



**City of Winchester
Fire & Rescue Department
STANDARD OPERATING PROCEDURE**



Section:	EMS Operations	SOP:	9.9
Subject:	Precepting for Attendant in Charge	Executed:	December 22, 2008 as SOP 08-001
		Revised:	May 7, 2015
Approved:			
 Allen W. Baldwin, Fire Chief			
 Operational Medical Director			

SCOPE

Providing quality and competent Emergency Medical Treatment is a priority of the Winchester Fire and Rescue Department. To enable the Department to meet this goal, all new Department EMS providers wishing to perform in the Attendant-in-Charge capacity must be precepted/evaluated by a field preceptor. The use of approved field preceptors will ensure that evaluations are consistent and fair. No EMS provider can serve in the “Attendant-in-Charge” capacity without approval from the Department’s Operational Medical Director.

PURPOSE

To establish a guideline that outlines minimum criteria for Winchester Fire and Rescue Department EMS providers to become cleared to perform as “Attendant-in-Charge”. Qualified EMS providers may receive approval to perform as “Attendant-in-Charge” at the discretion of the Winchester Fire and Rescue Department Operational Medical Director. This policy rescinds SOP 08-001.

RESPONSIBILITY

The privilege to become an “Attendant-in-Charge” is not meant for everyone. There should be an expressed desire on the provider’s part to become an “Attendant-in-Charge”. The Operational Medical Director reserves the right to make exceptions to the listed requirements. Previous experience and training may allow for a provider to become an “Attendant-in-Charge” before minimum requirements are met. Alternately, if a provider shows clinical weakness or has repeated offenses or clinical incident issues, their “Attendant-in-Charge” privilege may be withdrawn. A provider’s status may be re-evaluated at any time by the Operational Medical Director.

PROCEDURE

1. The entire perception/evaluation process should be completed no sooner than 2 months and no later than 6 months after receiving EMS certification.
 2. Members on Probationary status cannot be released to act in “Attendant-in-Charge” capacity until completion of probationary period (Career personnel should follow career development guidelines). Members in probationary status are eligible to be precepted.
 3. If for some reason existing members have not been released within 6 months, or you fail to meet this requirement, you will need to meet with the Department’s EMS Deputy Chief to discuss any areas you may be having trouble with.
 4. You will be assigned a primary and secondary preceptor (at least one must be ALS) by the Department’s EMS Deputy Chief. Qualified field preceptors are those members who have been approved by the Department’s Operational Medical Director as field preceptors.
 5. You can use other preceptors to evaluate calls during the process, but the majority of calls must be evaluated by your primary and secondary preceptor.
 6. You should precept and turn in the following types of calls.
 - **10 BLS Calls** – These are calls in which basic care is administered. You are expected to act as the Attendant-in-Charge. You should be responsible for: overall scene management, direction of available resources, oversight and administration of patient care, a clear concise pre-arrival report to Emergency Department and transfer report to receiving nurse or doctor, and documentation of the call on the Pre-hospital Patient Care Reporting Report (PPCR).
 - **5 Spinal Immobilization/Clearance Calls** – These are calls in which the patient has suffered a traumatic injury. The Preceptee should utilize the algorithm found within the LFEMSC Pre-Hospital Standard Patient Treatment Protocols for Selective Spinal Immobilization to determine whether or not the patient’s C-spine will be cleared or will receive full spinal immobilization, and ensure that it is carried out appropriately. These calls can be part of the 10 BLS Calls that is required as long as the Preceptee fulfills the responsibilities of the Attendant-in-Charge.
 - **5 ALS Calls** – These are calls in which you assist an ALS provider (EMT-E or EMT-I) on a call in which: an I.V. and/or medication is administered to a patient, or advanced airway skills are employed. EKG monitoring alone with no other intervention does not qualify as an ALS call. You are not expected to complete the PPCR, but a copy should be made, and a BLS Evaluation form with notation regarding what assistance you provided should be completed by the preceptor.
- ◆ **NOTE:** The above is the minimum number of calls necessary to be released as Attendant-in-Charge. Additional calls may be required if deemed necessary by the primary and secondary preceptors.

- **All calls** which you respond with one of your field preceptors present should be evaluated. These calls should be chosen to represent a variety of situations and patient conditions indicating that you are proficient in various aspects of patient care.
7. All evaluation forms completed on you should be signed by both the field preceptor and you. Completed evaluation forms should be forwarded to the attention of the Department's EMS Deputy Chief at the conclusion of each precept day.
 8. You should make copies of all precepted call evaluations that you participated in without one of your assigned field preceptors. These evaluations should be forwarded to your primary preceptor for review, along with, forwarded to the attention of the Department's EMS Deputy Chief at the conclusion of each shift.
 9. When your field preceptors feel you are ready to be released to perform as Attendant-in-Charge they will write a letter and submit it to the Department's EMS Captain.
 10. Any conflict between the preceptee and field preceptor should immediately be brought to the attention of the Department's EMS Deputy Chief and immediate supervisor.

Expectations of the Attendant-in-Charge

- Be professional at all times.
- Make sure that your ambulance is clean, stocked and ready for response.
- Ride to the call in the front passenger seat of the transport unit.
- Operate the radio and control communications in a clear and concise manner.
- Assist the driver with navigating to the call assisting with intersection clearance.
 - Be able to use all of the maps in the ambulance
- Be the primary EMS caregiver to the patient.
- Receive report from the first responders if applicable.
- Establish and maintain a rapport with the patient.
- Delegate duties as you see appropriate to ensure appropriate and timely patient care (vital signs, oxygen, and patient loading)
- Give a patient report to the appropriate hospital by radio or telephone, and to the Nurse or Physician when you arrive.
- Document the call on the PPCR.
- Have your field preceptor read over, approve and sign PPCR.
- Check to ensure that your ambulance has been cleaned and restocked after each call and is ready for service.