



## FLIGHT PARAMEDIC AREA ORIENTATION

### LEMSA:

I certify that I have reviewed the Local EMS Agency Policy and Protocols Manual for the response area, and understand all policies are available on the Local EMS Agency web site or directly from that agency. I understand I am responsible for maintaining awareness of updates when published or released by the LEMSA.

DATE	APPLICANT (print name)	SIGNATURE

#### ▪ **Medical Control Orientation Objectives**

Patient Destination-Point of Entry Policy, EMS Aircraft, Turnover of Care, Refusal of Care, Interfacility Transfer  
Pre-hospital Patient Care Record Completion Requirements  
EMS Event Reporting Policy  
Radio/Phone contact procedures for relevant Base Hospital(s)  
Review Protocols: Base Hospital Contact Criteria, Trauma Criteria  
STEMI System Criteria

#### ▪ **EMS Communications/Dispatch Orientation Objectives**

Call origination and resource assignment  
Introduction to local frequencies and call signs Radio procedures specific to response area  
Review of local repeaters

#### **Local Area Orientation Objectives**

- Geographical orientation  
Receiving hospitals  
Surrounding provider agencies/resources, i.e. Ambulance, Fire, Helicopter

DATE	FIELD TRAINING OFFICER (print name)	SIGNATURE