

Ambulance Orientation

The basics:

Well, here it is. Finally, what you joined here so many months ago to do, ride the ambulance. But let us not forget the responsibility that comes with the job. It is important that you respect the job you are about to begin and that you are prepared to do it. In this course, you will be taught all the essential tools that you will need to start riding the ambulance. But, just like anything else, there are rules:

1. Be prepared. You should always come on duty with a watch and in uniform.
2. First things first, after signing in, you should check the roster for the duty chore, this always includes checking out the first due rig.
3. Do the checkout with your crew. Most of you have already begun to do this. It is the best way to learn where all the equipment is placed on the different vehicles. Although it close to being the same on each rig, there are some important differences that are important to know.
4. Remember that you are representing the squad every time you go into the public on a call. How you conduct yourself is a direct reflection on the organization. Always be courteous and compassionate when dealing with patients. Treat everyone the way you would want your own family to be treated in the same circumstances.

Scene Safety:

Without a doubt, the most important people at a scene are the crew. Without you, the patient is not going to get help. That is why scene safety and personal protective equipment is the first thing you must consider.

Gloves are to be worn on every call and you should change gloves between patients. Gowns and face masks may also be required for your safety and that of the patient. Your crewleader will instruct you on the level of equipment required for each call. Gloves will always be worn, no exceptions. Remember, safety vests are to worn whenever you are in a roadway.

It is the crewleader's responsibility to guard against any dangers to the crew, but that does not mean that you should not keep your eyes and ears open. At a car accident, are there downed wires, spilt gasoline, and other hazards? At a scene involving violence, never leave the rig unless instructed to do so. The scene must be cleared by PD before any crewmember is allowed to go near it. Even then, these scenes can be volatile and you should be aware of your surroundings.

Entering any scene you should be wary of dogs that are not secure (Instruct the owner or other family member to secure the dog), broken or missing stairs, railings or other hazards that may make removing the patient difficult.

Vital signs:

Without a doubt the skill set that you will use the most on the ambulance is vital signs. Every patient almost without exception has their vital signs taken a minimum of two times during every call. Usually this skill is the responsibility of the first responder. Learning how to take vital signs under a variety of conditions will come with time, for now let's learn how the basics.

Blood Pressure:

There are two parts to the blood pressure. The systolic and the diastolic. The systolic is the measure of the heart under pressure and the diastolic is the measure of the heart at rest. The first thing you must do is select the appropriate size cuff for your patient. Pediatric cuffs are used for small children and sometimes for very thin elderly patients. The most often used size is the adult and the x-large should be used when the adult cuff pops off on a BP attempt and when the patient is obviously too large for the adult cuff.

The cuff should be placed just above the elbow crease on whatever arm you are using with the dial facing you so that it can be easily read. Next, place your stethoscope just below the crease, opposite the patient's thumb and inflate the cuff. Cuffs should always be inflated to a minimum of 200 mmHg in order to get an accurate reading. Then slowly turn the stop cock to release the air. The first "thump" you hear will be the systolic reading. If you hear the first sound immediately, you need to pump the cuff up to 260 or above and attempt again. The last "thump" will be the diastolic.

Getting a BP by palp. If you are unable to hear the beats the first time, make another attempt. Please do this quickly as this is uncomfortable. A "Palp" reading can be obtained by checking the radial pulse and deflating the cuff. When the radial pulse returns, that number is the "Palp" BP.

If you are unsure of your number please let the crew leader know. The BP reading is crucial for many patients, especially those with major trauma.

Pulse: Quality, rate

Pulses can be obtained a number of ways. The most common and the one that you will use most often is the radial pulse. With your index and middle fingers press just below the thumb adjusting until you can feel the pulse and then begin counting. Normally, a pulse is taken for 15 seconds and then the number multiplied by four. However, if the beats that you feel do not seem to be coming at regular intervals, take the pulse for a full one minute. Along with the actual number, whether the pulse is regular, irregular, bounding or threadbare should be noted. These terms will be explained to you in the skills portion of this module.

If you cannot obtain a radial pulse, get a carotid pulse. Slide two fingers, follow the jawline down to the side of the neck and compress just as you would with a radial pulse. If necessary, a femoral pulse can be obtained on either side of the inguinal region.

Respirations: Quality, rate

Respirations can be counted after the pulse is taken by pretending to continue the pulse, but instead count the chest rise. People who know they are being checked for respirations tend to alter the way they breathe, so the most accurate reading will usually be obtained when the patient does not know you are watching them. Number as well as quality is also important. Is the patient struggling to breathe, (Labored). Are the inspirations shallow? (Shallow).

Skin: Warm, cold, dry, moist, pale, flushed, unremarkable, etc.

Skin quality can tell a number of things about a patient. Are they pale, flushed, warm, dry, or sweaty (Diaphoretic), etc. Patients who are not getting enough oxygen may look pale or bluish and those having a heart attack may present covered in sweat.

Pupils: Equal, reactive, constricted, dilated, etc.

Pupils should be checked to be sure that they are reactive. Pupils are especially important in head injury patients and unconscious patients. Are they equal and reactive or are they dilated and fixed, constricted? Elderly patients may have cataracts that will look like a milky film making it difficult to check the eyes.

Most important is that you remember that you will get better with practice. Everyone has a learning curve. Do not be afraid to tell the crewleader or person in charge if you are unable to get any of the vital signs for whatever reason.

Oxygen:

Although you are not allowed to administer oxygen unless you are an EMT, you will be expected to know how to set it up for a patient, what the different types of delivery devices are and how to change the oxygen bottle when it is empty.

Every ambulance comes with two oxygen bottles. If you have time for nothing else, it is imperative that you make sure that these oxygen bottles have an adequate supply of oxygen for any patient you might have (At least 1000 psi). How to check this and how to change the bottles will be explained in a hands-on demonstration during this module.

There are two types of oxygen delivery devices we use. The most common is the non-rebreather. This is a mask that has a bag attached. Before it is placed on a patient, the bag has to be filled with oxygen. This will be demonstrated. The other is a nasal cannula. This is used when the patient for whatever reason cannot tolerate a mask. There are also pediatric masks available.

The other type of breathing equipment used is the BVM or bag valve mask. This can be found in every O2 bag and also in the compartment above the radios in the back of the ambulance. Oxygen can be hooked up to this for patients who need to be manually ventilated.

Moving and Lifting:

Even if you have performed all your BLS and A&E skills perfectly, unless you are able to safely and efficiently move your patient to the hospital, none of your efforts are for naught.

As first aiders, assisting with the packaging and moving of your patient is one of your most important roles. The crewleader is responsible for choosing the method by which the patient will be taken to the ambulance. As first aiders, you will be called upon to acquire and possibly set up the needed equipment. In this module, you will be familiarized with all of the carrying devices, their location on each rig and their proper use. You will also be taught the proper body mechanics for lifting to prevent injury.

Stair Chair:

Probably the most commonly used and convenient moving device is the stair chair. IT is the easiest and safest way to get the patient into the ambulance. We will demonstrate the safe use of the chair and how to set it up.

- Set up- How to open the chair
 - Always make sure you have a sheet for the chair to facilitate patient transfer from the chair to the pram.
 - Do not extend the front handles until your patient is in the chair as it may cause them to trip.
 - Make sure the belts are fashioned.

The tallest person should take the front handles, the other the head. If available, a third person should spot the person at the foot. Grab their belt or waistband in the mid back to steady them and then describe their path, (ie step, step, landing, sidewalk turns left, right, etc). Once at the pram, the patient if possible can stand and pivot onto the pram or be transferred using the sheet that is under them.

Backboard:

A close Second in popularity is the backboard. Any patient suspected of a spinal injury should be immobilized using the backboard and collar. You will be shown how to use backboard on a standing patient and a supine position, one lying on the back or one that is face down, as well as one that is seated in a car.

Reeves:

The reeves stretcher is a great piece of equipment to use when you need to go down a flight of stairs with a patient that is not appropriate for either the stair chair or the backboard. The reeves should always be used with a sheet that can be scissored under the patient and they can then be rolled onto the reeves. It has three straps that are already on the piece of equipment and this makes it a fast and efficient way of transporting any patient that is not a backboard patient who must due to their condition, remain flat.

Scoop Stretcher:

The scoop stretcher is one of the most under used and under rated pieces of equipment on the ambulance. The scoop stretcher is the equipment of choice for any hip fracture patient that does not have any suspicion of a spinal problem. Hip fracture patient's are generally in a tremendous amount of pain and the scoop allows them to be moved to the stretcher with the least amount of movement.

The scoop is called that because it looks very much like a shovel in part. It comes apart to form two pieces. In the middle of the top and bottom are top hinges that allow it to be taken apart. Once it is separated, one piece should be placed on the side with the easiest access and measured to the patient. There are adjustments for the foot piece. Once the adjustment is flipped up, it allows the user to adjust the splint to the appropriate leg length. Once you have the size, flip the adjustment back and lock it into that notch. Then take the other piece and adjust it to the same notch. Then the pieces are placed on either side of the patient, head piece is attached first and then very carefully the foot, being cautious not to pinch the patient in the process. Teamwork is needed to accomplish this task. There are three belts that are placed on the device prior to movement. This will be demonstrated in the lifting and moving module.

Field Stretcher:

So you're at an accident scene, you have two patients who need a back board and not too much hope of getting a second ambulance anytime soon. What to do? Well, this is where the field stretcher comes in. The field stretcher fits nicely over the bench on most of the ambulances, (some adjustments have to be made for the newer ambulance). Patient one can be back boarded and put on the pram and then once inside placed on the field stretcher on the bench. The second patient can then be placed on the pram and voila, you are on your way. The field stretcher is also very useful at triage areas in mass casualty scenes.

Stokes Basket:

What is that big orange thing on top of the ambulance? Found only on some of the older ambulances and available with the MCI unit 25 is the stokes basket. Let's hope you never need this guy. It is used when there is just no other way to get the person out. They are up or down a very impassable slope or across a very snowy or muddy field and have to be tied to a helicopter or other hoisting device or hauled across difficult terrain. The patient is properly immobilized and then moved into this for transport.

IMMOBILIZATION:

Patient immobilization is key for any trauma patient. The decision as to how the patient is immobilized lies with your crewleader, but you should be aware of all of the options open to them and their proper use.

Backboard:

If you are asked to get a backboard, for instance, make sure there are belts attached to it. Also make sure you bring a head stabilization device along with you. Also needed with the backboards, if not already applied, is a collar. These can be found in the collar bags in the right rear outside compartment along with the backboards.

KED:

The Kendrick extrication device is a great tool to immobilize drivers who are still seated in their vehicle. This piece of equipment is located in the second compartment behind the driver's side door. When getting the KED out, make sure that the head straps are there, (Long thin white straps with foam in the middle). If they are missing, cling will be needed to secure the patient's head to the device. In the moving module, this device will be demonstrated, as well as its proper placement.

Pediatric Immobilizer:

Children are difficult to immobilize using regular equipment. That is why we have a pediatric immobilizer. This truly needs to be taken out and practiced with your crew, because the numerous Velcro attachments can get very confusing. However, it is an excellent piece of equipment for immobilizing a pediatric trauma patient. It is used in place of the backboard and affords a greater degree of immobilization for the smaller child, typically two to eight year olds.

Fracture packs (Frac-pak) and Splint Kits:

Not to be confused. The frac pak as it is called, is a series of vinyl and Velcro premade splints that are handy for most any fracture. The frac-pak is found in the compartment behind the driver with the traction splints, etc. The splint kit is located with the backboards and is used for the trickier splinting jobs, severely bent limbs, etc. Make sure you know which one you are being asked for. In the immobilization module, the different types of splints available will be demonstrated.

Traction Splints:

We carry two types of traction splints, one for pediatric patients and the other for adults. They are both located in the same compartment as the KED and frac-pak and will be used for patients that have femur fractures. You will be familiarized with this piece of equipment in the immobilization module.

Summary:

Once again, congratulations on riding and thank you for joining. Remember, your crewleader is always available to help you with any skill you would like to sharpen. Also, any member of the ambulance orientation committee is available for any questions that you may have. If necessary, extra sessions can be added for those of you who would like to work on specific skills provided there is enough of an interest.

Ambulance Orientation

Name _____ # _____

Session 1 – Overview

1st Meeting Date _____ 2nd Meeting Date _____ 3rd Meeting Date _____

- ☐ Review Ambulance Check Out sheet
 - ☐ Show the location of all items on the sheet
 - ☐ Review the layout of each ambulance type

Trainer

comments _____

Session 1 Complete Date _____

Member Signature _____

Trainer Signature _____

Session 2 – Equipment and Skills Qualification

1st Meeting Date _____ 2nd Meeting Date _____ 3rd Meeting Date _____

Proficiency Observed: Trainer Initial when completed

Skill	Date Completed
☐ Lifting pram	
☐ Moving Pram	
☐ Stair Chair	
☐ Disassembling O2	
☐ Assembling O2	
☐ Radio usage and identification	
☐ Taking blood pressure	
☐ Taking pulses	
☐ Taking respirations	
☐ Gathering all splinting equipment	
☐ Other _____	
☐ Other _____	

Session 2 Complete Date _____

Member Signature _____

Trainer Signature _____

Trainer

comments _____

Huntington Community First Aid Squad Ambulance Orientation Final Test

Trainee's Name _____ Number _____ Date _____

Basic Skills

The Trainee must be able to perform all of the following task:

- ☐ Locate NRB and O2. Set up @ 15 LPM if trainee has received the required training.
- ☐ Locate NC. Set up NC with O2 at 6 LPM if trainee has received the required training.
- ☐ Change a portable oxygen cylinder if trainee has received the required training.
- ☐ Take a full set of vitals (BP, Pulse, Resp, Pupils, Skin)
- ☐ Locate and operate the radio in the back of the ambulance:
 - ☐ Switch between radio frequencies
 - ☐ Identify Med Com, and Base
 - ☐ Give mock signals to base, Med com, and Hospital
- ☐ Locate, set up, and demonstrate use of the Following:
 - ☐ Field Stretcher
 - ☐ Stair chair
 - ☐ Long Board with all equipment used for full immobilization
- ☐ Remove pram from ambulance with > 125lbs pt., Remove alone and set up for pt.

Essential Equipment Location

The trainee must locate and identify all of the following items:

- ☐ AED- Identify contents
- ☐ Lifepak 12
- ☐ Cervical Collar Bag
- ☐ Reeves Stretcher
- ☐ KED Burn kit – Know contents/expire date
- ☐ BLS Bag – Identify contents
- ☐ Spare BP cuff and Stethoscope
- ☐ Pulse oximeter
- ☐ Long Boards
- ☐ Sager Traction Splint
- ☐ Hare Traction Splint (peds and adults)
- ☐ BVM – demo
- ☐ CPR Board
- ☐ Onboard Suction unit and portable
- ☐ Cell Phone – Medical control numbers
- ☐ ALS Drug Box / ET bag S/B locked
- ☐ BLS Drug Box – know contents / color seal
- ☐ Pediatric immobilization board
- ☐ Fire Extinguisher – Check date/locate 2nd
- ☐ Insta – glucose – date
- ☐ Pen Light
- ☐ PPE (mask/gown/gloves/TB masks)
- ☐ Airways – NPA/OPA
- ☐ Emesis Basin
- ☐ Fire stand-by kit
- ☐ Fire stand-by kit in building

Equipment Location

The trainee must locate and identify at least 10 of the following items:

- ☐ Clipboard with PCR's – all forms
- ☐ Triangular bandages
- ☐ Burn sheets
- ☐ Trauma Dressing
- ☐ Halligan tool
- ☐ Stream light
- ☐ Sterile water / NaCl
- ☐ Urinal
- ☐ Spare Blanket
- ☐ Plastic wrap
- ☐ Splint kit
- ☐ Child Birth Kit
- ☐ Mast suit
- ☐ Scoop Stretcher
- ☐ Speedy-dry / Flares
- ☐ Disinfectant foam

Huntington Community First Aid Squad
Ambulance Orientation Final Test

Trainee's Name _____ Number _____ Date _____

Instructors Comments:

As Instructor, it is my opinion that the above member

☐ Passes

☐ Needs to Review (based on instructors comments)

Instructors Signature _____ Title _____

Instructors Name (print) _____ Number _____

Member's Signature _____ Number _____

Original to First deputy
Copy to Second Deputy
Copy to Day Captain
Copy to Ambulance Orientation Committee Mailbox