

Your orientation guide to

Southern Berkshire
Volunteer Ambulance Squad, Inc.

Return to the Orientation Coordinator to be placed in your file
Upon the completion of your probationary period.

Version 1 September 12, 1987

Version 2 January 1, 2003

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History of the Squad

Before the inception of the Ambulance Squad in 1968, Fairview Hospital was responsible for ambulance service in Southern Berkshire. In those days, there were no modular ambulances and very limited life support equipment. If an ambulance were required, the police notified the Nursing Supervisor and a maintenance man who doubled as a driver responded to the call. Time lapse between call and arrival could exceed 30 minutes. In addition, few of those sent on calls had emergency medical training.

On November 12, 1967, a bad automobile accident occurred in Egremont. Due to the dispatch system, the ambulance didn't arrive for 40 minutes. This situation cast Fairview and its ambulance service into the public spotlight. Since the fire department couldn't provide ambulance service, the organization of a separate Ambulance Squad was begun.

The Southern Berkshire Volunteer Ambulance Squad was officially organized on March 15, 1968 and incorporated in April of that same year. The first ambulance was donated by the American Legion Posts 127 and 298, radios were donated by the Lions Club, and Fairview provided a \$10,000 grant to start construction of a garage and meeting room.

In 1973, several of the 46 members had completed the 81-hour EMT Course, and by the end of 1975, 85% of the Squad were Nationally Registered EMTs. During the late 70's, emergency equipment and training were offered to police and fire departments in our service area. In 1980, SBVAS became an Advanced Life Support Service when several EMTs gained certification as EMT-Intermediates.

Throughout the 80's, skills were enhanced, equipment upgraded and services extended. Automatic External Defibrillators (AED's) were introduced during this period, and squad members became certified. In 1987, the first helicopter intercept protocols were developed. Today, there are three such services available to SBVAS, with response time no more than 20 minutes.

The 90's were marked by dramatic events. With the help of community donations, the squad was expanded from a garage with just a single room attached to the larger facility that you see today. The Memorial Day Tornado in 1995, which left 3 dead and 23 injured, demonstrated the value of Mass Casualty Training. The 90's also saw SBVAS respond to 5 plane crashes. Also during this period, EMT-Basics became certified to administer epinephrine injections, a true lifesaver for patients who experience swollen airways due to severe asthma, or allergic reactions to bee stings, food, or medications.

Today, SBVAS provides service to the largest geographic coverage area in Massachusetts. Towns served include Alford, Ashley Falls, Egremont, Great Barrington, Housatonic, Monterey, Mount Washington and Sheffield. Call volume averages about 1,700 per year, and SBVAS members provide nearly 10,000 hours of volunteer service annually.

You've made it this far. Here's what you need to do now.

If you have this pamphlet, it means you have filled out an application to work at SBVAS (whether or not you are a volunteer or paid employee). If you have not filled out such an application, you should ask your Team Captain to assist you in doing so. Applications are submitted to the Membership Committee and reviewed and all applicants are interviewed.

Fill out a Personnel Form.

SBVAS has forms for just about everything, and the second one usually filled out by new members is the Personnel Form. Massachusetts requires us to keep, on our premises, copies of your licenses and certifications, such as your valid driver's license, your CPR card, and your EMT card (if applicable). If you have not filled this form out, ask your Team Captain for a copy, fill it out, and use the photocopier in the upstairs office to create a copy of the form with your cards on it. This form stays in the personnel file cabinet, next to the mailboxes in the hallway. It is your responsibility to update your records! We will post reminders of when your certifications are about to expire, but you are the one responsible for re-copying your Personnel Form when you get that new driver's license!

Get a Personnel Folder made and a mailbox assigned to you.

You find that you don't have a folder to put your form in inside of the personnel file cabinet. Don't take it personally, we haven't forgotten you! We all get busy at Southern Berkshire. Sometimes, new folders in the personnel file cabinet don't always get created for new members. It might also take time to get a mailbox assigned to you. Notify your Team Captain, and they will either create a file folder for you and a mailbox name label or leave a note for someone who will do these things.

Get a copy of the SBVAS Policies and read them.

Copies of these exist in paper form, but they are thick, and sometimes hard to come by. Fortunately, they can be reviewed (along with a lot of other information about the squad) at our web site, at www.berkshire-ems.com. There is also a copy in the squad lounge in a white notebook. What happens if a rig gets a flat? A set of fire tones went off, will we be paged out also? We just got toned out for a sexual assault. What should I be paying close attention to? Can an ambulance run a red light? Can I drive as fast as I want? All of these questions are answered in Squad Policy, the Operating Policies, and the Statewide Treatment Protocols... and in many cases, can also be answered by a knowledgeable Team Captain.

Orientation at Southern Berkshire.

SBVAS has a Membership Committee, as well as an Orientation Coordinator to help new members learn what they need to know. These people do not just work with new members, they ensure that Team Captains orient the people on their teams. A checklist has been prepared that allows each team to approach someone's orientation in its own way, but would still assure that the same material gets covered with all new people. It would also allow each team to integrate a new member into its own particular system.

Once the Team Captain or the Captain's designee has reviewed something on the outline, then that item is checked off. Granted, there are many things on the outline that warrant a different approach-for instance, simply discussing a policy or landmark with the person may be sufficient. On the other hand, practice or actual call experience may be better for other things. In either case it is up to the team.

Personnel Matters

- New member's Application has been submitted.
- New member has or will be given a file folder in the personnel file cabinet.
- New member has a mailbox.
- New member's Personnel Form is on file.
- New member has been given the combination for the front door lock.

Service Zone

- Great Barrington
- Housatonic
- Egremont (North, South)
- Monterey
- Alford
- Sheffield
- Ashley Falls
- Mount Washington

First Responder Organizations; locations of departments

- Great Barrington F.D.
- Great Barrington P.D.
- Housatonic F.D.
- Egremont F.D.
- Egremont P.D.
- Monterey F.D.
- Alford F.D.
- Sheffield F.D.
- Sheffield P.D.
- Sheffield First Responders (a division of SBVAS)

__ Other Ambulance Companies

- New Marlborough Rescue Squad
- North Canaan Volunteer Ambulance & NDP Paramedics
- Lee Ambulance
- Lenox Volunteer Ambulance Squad
- Otis Rescue Squad
- Richmond Vol. Fire Dept & Amb. Svc.
- Sandisfield Ambulance Squad
- Copake Community Rescue Squad

__ Schools

Special Needs

- Eagleton
- Brookside
- Berkshire Meadows
- John Dewey Academy
- Kolburne (not in service zone)

Grammar Schools

- Undermountain Elementary
- Bryant
- Alford
- Egremont

High Schools

- Mount Everett
- Monument
- Berkshire
- Rudolph Steiner
- Simon's Rock

__ Nursing homes

- Fairview Commons (formerly "Willowood")
- Timberlyn Heights
- Great Barrington Health Care (or "GB Rehab")
- Village at Laurel Lake (Lee)
- New Boston Nursing Home (Sandisfield)
- Geer Nursing and Rehab (Canaan)

__ Elderly Housing

- Silver Street Apartments
- Bernard Gibson Drive
- Bostwick Gardens
- 909 South Main St.
- Dewey Court
- Heaton Court

__ Other

- Police station holding cells
- Great Barrington Airport
- Berkshire South

I. BUILDING

Squad Room

- __ Building lock functioning
- __ Portable radios and pagers
- __ VCR, DVD player, etc.
- __ Mailboxes
- __ Member folders, policy for updating
- __ Keeping kitchen clean
- __ Phone system, policy on use
- __ Announcement bulletin board, how coverage requests work
- __ Continuing education bulletin board

Upstairs Office / Media Room

- __ Copier
- __ Computer

Outside Hallway

- __ First Aid cabinets and supplies, restocking policy

Garage

- __ Shore lines
- __ Power washer
- __ Thermostat at 58 (fifty eight, not sixty eight)
- __ Backboard storage
- __ Tools
- __ Stokes
- __ Mountain bag
- __ Spare O2 storage
- __ MCI supplies

II. AMBULANCES AND EQUIPMENT

Vehicle Cab

- Differences between 15 and 16
- Radio, cell phone (use and etiquette, dialing in)
- Console
- Electrical breakers
- Maps, map light
- Credit cards, use policy
- Location of forms (HIPAA, Run Reports, etc.)
- Spotlights
- PA System

Interior

- BSI
- Stretcher (and short board)
- Cabinets
- Defibrillator
- Jump kit
- Pediatric bag
- Airway kit
- IV portable intercept bag, IV warmer
- Drugs (AC, ASA, Glucose, Albuterol, Epi, etc.)
- Vehicle O2, Portable O2, backup portable tank
- Vehicle suction, portable suction
- BVMs and simple airways
- C-collars (different types)
- Restraints
- Splints, etc. under squad bench

Exterior Compartments

- Backboards (and head immobilizer)
- Scoop
- Stair chair
- Traction splints
- Extrication supplies/flares, gloves, eye protection, etc.
- Maglights/spotlights
- Cribbing/ropes, etc.
- KED
- MAST (use only as splint and even then must have medcon)
- MCI supplies
- Changing the fixed Oxygen tank

III. HOSPITAL

__ Emergency Department

- Cardiac beds/Trauma room
- Rooms one, two and three
- Orthopedics room
- ICU
- Storeroom
- Doctor's office
- Run report desk
- Hospital radios (.340, .385)
- Run reports
- Ambulance equipment storage area

Other Areas of the Hospital

- Radiology, Laboratory, Respiratory

IV. AMBULANCE OPERATIONS

Coming on call

- __ Rig check
- __ "Both rigs are out. What do we do?"
- __ "What if we get a call during dinner?"

Driving

- __ Levels of Calls: Code 1, 2, and 3
- __ Use of lights and siren based on the nature of the call (not necessarily its code)
 - __ Discourage "flashers only" (all devices, or none)
- __ Code one driving – see policy on exceeding the speed limit
 - __ Unpredictable responses by other drivers
 - __ Need for defensive driving
- __ Backing up, using a spotter (backing causes a majority of accidents)
 - __ Accident reporting to maintenance chief, police, insurance
- __ Spare tire policy

Use of radios and codes

- __ Review the various frequencies in the Policy manual
- __ Monitoring Central
- __ Using the radios and pagers
 - __ Changing batteries
 - __ Setting for tones-only at night
- __ Paging: 730, 331, 311, 736, etc.
- __ .340 and .385 usage
- __ Communications with dispatch, acknowledging a call
- __ Confidentiality, when to use the cell phone
- __ Radio reporting (procedure and format)

Transfers

- Code one transfer
- Routine transfer
- Section 12
- Policies on coverage (long distance, standby teams, before and after 10pm, etc)

Team-specific patient care procedures

V. KEY POLICIES and PROCEDURES

SBVAS Policy manual: review the following important policies:

- What makes a call ALS versus BLS
- Confidentiality and HIPAA
- Driving
- Communications
- Sexual Assault
- Pediatric, elderly abuse mandated reporting
- Use of restraints
- Lifting assistance at nursing homes

New Member's signature _____

Team Captain's signature _____

PAPERWORK POLICIES

- Run Reporting
- Face sheets
- HIPAA Policy Form
- HIPAA Signature Form
- Ambulance Necessity Form
- Mandated Reporting
- Personnel Sheet

New Member's signature _____

Team Captain's signature _____

RADIO REPORTS TO THE HOSPITAL

The member should try to perform at least five reports to the hospital during the probationary period, and complete the run report.

Report writing:

1. Writing format (CHART, SOAP, etc)
2. Complete demographic information
3. Complete date and times
4. Spelling and handwriting
5. Role of the report as a legal record
6. Check-off boxes

Patient hand-off to ED Staff

1. Verbal report given to nursing staff
2. Patient placed on ED stretched and side rails up
3. Patient's belongings (including medications)
4. Information given to admitting personnel
5. Leave ED their copy of the run report

New Member's signature _____

Team Captain's signature _____

PROBLEM SOLVING

Use your COM (Chain Of Command)

1. Team Captain
2. Orientation Coordinator
3. President
4. Personnel Committee

New Member's signature _____

Team Captain's signature _____

MISCELLANEOUS POLICIES and PROCEDURES

- ___ Withholding CPR
- ___ Use of Body Substance Isolation and infection control
- ___ Hepatitis vaccination and Tuberculosis testing
- ___ Mutual aid
- ___ Statewide versus regional protocols
- ___ Point of entry plan
- ___ Refusal of treatment
- ___ Appearance issues: uniforms, alcohol, squad clothing outside the squad
- ___ Bystander intervention

- ___ Decontamination of self, of stretcher, of rig
- ___ Setting up a landing zone (list of approved areas and coordinates)
- ___ Troubling calls: the Critical Incident Stress Debriefing
- ___ What happens during a Code 64 (MCI)
- ___ Power's out, garage doors are closed: operating the generator

Coverage Policies

- ___ Day on-call coverage
- ___ Night on-call coverage
- ___ Paging 331
- ___ "What if I'm the only one here?"
- ___ Personal responsibility, not Team Captain's, to get coverage
- ___ Responding from home with a radio
- ___ Team roster
- ___ Weekend team schedule
- ___ Holiday coverage
- ___ Substitute coverage

VI. MISCELLANEOUS

- ___ Class schedules
- ___ Importance of maintaining your own con-ed records
- ___ DOT refresher schedule
- ___ Questions about recertification
- ___ Meeting dates and times
- ___ Media library borrowing
- ___ Putting the face sheet with the run report
- ___ Documenting what the call was for, for insurance purposes
- ___ Differences between BLS and ALS
- ___ Legal liability if ALS isn't called when it should be
- ___ Trauma triage guidelines - knowing when to divert, getting permission
- ___ Where and when the ambulance is refueled