



Virginia Beach Department of Emergency Medical Services
TRAINING



AMBULANCE ATTENDANT-IN-CHARGE TRAINING POLICY

PURPOSE: The purpose of this policy is to provide standardization and uniformity in the training and certification of Ambulance Attendant-in-Charge (AIC) providers for the City of Virginia Beach Department of Emergency Medical Services.

APPLICABILITY: This policy applies to any patient care provider who wishes to practice as an Ambulance AIC with the Department of EMS.

POLICY STATEMENT

In accordance with Virginia Department of Health Office of Emergency Medical Services Regulations, an Attendant-in-Charge (AIC) is the certified person who is qualified and designated to be primarily responsible for the provision of emergency medical care. The AIC is considered a critical member for providing quality patient care and ensuring the effective operations of his/her crew.

It shall be the policy of the Department of Emergency Medical Services that any member functioning as an Ambulance AIC shall complete a formal internship program prior to being released to function independently. The Operational Medical Director or his designee is responsible for final qualification and authorization to function as an AIC.

PROCEDURES AND REQUIREMENTS:

I. Program Coordination

The Department of EMS shall have an officer designated as BLS AIC Program Coordinator. This officer will be responsible for managing the AIC qualification process under the supervision of a designated Division Chief. Assistants to the Coordinator may be assigned. This includes, but is not limited to a Scheduling Coordinator, Field Training Officers and Squad AIC Coordinators.

ALS providers are required to obtain AIC qualification prior to being released to function under general supervision. A procedure will be established by the Chief of Training to tailor the internship experience for new members holding ALS credentials based on their experience level. This procedure may require the member to operate as a BLS intern initially to focus on system familiarity prior to starting an ALS internship. The department's ALS Training Coordinator will work with the BLS AIC Program Coordinator ensure all BLS requirements are completed in the most appropriate manner.

Each Squad Commander shall nominate an officer to serve as the Squad Training Coordinator. Final designation to this position will be made by the Deputy EMS Chief of Operations. Squad Training Coordinators shall be the primary officer for tracking and assisting the progress of their members. They will report to both the Department AIC Coordinator and their Squad Commander.

II. BLS Certification and Class Requirements

To function as an AIC, the member must be certified as a Virginia EMT at a minimum. Additionally, the member must complete all required courses outlined in the Department of EMS Minimum Training and Certification Policy.

Members who received their basic EMT training from the Department of EMS will complete required equipment and procedural training as part of the EMT course.

Members joining the Department of EMS who attended their basic EMT training from outside the department must complete an equipment orientation prior to starting their internship experience.

III. Field Internship

A. Orientation

1. All interns will complete an Internship Orientation session. This program will cover topics such as scheduling, evaluation forms, expectations, etc.
2. Additional reference and online training materials will be provided during orientation.

B. Scheduling

1. All interns will have their required duty shifts scheduled via a consolidated scheduling process. An officer of the Department will be assigned as the Scheduling Coordinator.
2. Interns may be assigned to any station in the City. However, the Scheduling Coordinator will take the member's home squad assignment into consideration when making assignments.
3. While assignments with more experienced providers and/or field training officers is desirable, interns may be assigned under the supervision of any qualified AIC.
4. Interns will comply with Department duty policies.

5. Interns typically stand four scheduled duties monthly. If leave or reduced requirements are desired, the member must request modifications from the AIC Program Coordinator.
6. Unless otherwise directed by the AIC Program Coordinator, interns are welcome to stand additional duties if they desire, including partial shifts.

C. Evaluations

1. An evaluation form will be completed for every intern duty.
2. Completed evaluations will be forwarded within one week to the department's AIC Program Coordinator and rescue squad Training Coordinators. Forms may be submitted via electronic process, email, fax or hard copy delivery to the EMS Headquarters.
3. Officers will review the evaluations to determine how the intern is progressing and take appropriate action to assist the member.
4. Evaluations are used to trend performance and are not the sole basis for final qualification. Training officers will also utilize feedback from qualified AICs, FTOs, other officers and direct discussions with the intern as well.

D. Qualification Timeline Goal

1. The average time for a new EMT to successfully complete their internship experience is three (3) months or twelve (12) duties.
2. Individual achievement will vary based on call volumes, previous experience and abilities. Each member will be evaluated individually.
3. All interns are expected to be qualified within six months or less.

E. Remediation

1. If a member fails to qualify within six (6) months, the AIC Program Coordinator and squad officers will review their progress and provide additional guidance and improvement plans to assist the member. This may include, but is not limited to, assigning them to ride with specific FTOs across the city.
2. The Division Chief of Administration will review the status of any member who is not qualified within nine (9) months.

3. Failure to qualify within twelve (12) months without extenuating circumstances will result in the member being removed from the program.

IV. Release to Function Independently

- A. The following officers are authorized designees of the EMS Chief and Operational Medical Director for release of AIC interns:
 - Deputy EMS Chiefs
 - Division Chiefs of Administration
 - AIC Program Coordinator
 - Squad Commanders
 - Squad Training Officers
- B. Qualification is based on both meeting the objectives and the member confident they are ready to advance. Once a member has met the objectives of the internship and feels they are ready for release, he/she should contact their Squad Training Officer. Program officers will also monitor interns and contact those who are deemed ready to progress.
- C. The AIC Program Coordinator has the authority to release a member independently from the squad-level officers. However, the Division Chief of Administration or a Deputy Chief will review any case where there is not agreement between the department and station-level officers about whether or not to release a member.
- D. The member will bring either the signed release forms or provide an email from the releasing officer to the EMS Headquarters to be issued an AIC identification card.
- E. Once released, the member will be issued a sanctioning certificate.

V. Supervision

- A. All AIC interns will be under the administrative supervision of the AIC Program Coordinator and their Squad Commander.
- B. When on duty, interns will be under the operational supervision of the qualified ambulance AIC and the duty Field Supervisors.

C. Levels of supervision

1. Strict supervision

- a. Interns on strict supervision will be assigned to a qualified AIC for ambulance duty.
- b. While on strict supervision the intern may perform BLS skills only under the direct supervision of a qualified AIC. This includes performing under the supervision of a released ALS provider.

2. General supervision

- a. Under general supervision BLS providers may perform the duties authorized for their level of certification with no immediate supervisor present.

ORDERED:



1/20/2017

EMS Chief



1/20/2017

Stewart W. Martin, MD Date
Operational Medical Director