

	BEDFORD COUNTY DEPARTMENT OF FIRE & RESCUE Standard Operating Guideline	
	Discipline: Operations	DATE: March 15, 2022
	Reference Number: FR 14-7	
	APPROVED BY: Chief Janet Blankenship	
	SUBJECT: Field Training Officer Program	

Purpose:

To establish a program providing oversight to all new employees or those with a new certification level, aiding in their development as a confident attendant in charge (AIC). In addition, this policy shall establish guidelines to determine the qualifications of a Field Training Officer and outline the field training program.

Scope:

The Bedford County Department of Fire & Rescue (BCoFR) provides the highest quality training, support, and mentoring to new employees and new basic/advanced life support providers. Upon employment for BLS providers or once a provider obtains their ALS certification and has demonstrated their ability to provide emergency patient care as an emergency medical technician (EMT) or paramedic, they are eligible to begin their training to obtain BCoFR authorization as a BLS or ALS attendant in charge (AIC). This training is referred to as the Task Book and is conducted in the field on an operational unit during a three-phase approach in a six-month period. The provider is under direct supervision of a Field Training Officer (FTO) and shift supervisor (County 10).

Procedure/Requirements for BLS Providers:

Phase One

- A minimum of two tours (six 24-hour shifts for full time, six 12-hour shifts for hourly employees) shall be spent with the primary Field Training Officer (FTO). For 24 hr shift personnel, it is understood instruction is conducted on average for 12 hours per shift, considering down time and resting while not on calls. The candidate shall be assigned to the medic unit as a third provider and not counted in minimum staffing. The candidate shall become familiar with the unit, equipment, polices, and standard procedures of BCoFR. During this orientation phase, the candidate shall observe their FTO and then begin conducting patient assessments, performing interventions for BLS patients, and contributing to the differential diagnosis. The candidate can expect to receive more specific direction from their FTO during this phase and function in an assist role with the

other providers. The FTO MUST forward a copy of the completed Phase 1 Worksheet to the Training Captain. This will keep the Training Captain updated with the candidate's progress and will allow for a timely payment of the recruitment bonus, if applicable. Any deficiencies will be brought to the attention of the respective County 10 and Training Captain prior to moving to the next phase.

By the end of Phase One the candidate shall:

- Describe their roles and responsibilities within the organization as an emergency services provider.
- Describe the roles, responsibilities, and support provided by County 10 and BCoFR Senior Staff.
- Perform a full inventory inspection using the daily check in Fire Manager to determine operational readiness, identify, and correct any deficiencies.
- Demonstrate knowledge and application of BCoFR practices, protocol, policy and procedure regarding professionalism, ethics, integrity, Health Insurance Portability and Accountability Act (HIPAA), do not resuscitate, advance directives, and special situations.
- Interview and interact with a patient obtaining a thorough patient history and chief complaint.
- Be able to safely operate the ambulance as the operator.
- Be familiar with first due territory.
- For cross trained employees, demonstrate the use of firefighting equipment carried on the ambulance to include the topics listed in the suppression task book, (at a minimum) PPE, SCBA confidence, TIC, Forcible Entry, Water Can, Communications, Size up/ICS and Personal Flootation Device & Throw Bags.

Phase Two

A minimum of three tours (nine 24-hour shifts for full time, nine 12-hours shifts for hourly employees) shall be spent with the secondary FTO in a minimum staffing role as the second provider. For 24 hr shift personnel, it is understood instruction is conducted on average for 12 hours per shift, considering down time and resting while not on calls. The candidate shall continue to refine their patient care skills and assessment abilities to confidently care for any patient encounter. During this time, the FTO should be mostly observing and functioning only in a support or advice role. Additionally, the candidate should be gaining familiarity with the transport unit and understand the basic roles of the unit on EMS calls and other incidents. To complete this phase, the candidate must have documented a cumulative total of 20 patient contacts with 10 AIC calls. The candidate is responsible for completion of the ePCR for all incidents during which he/she acts as the primary provider. At the discretion of the respective County 10 supervisor, patient encounters in simulation workshops may be credited towards the call distribution requirements. Written and practical scenario exams will be administered at the end of this phase. The candidate is expected to complete the remainder of the suppression task book, if cross trained, to include the topics of Ladders, VEIS, Water Supply, Hose Line, Rapid Intervention Team and VDFP LODA Training. Any deficiencies will be brought to the attention of the respective County 10 and Training Captain prior to moving to the next phase.

BLS AIC phase two testing shall be conducted by the BCoFR EMS Training Captain or his/her designee. The exam includes a 50-question multiple-choice exam and practical scenarios composed of

three practical skill evaluations: medical patient assessment, trauma patient assessment, and difficult patient scenario.

Phase Three

Phase three will commence upon successful completion of phase two to the completion of six months of employment or six months completed from time of starting phase one for current employees. During phase three, the BLS candidate will operate independently with an EMTA or higher. The candidate should be confident in their role as the patient care provider and shall continue to refine and polish their skills at patient assessment, interviewing, and forming a differential diagnosis. The candidate should be building their ability to act as a scene manager on EMS incidents interacting not just with the patient but with family, bystanders, and other personnel. Under the direct supervision of their respective County 10, the candidate should be demonstrating the needed skills to operate independently as a lead medic of a transport unit both administratively and operationally.

By the end of Phase Three the candidate shall:

- Work as the primary provider on BLS/ALS calls with little to no correction from the County 10 supervisor to include a thorough patient assessment, proper differential diagnosis, treatment, and preparation for potential changes in condition, hospital communication, and documentation.
- Manage an EMS incident to include support personnel.
- Perform administrative tasks required of an AIC.
- Demonstrates functional knowledge of BCoFR policy and procedures.
- Increase familiarity with response territories outside of first due area.
- Demonstrate proficiency in providing a basic incident scene size up.

In addition to the three phases above, the candidate will be evaluated based on their participation in other mandated department training. This evaluation will be summarized and documented by the County 10 supervisor. All forms and documents shall be forwarded to the Training Captain at the completion of phase three.

Procedure/Requirements for ALS Providers:

Phase One

A minimum of two tours (six 24-hour shifts for full time, six 12-hour shifts for hourly) shall be spent with the primary Field Training Officer (FTO). For 24 hr shift personnel, it is understood instruction is conducted on average for 12 hours per shift, considering down time and resting while not on calls. The candidate shall be assigned to the medic unit as a third provider and not counted in minimum staffing. The candidate shall become familiar with the unit, equipment, polices, and standard procedures of BCoFR. During this orientation phase, the candidate shall observe their FTO and then begin conducting patient assessments, performing interventions for BLS and ALS patients, and contributing to the differential diagnosis. The candidate can expect to receive more specific direction from their FTO during this phase and function in an assist role with the other providers. Any deficiencies will be brought to the attention of the respective County 10 and Training Captain prior to moving to the next phase. The FTO MUST forward a copy of the completed Phase 1 Worksheet to the Training Captain.

This will keep the Training Captain updated with the candidate's progress and will allow for a timely payment of the recruitment bonus, if applicable.

By the end of Phase One the candidate shall:

- Describe their roles and responsibilities within the organization as an emergency services provider.
- Describe the roles, responsibilities, and support provided by County 10 and BCoFR Senior Staff.
- Perform a full inventory inspection using the daily check in Fire Manager to determine operational readiness, identify, and correct any deficiencies.
- Demonstrate knowledge and application of BCoFR practices, protocol, policy and procedure regarding professionalism, ethics, integrity, Health Insurance Portability and Accountability Act (HIPAA), do not resuscitate, advance directives, and special situations.
- Interview and interact with a patient obtaining a thorough patient history and chief complaint.
- Be able to safely operate the ambulance as the operator.
- Be familiar with first due territory.
- For cross trained employees, demonstrate the use of firefighting equipment carried on the ambulance to include the topics listed in the suppression task book, (at a minimum) PPE, SCBA confidence, TIC, Forcible Entry, Water Can, Communications, Size up/ICS, and Personal Flootation Device & Throw Bags.

Phase Two

A minimum of three tours (nine 24-hour shifts for full time, nine 12-hour shifts for hourly) shall be spent with the secondary FTO in a minimum staffing role as the second provider. For 24 hr shift personnel, it is understood instruction is conducted on average for 12 hours per shift, considering down time and resting while not on calls. The candidate shall continue to refine their patient care skills and assessment abilities to confidently care for any patient encounter. During this time, the FTO should be mostly observing and functioning only in a support or advice role. Additionally, the candidate should be gaining familiarity with the transport unit and understand the basic roles of the unit on EMS calls and other incidents. To complete this phase, the candidate must have documented a cumulative total of 20 patient contacts with at least 10 ALS patient contacts. An ALS patient contact is defined by the application of any ALS skill and to which the candidate was involved in the global management of the case such as history/interview, physical assessment, and diagnostic interpretation. The candidate is responsible for completion of the electronic patient care report (ePCR) for all incidents during which he/she acts as the primary provider. At the discretion of the respective County 10 supervisor, patient encounters in simulation workshops may be credited towards the call distribution requirements. The candidate is expected to complete the remainder of the suppression task book, if cross trained, to include the topics of Ladders, VEIS, Water Supply, Hose Line, Rapid Intervention Team and VDFP LODA Training. Any deficiencies will be brought to the attention of the respective County 10 and Training Captain prior to moving to the next phase.

ALS exam testing shall be conducted by the BCoFR EMS Training Captain at the conclusion of phase two. The exam includes a multiple-choice exam and practical scenarios composed of three practical

skill evaluations: medical patient assessment, trauma patient assessment, and difficult patient scenario evaluations.

Phase Three

Phase three will commence from successful completion of phase two to the completion of six months of employment for new employees or six months completed from time of starting phase one for current employees. During phase three, the candidate will serve as the primary ALS provider with or without an FTO. The candidate should be confident in their role as the patient care provider and shall continue to refine and polish their skills at patient assessment, interviewing, and forming a differential diagnosis. The candidate should be building their ability to act as a scene manager on EMS incidents interacting not just with the patient but with family, bystanders, and other personnel. Under the direct supervision of their respective County 10, the candidate should be demonstrating the needed skills to operate independently as a lead ALS provider of a transport unit both administratively and operationally.

By the end of Phase Three the candidate shall:

- Work as the primary provider on all calls with little to no correction from the County 10 supervisor to include a thorough patient assessment, proper differential diagnosis, treatment, and preparation for potential changes in condition, hospital communication, and documentation.
- Manage an EMS incident to include support personnel.
- Perform administrative tasks required of an AIC.
- Demonstrates functional knowledge of BCoFR policy and procedures.
- Increase familiarity with response territories outside of first due area.
- Demonstrate proficiency in providing a basic incident scene size up.

In addition to the three phases above, the candidate will be evaluated based on their participation in other mandated department training. This evaluation will be summarized and documented by the County 10 supervisor. All forms and documents shall be forwarded to the Training Captain at the completion of phase three.

Minimum Qualifications for Field Training Officer:

Recommendation from the respective County 10 Supervisor

BCoFR employee for a minimum of one year with no disciplinary action (written reprimand or above) for the last year.

VA certified EMS provider for a minimum of one year at the level in which they wish to be an FTO. Example: new paramedic can be an FTO for EMT if they have a minimum of one year experience as an EMT (after they come off their 6 months of FTO time).