

Wintergreen Fire & Rescue EMT-B Check Sheet

Name: _____

Certification Date: ___/___/___

Preceptor: _____

Certification #: _____

The EMT Preceptor Program gives the student the ability to practice under the leadership and guidance of approved providers. This is intended to strengthen the skills of the Emergency Medical Technician and will last at least 3 months and no more than 6 months from the certification date.

The following procedures, SOPs, and Protocols must be performed, as well as reviewed by the EMT with the preceptor. If at the end of the 6 months these skills have not been performed on a call then they may be reviewed or simulated under the supervision of the preceptor.

Skills	Date(s)	Initials and Comments
General Skills		
Scene Control and Safety		
Radio Communications		
Patient Report to Augusta Health		
Patient Report to UVA		
PPCR Completion		
Calling for ALS		
Assisting with ALS / IV Set-Up		
Helicopter Operations		
Use of Lights and Sirens		
General Calls		
Nasal Cannula O2		
Non-Rebreather Mask O2		
Pulse Oximeter		
Vital Signs		
Stair Chair		
Reeves Stretcher		
Ambulance Stretcher		
Specific Calls		
Altered Loc / CVA		
Allergic Reactions		
Epi 1:1,000		
Burn Evaluation		
Chest Pain / Cardiac		
ASA		
Nitroglycerin		
Diabetic Emergency		
Oral Glucose		
Glucagon		

DOA / Cardiac Arrests		
Oropharyngeal Airway		
Nasopharyngeal Airway		
Suctioning		
Bag-Valve-Mask		
King Airway Device		
AED		
MVC / Trauma / Shock		
Backboard / Spider Straps / CID		
Cervical Collar		
KED		
Pedipak (Pedi Board)		
Arm Splint (Board)		
Arm Splint (Sling & Swathe)		
Hip Splint		
Leg Splint (Board)		
Hare Traction Splint / Sager		
MAST Protocol		
MAST Placement (Review)		
Obstetrics		
Overdose		
Contacting Poison Control		
Psychiatric / Combative Patients		
Respiratory Distress		
Proventil Inhaler		
Seizures		
TAC / SWAT Team Calls		
Reporting Suspected Abuse		

Additional Preceptor Comments: _____

Preceptor Signature: _____ **Date:** ___/___/___

Preceptor Signature: _____ **Date:** ___/___/___

Preceptor Signature: _____ **Date:** ___/___/___

Preceptor Signature: _____ **Date:** ___/___/___

Approved By
Chief Of EMS Operations: _____ **Date:** ___/___/___