Task Book for the Position of

New Hire
Integration Task Book

This Task book specifically addresses the orientation of new Paid Firefighters.

TASK BOOK ASSIGNED TO:

Name: _____

Date initiated: _____

Final Completion Signatures:

Battalion Chief: _____

Captain: _____

FF/EMT: _____

Integration of a new Paid Member of JH Fire/EMS

1. The employee will complete the orientation process as outlined in this document.
2. The Field Training process is designated as a 3-month period but could be shortened or lengthened based on the trainee.
3. The Field Training process will also include a task book corresponding to their level of EMS Licensure.
4. Items completed within previous JH Fire/EMS Task Books should be marked as completed.
5. At the end of the process the Captain will return the task book to the shift BC to be included in the employee's file.

Fire Department Service Priorities: COMMUNITY – DEPARTMENT – SELF

Crew priorities:

Mission Critical	Timely and appropriate response to emergency calls
Mission Support	Restocking/Clean-up from calls, written reports, pre-shift equipment checks, meals, Training, Public education, Prevention programs, rest/downtime.
Mission Maintenance	Scheduled equipment checks, station cleaning, physical fitness, apparatus maintenance.

Organizational orientation	Date	Preceptor Signature
County Orientation with Human Resources/County Paperwork		
Station assignment/Expectations/Chain of Command		
Added to Kinsco for Uniform Ordering ☐ Uniform Coordinator Basic Uniform Items Obtained Review of 5-6 Uniform and Appearance Policy		
Radio and Pager Obtained from Radio Coordinator ☐ Motorola Radio Cheat sheet Reviewed		
PPE Obtained through Captain with Admin Advised/Inventory List		
Passport Accountability Tags Ordered		
Operational Shift Personnel Guidelines		
Response Model and Position Guidelines		
Assignments/Tasks		
Payroll process-timecards, due dates review with Office Manager Ascentis Access, Biometric System (St 1 & 6), Use of Notes on Timecard, Approved Time Off Request, Submitting Timecard, etc.		
Schedule - Aladtec: https://secure13.aladtec.com/jacksonhole/index.php?action=logout Access, Time Off Requests, Trade Requests, Shift Sign Up, etc.		
County policy handbook – online access and review		

IT Form Submitted for E-mail and Door Access Badge/Code - Yubikey/Microsoft Authenticator Training & Download		
Entered into IamResponding & MIR3 ☐ Notification/Response Off Duty & Training Off Duty Review		
JH Airport SIDA Badge Obtained (Application submitted to BC Coe)		
Fit Test for N-95 & SCBA		
Interagency Partners (LE, Fire, SAR, WHP, GTNP, BTNF, surrounding county mutual aid, Victim Services)		
HIPAA – Resource 1 (online) Training & Quiz		
Mode of Response/EMD		
Media interactions		
Crime Scene Issues/LE interactions		
Fatality Scene Management		
Identifying CISM need, Stress Continuum and initiating TIPS		
Introductions at a Tuesday Staff Meeting – Schedule thru BC		

Review **Career Path** opportunities with Captain ADO, Paramedic, Engine Boss, HazMat Technician, RERT, ICS300, Fire Science degree, Position Task Books, etc.		
-Desired certifications, licensure, courses		

Three (3) Orientation Shifts Completed

Date	Preceptor Signature

JHFEMS Medical Physical Completed – Fit for Duty

Date	Preceptor Signature

JHFEMS Work Capacity Test Completed

Date	Preceptor Signature

ER & Clinic Orientation

Location	Date	Preceptor Signature
SJH ER		
Teton Village Clinic		
Urgent Care		

Community Familiarization

Pioneer, Living Center, Addressing patterns, sub-divisions, jurisdictional boundaries, outlying area 1st response, Jail, Airport, Forest Service access, Stations, GIS, map options, etc.

Date	Preceptor Signature

Airport/Out of Town Transfers

Date Reviewed Procedure	Preceptor Signature
Airport Tx Ride-along	Preceptor Signature

Dispatch Visit

Date	Dispatcher Signature

Resources and Resource Ordering (Heli, RERT, SAR, CERT, etc)

Date	Preceptor Signature

Equipment orientation	Date	Preceptor Signature
Medic Units		
Engine		
Truck		
Rescue		
Tender		
Wildland Engine		
ZOLL Monitor		

Stryker Power Load System (video)		
TEMS Gear Familiarization, Don/Doff		
eDraulic Tools		
Over-the-edge Quick Patient Access		
Polaris UTV (video + quiz)  Watch the Video  Take the Quiz		

The FF/EMT is responsible for all departmental protocols, policies and guidelines within their scope of practice. The following specific protocols will require particular review during the Field Training process. Protocols may be self-study.

Personnel Policies	**Date**	**Preceptor Signature**
4-3 Wildland Deployment		
5-1 Membership Policy		
5-4 Volunteer Incentive Policy		
5-6 Uniform Policy		
5-7 Immunizations Hep B Vaccination Documentation or Declination Form		
5-10 Work Capacity Testing		
5-11 Medical Physicals		
22-1 Training and Continuing Education Guidelines		
Reports and Forms	**Date**	**Preceptor Signature**
Wyoming Ambulance Trip Reporting System (WATRS): watrs.wyo.gov This is our ambulance run reporting system and NFIRS reporting. Access and Report Writing. https://wyoming.imagetrendelite.com/elite/organizationwyoming/		
Apparatus Work Order Request Forms/ Out of Service Criteria		
Facilities Work Order Request Forms		
7-1 Incident Reports		
7-2 Apparatus Vehicle Collision Reporting		
7-3 Workers Compensation Reporting		

Emergency Response	Date	Preceptor Signature
14-1 Incident Radio Communication		
14-2 Response Aircraft Emergencies		
14-3 Safety Vest Guidelines		
14-4 Staging Guidelines		
14-5 Survival and RIC Policy		
14-6 Personnel Accountability Report - PAR		
14-7 Helicopter Usage		
14-8 First Responder		
14-9 Emerging Infectious Disease Protocol		
14-10 Emergency Earthquake Mode		
Command Operations	**Date**	**Preceptor Signature**
15-2 Command Incident Management		
Command Post		
General Command Principles		
Fire Company Operations	**Date**	**Preceptor Signature**
16-1 Risk Assessment and Decision Making		
16-2 Initial Structure Fire Tactics		
16-3 Returning to Service		
16-4 Structure Fire Multi-Company Response		
16-5 Rural Water Supply		
16-6 Wildland Fire Fighting		
16.6.1 Wildland Urban Interface Operations		
16-7 Vehicle Fire Fighting		
16-9 Carbon Monoxide Emergencies		
16-10 Electrical Emergencies		
16-13 Fire Alarm Protocols with No Responsible Party Available		
16-14 Vehicle Extrication		
16-15 Forward Hose Lay		
16-16 Air Management		
16-17 Vertical Ventilation		
16-18 Use of SCBA		
16-19 Positive Pressure Attack		
16-20 Chainsaw Operations		
16-21 Elevator Rescue Response		
16-22 Hazardous Energy Control Procedure (Lockout/Tagout)		
16-23 Attic Fire		

General EMS	Date	Preceptor Signature
17-5.1 Patient Privacy Notice		
17-5.2 Patient Refusing Treatment Transport		
17-5.3 Treat and Release		
17-5.4 Direction of Care On-Scene Physician		
17-5.5 Responder Rehab		
17-5.7 Body Fluids Exposure		
17-5.8 Controlled Substance Security and Accountability		
17-5.9 Emergency Medical Dispatch-Priority Dispatch		
17-5.10 Interfacility Home Transfers		
17-6.1 Tactical EMS		

Standing Orders	Date	Preceptor Signature
17-3.1 DNR Termination of Resuscitation		
17-3.5 AED		
17-3.7 Communication Failure		

Treatment Protocols	Date	Preceptor Signature
17-4.1 Abdominal Pain		
17-4.2 Acute Coronary Syndrome		
17-4.3 Airway Management		
17-4.4 Allergic Reactions		
17-4.5 Altered LOC		
17-4.6 Altitude Illness		
17-4.8 Burns - Electrical		
17-4.9 Burns - Thermal		
17-4.10 Neurologic Emergencies		
17-4.11 CHF		
17-4.12 Diabetic Emergencies		
17-4.13 Fractures		
17-4.14 Head Injury		
17-4.15 Hypertensive Emergency		
17-4.16 Obstetrical Emergency		
17-4.18 Respiratory Distress Non-traumatic		
17-4.19 Seizure		
17-4.20 Severed Body Parts		
17-4.21 Smoke Inhalation / CO		
17-4.22 Syncope		
17-4.23 Toxic Ingestion or Exposure		
17-4.24 Trauma Management		

17-4.25 Hypothermia - Frostbite		
17-4.26 Behavioral Emergency		
17-4.27 Adult Cardiac Arrest		
17-4.28 Bradycardia w/ a pulse (Adult)		
17-4.29 Tachycardia w/ a pulse (Adult)		

Medications	**Date**	**Preceptor Signature**
17-1.1 Aspirin		
17-1.12 Epi 1:1000		
17-1.17 Oral Glucose		
17-1.26 Naloxone		

Procedure Guidelines	**Date**	**Preceptor Signature**
17-2.8 Spinal Immobilization Criteria		
17-2.17 Electrical Control Dart Removal		
17-2.19 BLS AED Defibrillation		
17-2.20 Blood Glucose Determination		
17-2.24 Lucas protocol		
17-2.25 Pediatric Transport Guidelines		

Competencies	**Date**	**Preceptor Signature**
Lucas 2		
CPAP		
CAREvent Ventilator		

NOTE: Jackson Hole Fire EMS is a dynamic service. New protocols are being written and implemented. It is the responsibility of the FF/EMT to review any and all protocols that may have been implemented since the last editing of this document.

BLS Leads

Date	Type of Call	Captain/Preceptor Signature	Comments

Captain Signature_____

LUCAS® 2 CHEST COMPRESSION SYSTEM

Training Test

Date: _____

Name: _____

Title: _____

Agency: _____

Instructions: Circle the correct responses and return to the instructor once you've completed the test.

1. Which one of the following is NOT a contraindication for LUCAS use?
   a. A patient that is too small for the LUCAS device
   b. A patient with a closed head injury
   c. If it's not possible to position LUCAS safely or correctly on the patient's chest
   d. A patient that is too large for the LUCAS device

2. When the Battery indicator shows an intermittent orange LED, the approximate operating time left is:
   a. 15 minutes
   b. 10 minutes
   c. 30 minutes
   d. 5 minutes

3. After arriving at the scene of a patient in cardiac arrest and opening the LUCAS bag, the next step should be:
   a. Remove the back plate
   b. Check for a spare battery
   c. Push ON/OFF
   d. Pull out the instructions for use

4. All of the following are risks of incorrect pressure pad position EXCEPT:
   a. Damage to the rib cage
   b. Impairment of blood circulation
   c. Kidney failure
   d. Damage to internal organs

5. What should you do if the patient is too small for LUCAS?
   a. Put something, such as a blanket, between the patient and the back plate.
   b. Remove LUCAS and provide manual chest compressions instead.
   c. Continue to use LUCAS despite the suction cup not being in contact with the chest.
   d. Put something, such as a blanket, between the patient and the pressure pad of the suction cup.

6. All of the following are examples of when to use the PAUSE button EXCEPT:
   a. During a short break in compressions; for example, during ECG analysis
   b. To change the battery during use
   c. To mute the alarm
   d. When moving a patient down stairs if LUCAS doesn't stay in the correct position and angle on the patient's chest

7. How should LUCAS be positioned on the chest?
   a. The lower edge of the pressure pad inside the suction cup should be positioned immediately above the end of the sternum.
   b. The lower edge of the suction cup should be positioned immediately above the end of the sternum.
   c. The lower edge of the suction cup should be positioned at a distance of two fingers from the lower end of the sternum
   d. The lower edge of the suction cup should be positioned at the nipple line of the patient.

8. How should the suction cup be lowered to the patient's chest during adjustment?
   a. Use both hands and push as hard as you can until the pressure pad compresses the chest.
   b. Use one hand (two fingers) and push down firmly until the pressure pad touches the chest without compressing the chest.
   c. Use both hands to lower as far as the pressure pad will go
   d. Use one hand (two fingers) and push down making sure to leave a 2 inch space above the chest

9. All of the statements are true regarding the battery in the LUCAS, EXCEPT:
   a. Press the PAUSE button before removing the battery while compressions are ongoing
   b. LUCAS will remember the current settings and start position for 60 seconds after the battery is removed
   c. You must power off the LUCAS device before removing the battery
   d. The battery will last for approximately 45 minutes with a full charge

10. All of the following steps are done when moving a patient on LUCAS, EXCEPT
    a. Reassess placement of the suction cup frequently
    b. Lift the patient using the wrist straps (patient straps)
    c. Attach the stabilization strap
    d. Secure the patient's wrists in the patient straps

True or False:

Bruising and soreness of the chest are common during the use of the LUCAS system.	☐ True	☐ False
A battery does not have to be inserted into LUCAS when it's running on AC power.	☐ True	☐ False
Always check to make sure the position of the Suction Cup is correct after defibrillation.	☐ True	☐ False
If the Battery change takes more than 60 seconds, LUCAS does a self-test and you must adjust the start position again.	☐ True	☐ False
A fully charged spare LUCAS battery should always be in the carrying bag.	☐ True	☐ False
It's ok for the defibrillator electrodes and wires to be under the Suction Cup.	☐ True	☐ False
LUCAS is intended for performing external cardiac compressions on adult patients in cardiac arrest.	☐ True	☐ False
The use of LUCAS is restricted by patient weight.	☐ True	☐ False
An intermittent LED and alarm signal alerts the rescuer before each ventilation pause.	☐ True	☐ False
LUCAS should be used on every patient in cardiac arrest regardless of whether manual chest compressions would be performed.	☐ True	☐ False

FlowSafe II
CPAP
JH Fire/EMS Provider Competency

Name: _____ Date Completed: _____

- Review modified CPAP Protocol.
- Watch the CPAP video (https://youtu.be/H8z80e3YPO0)
- Demonstrate ability to apply CPAP device with and without inline nebulizer.

Captain Signature: _____

CAREvent Ventilator

Instructions:
Candidate shall read and digest the CAREvent Ventilator Procedure Guideline, then complete the following with a partner.

Candidate shall demonstrate:

	Successfully completed
1) Plug in the device/check the battery power	_____
2) Turn the device on using the "power" button	_____
3) Realize that this device is not electronic. Wait – whaa?	_____
4) Attach braided oxygen supply hose to the ventilator and to the oxygen source (portable /on-board)	_____
5) Attach the ventilator tubing to the mask/ET tube	_____
6) Consult chart and/or medical control to determine rate /volume setting	_____
7) Select appropriate ventilation setting on machine	_____
8) Monitor patient to ensure ventilation is adequate	_____
9) Suction the tube in the event of secretions/blockage	_____
10) Troubleshoot the following:	
a. Airway obstruction	_____
b. Kinked hose	_____
c. Low pressure (What are some common causes?)	_____
d. High pressure (What are some common causes?)	_____
e. Patient begins to buck the tube	_____
11) Demonstrate manual breathing, and give reasons one might choose to do so:	_____

Answer the following questions:

1) What is a good rule -of -thumb estimate for figuring an adult's tidal volume?

2) How does that change for a patient with a head injury or heart problems?

3) What is the ratio of time needed to exhale versus inhale?

4) What does DOPE stand for?

5) What is the most common cause of a tension pneumothorax?