



San Juan County Fire Department Emergency Medical Care for Firefighters EMS Equivalency Training Documentation Form



The purpose of this form is to document previously obtained EMS training equal to that required by the EMS Medical Directors and which meets the minimum contained in the New Mexico Firefighter Position Task Book. This form will effectively "grandfather" firefighters who are not currently licensed EMS providers and who are able to provide documentation of the required minimum medical training. This form will also serve to renew qualifying personnel annually.

Required documentation includes dates, hours and names of qualified instructors. Qualified instructors will include EMT-Basic or above.

The following training subjects meet the current 20 hour requirements of EMS related training. This training may have occurred at any time during the firefighter's membership. Additional training may be accepted.

Name: _____

Training	Date	Instructor
BLS CPR w/ AED (ARC or AHA) ** CURRENT**		
Includes: 1 & 2 person Adult, Child, Infant CPR & FBAO		
Airway:		
<u>Appropriate positioning to open airway</u>		
<u>Proper use of suction</u>		
Oxygen:		
<u>Operation of portable O₂ tanks</u>		
<u>Administration of O₂ adjuncts</u>		
<u>Positive Pressure Ventilation using Pocket Mask + O₂</u>		
<u>Positive Pressure Ventilation using BVM + O₂</u>		
Patient Assessment:		
Primary Assessment		
<u>Scene Safety, PPE's, LOC, ABC's</u>		
<u>Vital signs</u>		
<u>START Triage</u>		
Splinting & Immobilization		
<u>Spinal Immobilization onto LSB w/ c-collar</u>		
<u>Rigid Arm and Leg Splints</u>		
Medical Emergencies: (<i>discussions / CE classes / case study</i>)		
<u>Causes, SxS Chest Pain, AMI, basic field care</u>		
<u>Causes, SxS CVA, basic field care</u>		
<u>Causes, SXS shock/bleeding, basic field care</u>		
<u>Causes, SXS for altered LOC</u>		
<u>Types/degrees of burns , basic field care</u>		

Additional Training

Medical Officer Signature: _____