



## FIELD ORIENTATION and EVALUATION

I certify that I have reviewed the Coastal Valleys EMS Agency Policy and Protocols Manual, and understand that all policies are available on the CVEMSA web site. I understand I am responsible for maintaining awareness of updates when published.

DATE	APPLICANT (print name)	SIGNATURE

▪ **Base Hospital/Medical Control Orientation Objectives**

- Orientation to Emergency Department
- Pre-hospital Patient Care Records
- Tour of Base Hospital
- Communicable Disease Report Forms and Procedure
- Introduction to on-line Medical Director
- Notification Forms: UO, Abuse/Neglect, and Communication Failure
- Introduction to Paramedic Liaison Nurse
- Review Protocols: Base Hospital Contact Criteria, Trauma Criteria
- Review audit system

DATE	Base Hospital Representative (print name)	SIGNATURE

▪ **EMS Communications/Dispatch Orientation Objectives**

- Call origination and resource assignment
- Introduction to local frequencies and call signs
- Orientation to EMD procedures
- Review of local repeaters

DATE	DISPATCHER (print name)	SIGNATURE

▪ **Local Area Orientation Objectives**

- Geographical orientation
- Receiving hospitals
- Surrounding provider agencies/resources, i.e. Ambulance, Fire, Helicopter

DATE	FIELD TRAINING OFFICER (print name)	SIGNATURE