

City of Greencastle
Fire Department

Training Division

Instruction page:

Fire Suppression: Ventilation	Done on shift/ All shifts shall take Impact of Horizontal Ventilation online class at UL/fireservice and watch 6 videos assigned on GFDTraining YouTube Channel
EMS: Pt. Assessment (Medical)	Done on shift/ Conduct a Pt. Assessment (Medical) and watch Patient Assessment-Medical video on GFDTraining YouTube EMS Channel
Safety/Bluecard: February Scenario & Video Incident	Done on shift/ Each individual need to do the Feb. bluecard scenario on training computer and Residential House Fire Backdraft Explosion Pre-Arrival video incident on GFDTraining YouTube Incident Channel. Both the scenario and video incident needs to have a Size up –Incident Action plan completed for each individual
Specialized: Smoke Ejectors & Positive Pressure Fans	Done on shift/ Drivers need to teach the part about proper usage and care of PPV fans and Smoke Ejector on T-7
Misc.: Chain Saws	Done on shift/ Drivers need to teach the part about proper usage and care of chainsaws
Hazmat: Rail Cars & Intermodal/ Transportation Trucks	Done on shift/ Watch Intermodal Container DVD also watch Railroad Railcars& Highway Tank Trucks on GFDTraining YouTube Hazmat Channel
Officer: Budgets	Prepared and done by Chief Newgent @Officers meeting

Ventilation

All shifts shall take Impact of Horizontal Ventilation online class at UL/fireservice.

Go to www.ul.com

Then click on Building Materials. Then click on Fire Safety Engineering. Scroll down and click on Fire Service. Then click on Impact of Horizontal Ventilation and take the online class.

All shifts must watch all videos in the online class and the extra information in chapter 1,2,5, and summary. If you want to skip chapters 3 and 4 you may although there is good information in them, they just are very technical.

All shifts need to watch the following videos: at GFDTraining YouTube on Ventilation Channel.

- 1 Fire Fighter Freelanced Ventilation
2. Forcing a door is ventilation
3. Peaked Roof Ventilation
4. FSW Sounding FF
5. Flat Roof Review
6. Inside the Command Post - Episode #17 – SBFD

Hands on Skills:

All shifts need to perform vertical ventilation at the training site, using the roof prop on the burn containers. Every member of the shift needs to be at least the cutting position firefighter once while wearing full PPE and SCBA on air.

Note: Take make the drill more realistic you can remove the roof hatch below the roof prop and light half bale of straw on fire in the container.

Indiana EMT-Basic Practical Skills Examination Patient Assessment/Management - Medical

Start Time: _____

Stop Time: _____

Date: _____

Candidate's Name: _____

Scenario Number: _____

Evaluator's Name: _____

	Points Possible	Points Awarded														
Takes, or verbalizes, body substance isolation precautions	1															
SCENE SIZE-UP																
Determines the scene is safe	1															
Determines the mechanism of injury/nature of illness	1															
Determines the number of patients	1															
Requests additional help if necessary	1															
Considers stabilization of spine	1															
INITIAL ASSESSMENT																
Verbalizes general impression of the patient	1															
Determines responsiveness/level of consciousness	1															
Determines chief complaint/apparent life threats	1															
Assesses airway and breathing	Assessment	1														
	Initiates appropriate oxygen therapy	1														
	Assures adequate ventilation	1														
Assesses circulation	Assesses AND controls major bleeding	1														
	Assesses pulse	1														
	Assesses skin (color, temperature and condition)	1														
Identifies priority patients/makes transport decision	1															
FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT																
Signs and symptoms (Candidates asked _____ pertinent questions about patients chief complaint, see evaluators instructions)	1															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;"><input type="checkbox"/> Respiratory</th> <th style="width: 12.5%;"><input type="checkbox"/> Cardiac</th> <th style="width: 12.5%;"><input type="checkbox"/> Altered Mental Status</th> <th style="width: 12.5%;"><input type="checkbox"/> Allergic Reaction</th> <th style="width: 12.5%;"><input type="checkbox"/> Poisoning/Overdose</th> <th style="width: 12.5%;"><input type="checkbox"/> Environmental Emergency</th> <th style="width: 12.5%;"><input type="checkbox"/> Obstetrics</th> </tr> </thead> <tbody> <tr> <td>*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?</td> <td>*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?</td> <td>*Description of episode. *Onset? *Duration? *Associated Symptoms? *Evidence of Trauma? *Interventions? *Seizures? *Fever?</td> <td>*History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progression? *Interventions?</td> <td>*Substance? *When did you ingest/become exposed? *How much did you ingest? *Over what time period? *Interventions? *Estimated weight? *Effects?</td> <td>*Source? *Environment? *Duration? *Loss of consciousness? *Effects - general or local?</td> <td>*Are you pregnant? *How long have you been pregnant? *Pain or contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period? *Crowning?</td> </tr> </tbody> </table>	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Cardiac	<input type="checkbox"/> Altered Mental Status	<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Poisoning/Overdose	<input type="checkbox"/> Environmental Emergency	<input type="checkbox"/> Obstetrics	*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Description of episode. *Onset? *Duration? *Associated Symptoms? *Evidence of Trauma? *Interventions? *Seizures? *Fever?	*History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progression? *Interventions?	*Substance? *When did you ingest/become exposed? *How much did you ingest? *Over what time period? *Interventions? *Estimated weight? *Effects?	*Source? *Environment? *Duration? *Loss of consciousness? *Effects - general or local?	*Are you pregnant? *How long have you been pregnant? *Pain or contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period? *Crowning?		
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Allergies	1															
Medications	1															
Past pertinent history	1															
Last oral intake	1															
Event leading to present illness (<i>rule out trauma</i>)	1															
Performs focused physical examination (<i>assesses affected body part/system or, if indicated, completes rapid assessment</i>)	1															
Vitals (<i>obtains baseline vital signs</i>)	1															
Interventions (<i>obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment</i>)	1															
Transport (<i>re-evaluates the transport decision</i>)	1															
Verbalizes the consideration for completing a detailed physical examination	1															
ONGOING ASSESSMENT (verbalized)																
Repeats initial assessment	1															
Repeats vital signs	1															
Repeats focused assessment regarding patient complaint or injuries	1															
Critical Criteria	Total:	30														

- _____ Did not take, or verbalize, body substance isolation precautions when necessary
- _____ Did not determine scene safety
- _____ If scenario indicated need, did not obtain / follow medical direction or verbalize standing orders / protocols for medical interventions (s)
- _____ Did not provide high flow oxygen with appropriate mask
- _____ Did not find or manage problems associated with airway, breathing, circulation (shock / hypoperfusion)
- _____ Did not differentiate patient's need for transportation versus continued assessment at the scene
- _____ Did focused history / physical examination before assessing the airway, breathing and circulation
- _____ Did not ask any questions about the present illness
- _____ Administered a dangerous or inappropriate intervention

05/2008

You must factually document your rationale for checking any of the critical items on the reverse side of this evaluation form.

Greencastle Fire Department Strategy and Tactics Work Sheet

Describe the following:	Answer:
Initial Hoseline size and placement	
Resources needed?	
Which MABAS box?	
Search? If so how and where would you began	
Where would you position Ondeck?	
Is Ventilation needed? If so what kind and where?	
Any Special considerations?	
Any special outside agencies required?	