

## POLICY 303-ATTACHMENT C

### SAN LUIS OBISPO COUNTY EMS AGENCY MICN FIELD ORIENTATION CHECKLIST

Name of MICN Candidate: \_\_\_\_\_

Name of FTO Providing Orientation: \_\_\_\_\_

ALS Provider Organization: \_\_\_\_\_

Date Orientation Performed: \_\_\_\_\_

#### **Provider Organization Overview:**

##### Provider Communications System

- Med Com
- Dispatch
- Cell Phone Availability

##### Demonstration of Hardware

- Use of radio controls
- Telemetry (if applicable)
- Recording
- Land line (telephone) communications

##### Field Procedures

- Radio communication techniques
- Patient privacy in communications
- Med Com radio checks
- Paramedic report formats
- Multiple casualty runs
- Ambulance diversion policy
- Contact with receiving hospitals
- Inter-hospital transfers
- Base station physician consultations
- Reference resources (e.g. *SLO EMSA P&P Manual*, poison control, protocol algorithms)

##### Documentation

- Medic run reports
- Incident reports
- Provider CQI process

Signature of FTO affirming completion of orientation: \_\_\_\_\_