible driving hazards. Maintains calm in most frustrating driving situations. Extremely safe driving. Safely places vehicle at scene, even in confusing and chaotic situations. Maximizes EMS personnel's access to vehicle.
- ⤴ **Meet standard:** Consistently responds to calls in a safe and timely manner. Familiar with geography of primary response district. Appropriately uses map to locate call and navigates driver along the most expeditious route. Operates vehicle in a safe and professional manner with due regard for other motorists. Parks vehicle on scene in a safe and appropriate location. Can route self from the scene to all hospitals and healthcare facilities.
- ⤴ **Below standard:** Fails to consistently respond to calls in a safe and timely manner. Unfamiliar with response district. Unable to use map consistently to direct partner to call. Fails to operate vehicle in a safe manner or with due regard for others. Locates vehicle at scene in a dangerous location. Unable to consistently route self from scene to all hospitals and health care facilities. Does not show good overall knowledge of traffic flow or volume for a particular time of day.

Scene Management

- ⤴ **Exceed standard:** Properly assesses all scenes, including unusual and complex ones, formulates a plan and implements it. Maintains calm even in most extreme situations. Demonstrates a heightened awareness of scene safety. Restores command in situations that are out of control. Calls for, and releases additional personnel in a timely fashion. Provides direction for all personnel, even in difficult situations. Communicates with all EMS personnel in a positive fashion, and is careful to acknowledge their information and suggestions. Acknowledges family and friends on scene as a part of the overall call, and handles them in a positive fashion. Anticipates all equipment needs before arrival on-scene.
- ⤴ **Meet standard:** Properly assesses routine scenes, formulates a plan and implements it in a timely fashion. Delegates tasks effectively. Maintains calm and self-control in most situations. Utilizes additional resources appropriately, directing other personnel adequately. Ensures scene safety for all personnel. Is able to recognize and convey potentially dangerous scene situations. Intervenes appropriately when the scene or patient condition deteriorates. Ensures that appropriate equipment is present on scene to manage patient condition.
- ⤴ **Below standard:** Unable to assess routine scenes. Unable to formulate plan or does not do so in a timely manner. Fails to delegate tasks effectively. Takes wrong course of action, or avoids taking action in routine situations. In stressful situations, become emotional, panicky,



loses temper or is confused. Does not utilize other resources. Endangers self or others by failing to recognize or convey a dangerous scene situation. Allows scene or patient condition to deteriorate without intervening. **Fails to anticipate equipment needs.**

Personnel Safety On Scene/Pt. Compartment

- ⤴ **Exceed standard:** In addition to meeting the standard, exhibits awareness of potential problems or dangers to self and others. Reassesses all scene decisions and interventions based on prioritizing safety first. **Monitors other's actions, such as lifting and use of safety equipment, to ensure their safety.**
- ⤴ **Meet standard:** Provides a safe working environment for him/herself and others. **Takes appropriate precautions to ensure safety of self and team. Utilizes appropriate safety equipment and devices.** Complies with protocol and uses proper equipment for infection control, hazardous incidents and dangerous scenes. Uses proper lifting techniques. Properly restrains patients according to policy/protocol. Complies with policy and procedures regarding helicopter usage and safety.
- ⤴ **Below standard:** Fails to provide a safe working environment for him/herself and others. **Does not take appropriate precautions to ensure safety of self and team. Does not utilize appropriate safety equipment and devices.** Fails to comply with protocol or use of proper equipment for infection control, hazardous incidents or dangerous scenes. Fails to use proper lifting techniques. Fails to properly restrain patients according to policy/protocol. Fails to use equipment safely.

Personnel Safety Driving

- ⤴ **Exceed standard:** Complies with La Junta Fire Department Driving Policy without exception. Is able to explain the rationale behind the policy and serves as a role model and resource for co-workers.
- ⤴ **Meet standard:** Complies with the La Junta Fire Department Driving Policy for vehicle operation. Is familiar with these policies, and recognizes any failure to comply with them. Compliance failures are minimal and do not increase the risk of mishap, when they occur. Operates vehicle in courteous and safe manner with due regard for others.
- ⤴ **Below standard:** Fails to comply with La Junta Fire Department Driving Policy. Compliance failures are substantial and increase the risk of mishap. Is **unfamiliar** with these policies and/or does not respond to counseling regarding their implementation.



Attitude / Demeanor

- ⤴ **Exceed standard:** In addition to meeting standard, is self-critical, and regularly critiques calls to improve performance. Is able to critique others' performance in a supportive fashion. Has constructive perspectives on EMS system operation.
- ⤴ **Meet standard:** Functions as a team member. Attitude assists with efficient call operation. Displays self-confidence. Accepts constructive criticism and uses it as a tool to improve performance and further learning. Arrives to shift on time and is ready to run calls.
- ⤴ **Below standard:** Does not function as a team member. Attitude impedes efficient call operation. Does not appear confident. Does not accept constructive criticism: rationalizes mistakes, denies errors were made, is argumentative, and does not attempt to make corrections. Does not arrive for shift on time and is not ready to run calls.

Appearance

- ⤴ **Exceed standard:** In addition to meeting the standard, is always a positive influence upon other employees. Arrives to shift in full uniform, ready for immediate shift start. Displays a significant pride in both personal and partner's appearance. Uniform is starched and pressed with polished footwear.
- ⤴ **Meet standard:** Appears to work well groomed and displays a professional image. All uniform components are neat and present. Hair length and facial hair are in accordance with the company policy. Jewelry and perfumes/aftershaves are within company policy. Uniform is not torn or ripped. Uniform is clean and properly fitting. Personal hygiene is in accordance with company policy.
- ⤴ **Below standard:** Does not adhere to company dress policies. Various components of the uniform are not present or not company issue. Hair length and facial hair is not in accordance with company policy. **Jewelry and perfumes/aftershaves are not in accordance with company policy.** Uniform is torn or ripped. Uniform is not clean. Personal hygiene is neglected and not in accordance with company policy.

Communication with Outside Agencies

- ⤴ **Exceed standard:** In addition to meeting the standard, is able to run a call and maintain excellent rapport and communication with all agencies. Is able to maintain good communication skills in difficult situations. Is able to actively problem solve with other EMS personnel. Is able to communicate problem solving options or decisions to other personnel in a supportive, non-threatening manner. Has an exceptional command of the English language in both oral and written form.



- ⤴ **Meet standard:** Establishes rapport with other personnel. Listens to information already retrieved by other agencies and uses it to benefit of the patient and the scene. Gives key information and adequate direction to partner and other personnel. Elicits information when needed. Listens to suggestions or concerns brought up by outside agency personnel and implements them if they are appropriate and help the patient or the scene. Easy to understand with a working command of the English language.
- ⤴ **Below standard:** Fails to establish rapport with other personnel. Does not elicit, or listen to information already retrieved by other personnel. Fails to give key information or adequate direction to partner or other personnel. Ignores concerns or suggestions brought up by other agencies. **Difficult to understand (too quiet, mumbles, hesitant, disorganized, poor command of the English language in either written or verbal form.)**

Communication with Patient and Family

- ⤴ **Exceed standard:** In addition to meeting the standard, is able to maintain good communication skills in difficult situations. **Is able to establish communication and elicit needed information in a second language. Displays extraordinary compassion in addressing patient's concerns.**
- ⤴ **Meet standard:** Establishes rapport with patient. Identifies self as an EMS provider and level of certification. Listens to patient's concerns and complaints. **Is considerate of patient's concerns and compassionately addresses them within the limitations of the situation.** Informs patient of procedures and overall plan. Informs patient's family of procedures and overall plan. Informs patient's family of patient status. **Effectively uses other resources when a communication barrier exists.** Listens to and addresses family's concerns, if scene time allows. Speaks in a polite and professional manner and tone.
- ⤴ **Below standard:** Fails to establish rapport with patient. Fails to identify self and level of certification. **Ignores patient's concerns and complaints or does not address them in a compassionate manner.** Fails to inform patient's family of procedures and overall plan. Fails to inform patient's family of patient's status. Fails to listen or address family's concerns. Fails to speak politely and professionally to the patients and /or family, and is construed as rude and offensive.



Communication Radio Work

- ⤴ **Exceed standard:** In addition to meeting the standard, reports are exceptionally accurate and concise, even in distracting and stressful situations. Paints an accurate enough picture to secure base station order even in situations where patient's signs and symptoms present a confusing clinical picture.
- ⤴ **Meet standard:** Uses **proper radio procedure**. Knows with whom to speak while running other agency communication centers. Knows with whom to speak while running other calls. Knows the appropriate radio codes and channels. Speaks calmly and clearly. Reports are organized, contain only pertinent information, and paint a clear and accurate picture. Reports secure appropriate base station orders. Reports are non-judgmental and patient confidentiality is maintained. **Utilizes base station contact appropriately.**
- ⤴ **Below standard:** Uses improper radio procedures. Speaks too slowly, or too fast. Reports are disorganized lack key information. Or paint an inaccurate picture. Does not know the proper channel or radio codes for each of the various agencies that La Junta Ambulance may respond with. Report is too lengthy and contains unnecessary information. Reports contain judgmental information. Patient confidentiality is breached. **Does not utilize base station consult appropriately.**

Communication at Hospital

- ⤴ **Exceed standard:** In addition to meeting the standard, makes an extra effort to make the patient feel welcome and comfortable at ED. Report to ED staff is concise, organized and relevant even with extremely critical patients. Makes extra effort to help family members at the ED. Time permitting, makes an extra effort to help out the ED. in every way possible.
- ⤴ **Meet standard:** Ensures continuity of patient care from the field to the ED. Introduces patient to the ED. staff by name, not injury. Report to ED. staff is concise, organized and contains all necessary information. Report is non-judgmental. Attempts to help family with finding patient's bed and registration desk. Assists ED staff in preparing and caring for the patient until the staff is able to assume complete and full care of the patient.
- ⤴ **Below standard:** Leaves without properly turning care to ED. staff. Fails to introduce patient to ED. staff. Report to ED. staff is inaccurate, disorganized and contains unnecessary information, or lacks important information. Report contains judgmental information. Does not attempt to help family members with finding patient's bed or registration desk. **Does not help ED staff if call volume permits.**



Unit Preparation Daily

- ⤴ **Exceed standard:** In addition to meeting the standard, the ambulance is maintained in an exceptionally clean state. Unit has sufficient supplies to adequately run calls for the shift, but measures are taken to ensure that unit is not over-stocked with supplies. Employee demonstrates appropriate balance of preparation and fiscal responsibility. Employee demonstrates exceptional knowledge of all equipment and is able to trouble-shoot uncommon problems. Available fuel reserves never drop to below 3/4 capacity.
- ⤴ **Meet standard:** Inspects, stocks and cleans ambulance and equipment at the beginning of the shift, or as soon as possible. **Employee is knowledgeable about equipment and is able to trouble-shoot common problems.** Oil and fuel are maintained at levels necessary to run several calls. Unit documentation is complete. Missing damaged, or inoperable equipment is promptly reported. Problems with unit are reported to supervisor and documented. **Ensures all necessary equipment/supplies are present and functional.**
- ⤴ **Below standard:** Does not inspect, stock or clean ambulance and equipment at the beginning of the shift or as soon as possible. Oil and fuel are not maintained at levels necessary to run several calls. Unit checkout documentation is not complete. Missing damaged or inoperable equipment is not promptly reported. Problems with unit, burned out lights, defective doors, etc., are not reported. **Necessary equipment/supplies are missing or not functional. Employee demonstrates poor knowledge of equipment and is unable to trouble-shoot common problems.**

Unit Preparation End of Call and Shift

- ⤴ **Exceed standard:** In addition to meeting the standard, maintains unit in exceptionally clean and well-stocked state. Despite any situation, unit is passed-on to on-coming crew without any deficiencies that can be managed without specialized knowledge or equipment. When possible, assists other units at the hospital in getting back in service.
- ⤴ **Meet standard:** **Interior and exterior of ambulance is cleaned.** Complies with company policy for disposing of sharps and other infectious waste, and for cleaning up body fluids. Equipment is restocked and placed in proper storage location. Oxygen is checked and replaced if necessary. **Advises dispatch if an extended time will be required to return unit to service. The unit is left stocked and with full tank of fuel.** The interior should be left clean and free of body fluids and trash. **Any problems/deficiencies with the unit are communicated to the on-coming crew.**
- ⤴ **Below standard:** **Interior and exterior of ambulance is not cleaned adequately.** Non-compliance with company policy for the disposal of sharps, other infectious waste, and clean up of body fluids. Equipment is not restocked or placed in proper storage location. Oxygen is not checked or replaced. Pram is not made. **Dispatch is not notified if the unit will be out-of-service for an extended period of time. The unit is left un-stocked or without a full tank of fuel. On-going crew is not notified of unit deficiencies/problems.**



Documentation

- ⤴ **Exceed standard:** In addition to meeting the standard, displays exceptional written communication skills. Is extremely neat and thorough in all documentation. Has strong in-sight into purpose of medicolegal charting. Provides for continuity of patient care by establishing a record of pre-hospital care and findings that is readily usable by other healthcare workers.
- ⤴ **Meet standard:** Complies with completion standards set by QA QI program. Trip report and billing information are complete, accurate, and legible. All paperwork is completed and submitted in a timely fashion. Writing shows proper spelling, appropriate usage of approved abbreviations and correct terminology for describing mechanism and findings. PCR is completed and left at receiving hospital with patient's whenever call volume does not prohibit such action. Incident reports are completed with any unusual occurrence or protocol deviation. Documentation accurately reflects situation.
- ⤴ **Below standard:** Does not comply with completion standards set by QA QI program. Trip reports are incomplete, illegible, and/or inaccurate. Trip reports contain misspellings, inappropriate abbreviations or slang. Trip reports are not completed in a timely fashion. PCR's are not left with patient's chart, even when call volume permits such action. All paperwork is not completed and submitted in a timely fashion. Documentation does not accurately reflect situation. Incident reports are not submitted when required.

Patient Assessment

Primary Survey

- ⤴ **Exceed standard:** In addition to meeting the standard, accurately, confidently, and rapidly handles complex ABC situations.
- ⤴ **Meet standard:** Performs a complete and organized primary survey, and intervenes as needed. Survey is completed in a timely manner appropriate to the situation. Recognizes potential life threats and intervenes early and/or reassessed frequently, to monitor changes.
- ⤴ **Below standard:** Omits portions of the primary survey. Is slow or disorganized and/or fails to intervene properly with potential life threats.

Secondary Survey

- ⤴ **Exceed standard:** In addition to meeting the standard, performs an appropriate physical exam, even in very stressful situations. Shows exceptional judgement in prioritizing particularly relevant parts of the secondary exam on critical patients. **Exceptional physical examination knowledge and skills.**



⤴ **Meet standard:** The physical exam is organized, complete and correlates with the patient's presentation. Physical findings and vital signs are accurate. Exam is completed in a timely fashion.

⤴ **Below standard:** The physical exam is disorganized, incomplete, or does not correlate with the patient's presentation. Physical findings and/or vital signs are inaccurate. Exam is not completed in a timely fashion.

History / Mechanism

⤴ **Exceed standard:** In addition to meeting the standard, is able to vary history-taking style, depending on the status of the patient. Promptly obtains important history in difficult or confusing situations. Detects subtle findings in history or mechanism. **Affect is very conducive to eliciting historical information and contributes to a strong patient/provider relationship.**

⤴ **Meet standard:** Correctly evaluate patient's environment and mechanism of injury in order to confirm a suspicion of injury or illness. Gathers all appropriate history, and draws accurate conclusions from it. History taking is streamlined by an organized approach that uses focused, relevant questioning. Affect is conducive to eliciting needed historical information through the development of a trusting patient/provider relationship.

⤴ **Below standard:** **Fails to correctly evaluate the patient's environment or mechanism of injury.** Does not elicit available information. Draws inaccurate conclusions from statements made by patient or bystanders. History taking is prolonged by inappropriate or poorly focused questions. Has to return to gain essential information. **Affect is a deterrent to eliciting historical information and development of a strong patient/provider relationship.**

Differential / Working Diagnosis

⤴ **Exceed standard:** In addition to meeting the standard, is able to develop differential and working diagnoses, and treatment plan, even under adverse circumstances with limited or conflicting information or findings. Consistently reexamines working diagnosis when patient's status changes or field treatment is not producing expected results.

⤴ **Meet standard:** Generates differential diagnoses accurately, based on patient's history and physical exam. Arrives at working diagnosis from this list, and develops an appropriate treatment plan in a timely fashion.

⤴ **Below standard:** Fails to determine appropriate differential diagnoses and/or substantially misinterprets the patient's problems. **Cannot consistently formulate a working diagnosis on which to base treatment.**



EKG Interpretation ACLS

- ▲ **Exceed standard:** In addition to meeting the standard, identifies even difficult or complicated EKG findings accurately and quickly. Demonstrates a superior knowledge of the pathophysiology and treatments of common and rare EKG findings.
- ▲ **Meet standard:** Correctly identifies uncomplicated rhythms, BBB's, myocardial ischemia/infarct patterns, and fascicular blocks. Uses EKG monitor and/or twelve lead when indicated. Is able to trouble shoot when there are problems with EKG read out. Considers patient's clinical status, along with EKG findings, in the development of the treatment plan. Demonstrates sound knowledge of the pathophysiology and treatments of these common EKG findings.
- ▲ **Below standard:** Frequently unable to identify uncomplicated rhythms, BBB's, fascicular blocks, and patterns of myocardial ischemia/infarct or takes an inordinately long time to do so. Fails to use EKG monitor and/or twelve lead when indicated. Fails to trouble shoot when there are problems with read out (fails to check leads, patches, batteries, etc.). Tends to "treat the EKG" rather than relying on patient's clinical presentation to determine a treatment plan. Demonstrates poor knowledge of pathophysiology and treatments for these common EKG findings.

Patient Treatment

Treatment / Reassessment

- ▲ **Exceed standard:** In addition to meeting the standard, recognizes rare complications or side effects of therapies. Accomplishes several treatment therapies simultaneously. Prepares for potential patient deterioration.
- ▲ **Meet standard:** Appropriate treatment is suggested or performed in a timely fashion. Is able to accomplish necessary tasks, and considers limitations to treatment plan (i.e., ETA to hospital, ability to make base contact, compliance of patient to proposed plan, etc). Recognizes patients requiring immediate treatment. Is able to distinguish between unstable and stable patients. Reassesses a patient after a significant intervention, status change, or appropriate time lapse. Recognizes complications and side effects of therapies. Adequately delegate's treatment tasks to other personnel.
- ▲ **Below standard:** Inappropriate treatment is suggested or performed. Treatment is slow or disorganized. Is easily distracted from treatment tasks, unable to accomplish necessary tasks or does not accurately consider limitations to treatment plan (i.e., ETA to hospital, ability to make base contact, compliance of patient to the proposed plan, etc). Fails to recognize patients requiring immediate treatment. Unable to distinguish



between unstable and stable patients. Fails to reassess a patient after a significant intervention, status change, or appropriate time lapse. Fails to recognize complications or side effects of therapies. Fails to delegate tasks to other personnel.

IV Technique

- ⤴ **Exceed standard:** In addition to meeting the standard is able to establish IV's on difficult patients. Is able to maintain proper technique in difficult situations.
- ⤴ **Meet standard:** Uses good technique, and chooses proper catheter size and start location when attempting IV cannulation. Consistently uses aseptic technique. Establishes IV's in a timely manner. Complies with company policy for disposing of sharps. Uses good judgement in deciding whether or not to attempt IV cannulation. Knows when multiple IV attempts are appropriate or inappropriate.
- ⤴ **Below standard:** Frequently fails to establish an IV due to poor technique. Chooses improper catheter size and start location. Does not consistently use aseptic technique. Does not establish in the IV in a timely manner. Fails to comply with company policy for sharps disposal. Uses poor judgement in deciding whether or not to attempt IV cannulation.

Medication Administration

- ⤴ **Exceed standard:** In addition to meeting the standard, shows excellent knowledge of home and street drugs. Anticipates drug orders and/or recommends order in complex situations.
- ⤴ **Meet standard:** Demonstrates a good pharmacological knowledge base. Demonstrates a working knowledge base of indications, contraindications, dose, route, and adverse/side effect of paramedic medications. Verifies medications, dose, route, and infusion rate, if applicable, of a medication prior to administration. Administers medications in a timely manner with proper technique. Adequately reassesses patient after medication administration. Has adequate knowledge of home and street drugs. Anticipated base orders. Complies with the company policy for sharps disposal.
- ⤴ **Below standard:** Demonstrates a poor pharmacological knowledge base. Seems unsure of the indications, contraindications, dose, route, and adverse/side effects of paramedic medications. Unable to calculate drug dosages. Does not verify medications, route, dosage or infusion rate, if applicable, when administering. Does not administer medication in a timely fashion, or with proper technique. Does not adequately reassess patient after medication administration. Is not aware of potentially adverse drug interactions, or the effects of certain drug on compromised patients (lidocaine in the geriatric patient with liver history, etc.). Has little knowledge of home medications or street drugs. Does not anticipate base orders. Does not comply with company policy for sharps disposal.

Defibrillation Cardioversion Pacing



- ⤴ **Exceed standard:** In addition to meeting the standard, is able to maintain correct technique, energy levels, and scene safety even during very adverse situations.
- ⤴ **Meet standard:** Familiar with equipment. Able to do basic trouble-shooting with leads batteries, and electrodes. Understands when defibrillation/cardioversion/pacing is indicated. Confirms rhythm on the monitor prior to electrotherapy. Checks pulses/patient status between attempts. Informs all personnel of impending cardioversion/defibrillation/ pacing, and ensures their safety. Uses correct technique and energy levels for each.
- ⤴ **Below standard:** Unfamiliar with equipment. Unable to do basic trouble shooting with leads batteries, and electrodes. Does not understand when defib/cardiovert/pacing is indicated. Does not confirm rhythm on the monitor prior to electrotherapy. After initial electrotherapy attempt, does not recheck pulses/ patient status prior to ensuing attempts. Fails to adequately inform other personnel of impending defib/cardiovert/pacing. Uses improper technique and/or energy levels for each.

Immobilization / Bandaging

- ⤴ **Exceeds Standard:** In addition to meeting the standard, is able to creatively problem solve difficult immobilization problems. Uses equipment at hand to do so. Immobilizes multiple patients in a reasonable time period. Shows extraordinary ability to correctly immobilize patients despite difficult scene extrications, rescues, etc.
- ⤴ **Meets Standard:** Recognizes potential spinal/extremity injuries. Initiates proper spinal precautions when mechanism indicates it. Immobilizes possible extremity injuries. Uses correct splinting techniques, and splints in a timely fashion, in accordance with local protocol. Is not distracted by extremity injuries in multiple system trauma. Identifies bleeding and attempts to control using direct pressure, elevation, and pressure points. Familiar with basic bandaging techniques. Assesses and reassesses the distal circulation and neurologic function of an injured extremity. Reassesses bleeding from a wound site after attempting to control it.
- ⤴ **Below Standard:** Fails to recognize potential spinal/extremity injuries. Fails to initiate proper spinal precautions, when mechanism indicated it. Fails to immobilize possible extremity injuries. Uses incorrect or incomplete splinting procedures, or is too slow. Is distracted by extremity injuries in multiple system trauma. Fails to attempt control of a bleeding injury. Seems unfamiliar with basic bandaging techniques. Does not assess or reassess distal neuro-vascular function. Does not reassess bleeding from a wound site after attempting to control it.

Airway / O2 Therapy - BLS

- ⤴ **Exceeds Standards:** In addition to meeting the standard, is able to maintain BLS airway in extremely difficult situations. Makes good decisions regarding airway interventions on difficult calls. Is always alert to possible airway compromise.



- ⤴ **Meets Standard: Assures adequate airway, breathing and ventilation of patient.** Uses proper BLS airway adjuncts. Familiar with all BLS equipment and uses properly. Achieves airway patency, with BLS methods, in a timely fashion. Administers O2 in a timely fashion. Uses appropriate delivery device and flow rate. Uses suctioning technique, and suctions adequately. Uses proper ventilation technique, and reassesses ventilation adequacy regularly.
- ⤴ **Below Standard: Fails to assure adequate airway, breathing, and ventilation of the patient.** Fails to use appropriate BLS airway adjunct. Unfamiliar with equipment, or uses improperly. Takes excessive time to achieve airway patency with BLS methods. Does not administer oxygen in a timely fashion. Uses inappropriate delivery devices or flow rate. Uses improper suctioning technique. Fails to suction adequately. Uses improper ventilation technique, or fails to reassess ventilation adequacy.

Airway / O2 Therapy - ALS

- ⤴ **Exceeds Standards:** In addition to meeting the standard, successfully intubates in difficult situations, including time and space constraints, copious emesis, traumatized airways, and/or anatomically difficult airways. Is able to trouble shoot faulty equipment. Intubates exceptionally quickly and efficiently.
- ⤴ **Meets Standard: Consistently recognizes patients that would benefit from advanced airway management. Familiar with equipment, uses it properly, and chooses correct equipment for the patient.** Adequately assesses tube placement and documents such. Recognizes an esophageal intubation and corrects it. Adequately secures tube, applies end-tidal CO2 detector, and reassesses tube placement throughout call. Suctions the trachea when indicated. **Recognizes when attempts at advanced airway management are disadvantageous. Always formulates alternate airway management plans.**
- ⤴ **Below Standard: Does not recognize patients that would benefit from advanced airway management. Unfamiliar with equipment, uses it improperly, or chooses incorrect equipment for the patient.** Fails to adequately oxygenate patient while preparing to intubate. Takes excessive time during intubation attempts. Does not assess tube placement. Fails to recognize esophageal intubation. Does not adequately secure tube. Fails to apply end-tidal CO2 detector. Fails to reassess tube placement. Fails to suction the trachea when indicated. **Does not recognize when attempts at advanced airway management are disadvantageous. Does not consistently formulate alternate airway management strategies.**

Specialty Tasks

- ⤴ **Exceed standard:** In addition to meeting the standard, appears confident with these tasks. Is able to initiate them even in confusing scenes, or with difficult patients. Is able to explain these procedures to other EMS personnel.



- ⤴ **Meet standard:** Is familiar with tasks such as delivering a baby, pleural **decompression, cricothyrotomy, MAST application, pulse oximetry, glucometer, AED, IV pumps, etc.** Is familiar with the protocols that include these tasks. Is clear about their indications and contraindications. Appears competent with these procedures.
- ⤴ **Below standard:** Is unfamiliar with tasks such as delivering a baby, pleural **decompression, cricothyrotomy, MAST application, pulse oximetry, glucometer, AED, IV pumps, etc.** Is unfamiliar with the protocols that include these tasks. Is unclear about the indications and contraindications for these procedures. Does not appear competent with these procedures.

Total Patient Care

- ⤴ **Exceed standard:** In addition to meeting the standard, displays exceptional compassion for patients, and “goes the extra mile” to provide them with kind words and understanding.
- ⤴ **Meet standard:** Displays an open and attentive attitude to all patients. Shows consideration for the patient and family members. Refrains from prejudging the patient’s complaint. Listens to patient’s subjective view of his/her problem. Displays the attitude that anyone with a perceived emergency should be able to access 911, and that giving someone a blanket to stay warm may be as important as establishing an IV. **Ensures that the patient’s pre-hospital experience is as pleasant as possible. Demonstrates solace and compassion toward the patient.**
- ⤴ **Below standard:** Displays a judgmental or prejudicial attitude towards the patient. Shows a lack of consideration for the patient and family members. Prejudges the patient’s complaint prior to thorough history taking and assessment. Ignores patient’s subjective view of his/her problem. Displays the attitude that only clinically critical patients should be accessing 911. **Demonstrates disinterest in the patients situation and provides no solace.**

Crisis Intervention

- ⤴ **Exceed standard:** In addition to meeting the standard, shows exceptional crisis intervention skills. Is able to detect subtle factors that are effecting status of patient’s crisis, and can respond using a variety of techniques. **Rarely needs to resort to physical/chemical restraint of a patient. Vigorously protects the dignity of all patients.** Is especially empathetic when dealing with the patient. Has a heightened awareness of safety considerations around a patient in crisis. Initiates or activates debriefing process when appropriate.
- ⤴ **Meet standard:** Identifies patients in psychological or emotional crisis. Utilizes appropriate crisis intervention techniques to attempt to calm the patient. Attempts various techniques when a particular plan fails to calm the patient. Speaks directly and honestly with patients. Remembers to make eye contact. **Resorts to physical and/or chemical restraint of patients only**



when appropriate efforts at verbal restraint have failed. Protects dignity of patient at all times. Continually attempts to calm patient even when physical/chemical restraint are required.

- ⤴ **Below standard:** Is unaware when a patient is in psychological or emotional crisis. Fails to use appropriate crisis intervention skills to attempt to calm the patient. Interventions that are initiated aggravate the patient, and make him/her more agitated. Fails to speak directly and honestly with patients. Has difficulty making and keeping eye contact with the patient. **Resorts to physical and/or chemical restraint without appropriate attempts at verbal restraint. Fails to protect the dignity of all patients. Institutes need for physical and/or chemical restraint of patients through inappropriate techniques, verbiage, or attitude.**

AMA / Patient Refusal

- ⤴ **Exceed standard:** In addition to meeting the standard, goes well beyond the standard for AMA to give informed refusal and to encourage patients to go to the hospital.
- ⤴ **Meet standard: Satisfies** all the requirements for an adequate refusal, as prescribed by the physician advisor and protocols. Performs a thorough assessment. **Encourages patient to seek appropriate medical care. Informs patient of all foreseeable consequences of both non-transport and failure to seek medical care. Ensures that the patient understands the provider's findings.** Brings additional resources to bear when it is clear that the patient really needs to go to the hospital (base contact, having physician speak with patient, etc). Secures a signature and appropriate witnesses. Does thorough documentation of the refusal.
- ⤴ **Below standard:** Fails to satisfy all the requirements for an adequate AMA as prescribed by the physician advisor and protocols. Fails to adequately assess patient. Does not ensure patient understands findings. Fails to encourage patient to seek appropriate medical care. Does not inform patient of all foreseeable consequences of both non-transport and failure to seek appropriate medical care. Fails to bring additional resources to bear in cases when the patient clearly should go to the ED (base contact, having the base physician speak with the patient, etc). Fails to secure a signature and witnesses to document the refusal. Fails to adequately document all refusal proceedings.

