



**Protect the health of your community.
Join. Train. Respond.**



Emergency Medical Services Recruitment and Retention Toolkit

OnCall for Vermont

OnCall for Vermont is a public health volunteer recruitment and retention campaign. Interested volunteers have two types of opportunities for health-focused volunteering, training and response – Medical Reserve Corps and Emergency Medical Services.

A survey of EMS heads of service in January 2014 revealed that over 86% of Vermont EMS agencies utilize volunteers, but two thirds of all EMS agencies in the state felt that they were understaffed. Through an aggressive media presence, the main objective of the OnCall for Vermont campaign is to raise awareness of EMS volunteer opportunities throughout the state, and connect interested individuals with their local EMS organization to help meet this staffing need.

Toolkit

Inside this toolkit you will find examples and templates of materials that many of Vermont's EMS agencies have found useful when managing new volunteers. These tools are also available in editable and downloadable Microsoft Word template format on the OnCall for Vermont website Media Center at www.oncallforvt.org/media-center/. EMS services are encouraged to review their current tools and make use of these templates to update or generate new materials.

About the Toolkit

This toolkit has been assembled by staff at the Vermont Department of Health, Division of Emergency Preparedness, Response and Injury Prevention (Vermont EMS). If you have questions about these tools or how to use them with your EMS organization, please contact us at vtems@state.vt.us or call us at 802-863-7310.



SECTION I: VOLUNTEER RECRUITMENT

Introduction

Vermont's EMS organizations rely heavily on a volunteer workforce. For many years, recruitment and retention of volunteers has been a significant challenge. Locating and enlisting high quality, motivated, dedicated, and compassionate volunteers is the ultimate goal of a recruitment program. Many volunteers first arrive at an EMS agency with no previous EMS training but with the desire to help their community. This requires an intensive commitment in time and resources by an EMS agency to provide the training necessary to train an applicant to be a fully-functioning volunteer EMS provider.

This section of the OnCall for Vermont EMS toolkit will discuss EMS volunteer recruitment, identify sources for volunteers, suggest a recruitment team approach at the agency level, discuss commonly used recruitment techniques, and examine what motivates different types of people to volunteer. The second section will discuss techniques and practices some EMS agencies in Vermont use to retain the valuable volunteer workforce that they have established.

Volunteer recruitment is a year-round and recurring process. While efforts should be made to reduce turnover as much as possible, it is an inevitable factor in volunteer organizations. Effective retention programs will minimize this number, but new members should always be in training and assuming vacancies as they occur.

Identifying Staffing Needs

While complex formulas and turnover calculations are possible, for most agencies simply understanding your staffing needs at any point in time will provide a reasonable recruitment target. If there is a large need for several new members with frequent shift openings, this may dictate a more robust and proactive outreach approach. If staffing levels are near or at capacity, a less active approach may be possible and focus can be more on retention of current staff. Each EMS agency's unique needs at any point in time will drive the need for recruitment efforts.

Consider whether your agency could use some volunteers that do not run EMS calls. Perhaps there are members of your community that are not able to become an EMR or EMT for whatever reason. A committed volunteer that could organize a fundraiser, subscription campaign, answer phone calls at the station, or send out press releases may provide a great service to your agency and the community while freeing up other members to take EMS calls. A parent or grandparent that can do some of these things while waiting for the school bus or someone that may not be physically up to running an emergency call could do many of these non-EMS call activities. Consider targeting some of your recruitment at these people.



Initial Education Cycle Considerations

An important factor to consider is how long a new applicant may have to wait before enrolling in an initial EMR or EMT course. In many parts of Vermont, these courses are only offered a few times a year. It is important for EMS agencies to involve new and non-licensed members in training activities to prepare them for educational courses and allow them to practice the skills they are learning once enrolled in formal training. Some other solutions can include offering an alternating EMR and EMT course schedule, and considering driver training at the squad level so the new member can still learn new skills while waiting for the next EMR or EMT course to begin.

Recruitment Team

The composition of a recruitment team can vary based on the size of your agency and your recruiting needs. In general, every agency should have at least one person who is the point of contact for new applicants. Many agencies choose to utilize a membership committee or other small group to share the duties. It is important to choose the right person or team to serve as the point of contact for potential new recruits. They should be welcoming, easy to talk to, and understand the things that are important to the agency in a volunteer. The person most interested in this position may or may not be the best person for this position. No matter how the recruitment program is organized, essential duties to be completed include:

- Attend job fairs and public events, staff recruitment booths and provide information about the organization and volunteer needs.
- Reply quickly to welcome new applicants and answer any questions.
- Receive and review applications and schedule interviews.
- Conduct reference and background checks in accordance with agency policy.
- Schedule new members for orientation and assign them to a duty crew and/or field training officer.
- Assist new members with obtaining affiliation and registering for initial education course (EMR or EMT).
- Assist new members with existing certification in obtaining licensure reciprocity.

Agencies should also have a public relations presence as a component of the recruitment team. Consider assigning this role to a member who is generally available during weekdays to do community outreach and recruitment. Other agencies choose their head of service to fill this role. Public relations roles and duties can include:

- Maintaining relationship with local media, including issuing media releases, conducting interviews and submitting articles for publication. Many agencies that have successful recruitment campaigns have developed relationships with their local media. The media could range from television or radio to small newspapers or newsletters that are read in the community. It is important to choose the right person to serve as the spokesperson. The person most interested in the job may or may not be the best person for the job. Designate someone that is very familiar with the organization and able to put into simple terms descriptions of the events or needs of the agency.
- Publicly recognizing members for the accomplishments both internally and in the media.
- Publicizing new services, abilities or personnel changes (e.g. specialized training courses, new equipment purchases, personnel promotions and retirements.

Tools and templates for interacting with the media are located in this toolkit in the “News & Media Relations” section.

How to Reach Potential New Volunteers

Personal recruitment

Almost 80% of Vermont's EMS agencies recently surveyed found word of mouth to be one of the most effective methods of recruitment. Having current members invite friends and colleagues personally to your organization is one of the best ways to obtain good personnel. Current members can bring a friend and attend an introductory meeting with them and then encourage them to complete the application process.

Printed materials:

There are opportunities to leave brochures and other printed material in offices or cafes or other public areas for the general public to review. This is a relatively inexpensive and effective method of distributing information that can be customized based on the organization. Locations for posting should be considered closely and should target those members of the community you wish to recruit. For instance, if your agency needs volunteers that are available during weekdays, consider placing brochures and focusing recruitment around those locations in your community which have the most number of people available on weekdays. This might be grocery stores, the library, or a community center.

Website/Social Media:

Similar to printed materials, an organization website or social media such as Facebook offers an opportunity to post information about your organization, membership needs and requirements, the application and process, pictures of facilities, apparatus and articles about recent events. Websites do require special setup and ongoing maintenance to keep the content current. Technical skills required vary based on the complexity and format of the site. Many agencies which are successful recruiting volunteers use a website or social media site to post updates and publicize the great work they do in the community.

TV and Radio Media:

Working with a local reporter or program manager from a local radio station or community television channel can provide a great opportunity for publicity of your organization and its messages. Inviting media to drills and public safety events can provide them with local stories that feature your organization and the community positively. Using this earned media to mention current recruitment needs allows for air time for little cost. Often local radio stations feature public service announcements (PSAs) for local organizations throughout the day, thus reaching a variety of audiences. Consider seeking a locally-oriented talk show from a radio station or local community network for an interview. These shows often have active local audiences and are often run multiple times each week. Many people that have not been a media spokesperson have some fear of not sounding good or of being caught off guard by the questions. These fears can be managed with proper preparation and planning of the content of the interview.

Newspapers:

Almost every town or cluster of towns in Vermont has a local newspaper. Many of these newspapers run feature stories, news articles, and highlight recent events and local organizations. This provides many great opportunities for your organization to establish a regular and positive voice in the community, such as short biographies on each staff member with a small picture or interviews with reporters, and coverage of events and training sessions. Some ideas for publications in these newspapers include staff recognition, open house events, recruitment ads, EMS Week articles, public safety and medically related information, recent additions to skills or abilities of the organization, and what is planned for the organization to meet the needs of the community in the future (new station, additional apparatus, MCI trailers, communications upgrades, etc.). As with all media, be sure the reporter understands the right message that you are trying to convey with the story (recruitment, educational, safety messages for the community etc.).

Community Bulletin Boards:

Many communities have bulletin boards for placing posters and fliers. This can provide a great inexpensive method of getting your information out. Many large companies also may have notice boards internally and you may be able to get your material and recruiting effort information on these. Targeting an audience where many employees already are in the habit of reviewing material can inform a large number of people. Material can be quickly and inexpensively printed. Make sure the design of any fliers or posters is not too busy, too graphic or too much reading material. Use pictures of individuals in uniforms or staged action, but never actual patients. Family interaction with the organization and social events also can draw in family-oriented members.

Electronic email forums and bulletin boards:

Covering every community in the state, organizations can send out targeted email messages to subscribers. This can include announcements about upcoming events, calls for volunteers and other messages. Consider setting up an organizational account at www.FrontPorchForum.com.

Town Meeting Day:

An annual custom in Vermont, Town Meeting Day offers the chance for organizations to interact directly with a gathering of residents. These conversations do not need to be limited to questions related to budgets and ballot items. Often this is an ideal opportunity for EMS agencies to let the community know of their staffing and recruiting needs and challenges.

Public Speaking Engagements:

Often groups seek community-involved speakers and will provide an opportunity for your organization to present. Consider seeking opportunities with the Lion's Club, Rotary, Kiwanis, and other civic-focused community organizations. Factors to consider before making a public speaking engagement:

- Who are the members/attendees? Medical knowledge, volunteering interest.
- How many attendees are expected and why are they attending?
- How much time will you have to speak?
- Setting and room (dark or bright, formal seating, standing room only, etc.)?
- Will you be expected to use AV equipment (microphone, overhead projector, laptop, etc.).

Booths and Exhibits:

Most communities will hold various events or shows and will allow your organization to host a booth for educational and recruitment efforts. This can be a home and garden show, a fair and field days, a civic engagement fair, a career fair, a farmer's market and many more. These booths can be staffed or unstaffed based on your available resources. Staffed is preferred as there is a person there from your organization to interact and answer questions. Some agencies use a simple folding display board with photos and educational information, along with some equipment on the booth table. This can generate interest and an opportunity for conversation and interaction, leading to a recruitment opportunity. Also look for health fairs and events at a local mall or shopping centers. Some storefronts can also hold a booth for your organization for shoppers to view.

Direct Mailing (with subscriptions):

The postal service is able to send mailings to very specific populations in a geographic area. Producing a mailing and sending it to a select town is very easy. Contact your local postmaster with questions about this and they can help you. Those organizations with subscription programs should consider including recruitment information along with the annual subscription mailing.

Understanding the Motivation to Volunteer

Many people choose to volunteer in EMS for very personal and specific reasons. Understanding some of the most common motivations can help EMS organizations target these populations for recruitment efforts. It is more important to try to offer recruitment and retention activities and situations that each of these types would find compelling than it is to try to identify which of these fits a particular potential volunteer. At a recent workshop, four common segments were identified.

Values-Driven: Concern for and desire to help the community, people in need or important causes. These individuals need to know how their actions contribute to their community, and that the organization they are serving with shares their values. They need to feel that their actions are contributing to the greater good, that they are valued and that there are tangible results and outcomes from their service.

Intrinsic validation: Increases positive feelings about oneself and potential; fulfills a desire to serve. These individuals want to understand what they will attain from their volunteer service, how to measure their value and what the pathway and process is for success. Validation and knowing they are making a valuable difference is important. Like others, being thanked and recognized reinforces their desire to serve.

Curious: Desire to learn about the cause, other people and one's own abilities and limits; desire to be the first to know and have insider's knowledge. These people often come with their own questions to be answered, but have a general curiosity about what EMS is like. They want to feel satisfied that they gained the understanding and knowledge that they sought. Keeping them engaged can involve new projects and regular recognition.

Achievers: Interest in developing and expanding experiences, skills, credentials and opportunities; aligning behavior with social groups; carrying on the family tradition. These volunteers are often very successful and busy. They are often very focused on a path of goals and concentrate their efforts on achieving these goals. They need to feel a sense of responsibility and control of their path and often will not wait if opportunities are not quickly available.

A few common themes across all of these segments are the need for a simple and obvious path for training and success, and that most individuals will respond positively to recognition and thanks, even in small amounts. Many of the tools in this toolkit are designed to help organize the intake and training path for new volunteers, and recognition is addressed in the next section on volunteer retention programs.

SECTION II: VOLUNTEER RETENTION

Introduction

Many individuals have unique needs to be met by their volunteer service in EMS to keep them engaged. Often these are simple things that can easily be addressed. They include: recognition and appreciation, specific and manageable tasks, appropriate and adequate training, clear and consistent instructions, a safe and comfortable environment free of stress and negativity. Meeting all of these needs can sometimes be challenging when organizational focus is so often on simply achieving adequate staffing, so the guidance in this section will attempt to address how to retain current volunteers.

Recognition Programs

One of the best methods of retaining a strong and motivated workforce is with a recognition program. Besides financial compensation or rewards, volunteers want to be recognized for their efforts and their commitment. Being recognized for service to an organization can keep volunteers active and excited about their part in it. Here are some examples:

- Recognizing a member for their skill, ability, professionalism, and teaching/mentoring abilities. Wearing an Field Training Officer (FTO) or Captain pin on a uniform may be one of the best recognition awards to a committed instructor or mentor.
- Annual awards such as a Crew Chief or Team Leader Award, a Driver Award, an Attendant Award and/or a Trainee of the Year Award. This leads to a single member being selected for each position. This is a member who has performed above and beyond over the whole year. Often organizations also hand out length of service pins for landmark years of service. This instills pride in the individual's longevity and commitment, and often is a conversation-starter for fellow volunteers and even patients.
- "Run Clubs". Once a member reaches a landmark total of runs their name is added to a plaque. This award can also include a pin or patch for the uniform or jumpsuit of the member (i.e. "500 Club" or "1000 Club").
- National association awards. The American Ambulance Association has a Stars of Life program where recognized providers go to Washington, DC and meet their congressional members, enjoy award lunches, and take tours of our nation's capital. They receive a medal and other certificates of excellent service in prehospital medicine.

Recognizing Families

Significant others and families have a big impact on member performance and participation. Thanking families for understanding their loved one's commitment with simple gestures can help them feel welcome in the organization. Some services send a birthday card to each member's significant other each year. Others provide a small holiday gift for both members and significant others each year. Others provide a gift certificate for dinner if members work on holidays like Christmas, New Year's Eve, etc. Sometimes a family dinner night is hosted annually and members and their families have a chance to interact with each other.

The key concept is that these families and significant others also make a sacrifice of their time and during special occasions and holidays. Keeping both members and significant others feeling happy and appreciated by your organization are critical factors in volunteer retention.

Education and Training Incentives

The use of educational and personal development is a growing retention tool. While continuing education requirements continue to challenge many volunteers with additional time commitments, the use of LearnEMS and other electronic training opportunities offer flexibility in completing these requirements.

Additionally, many organizations have funding to provide educational tuition assistance or reimbursement for EMT/AEMT programs, EMS conferences and other activities. Defraying the financial impact of attending training can be a very effective and well-received benefit to EMS volunteers.

Facilities and Amenities and Volunteer Retention

Another area to focus on is the amenities that members desire. Some services provide an annual survey asking what members would like to make the station more enjoyable while on shift. Responses include: new mattresses, another TV, a new DVD player, more kitchen utensils and cookware, and new equipment for washing personal cars. These are not very expensive items, but can contribute to the happiness of the entire organization. Agencies with a more generous budget have added amenities such as gym equipment or office space for volunteer use. Targeted fundraisers can be considered to generate the funds for such specialized equipment.

Other busy agencies realized volunteer crews were missing mealtimes due to call volume. They began to stock non-perishable snacks in their kitchen and included supermarket and coffee gift cards in their ambulances for crew use. This small gesture to increase convenience is often highly regarded by volunteers.

Applications

EMS volunteer applications collect and provide basic information about an applicant to an interview team or membership committee. Applications may be printed by the agency and provided to interested parties or posted on a website. Some websites can capture all of the application information online without the need for printing. Often, the application form and process for volunteer positions are no different than for a compensated position.

Any new application template should be reviewed by a Human Resources professional or an attorney to ensure the information requested falls within legal boundaries for a job application. Once this information is collected, it must be safeguarded.

An application template is provided in this section.

Background Checks

Many EMS agencies in Vermont choose to conduct various background checks on applicants. This can help to verify an applicant's criminal record history, motor vehicle operation record and status for Medicare reimbursement. There are several types of background checks that can be performed on prospective and new staff members. The most common are described below.

Personal Background Checks

Personal background checks involve contacting references, both personal and professional, supplied by the applicant. Many organizations will also ask current staff for feedback. Often others in an organization will know applicants personally or through classes and other associations.

Criminal Background Checks and Sex Offender Registry

Many of Vermont's EMS agencies work with local law enforcement partners to determine the types of background checks they choose to conduct on prospective volunteers, as well as the process to conduct them.

A Vermont Criminal Background check will provide the criminal record of the individual within the state of Vermont. There is typically no charge for this check.

An NCIC (National Criminal Information Center) background check includes a search of all criminal databases in all of the states, the FBI and other federal agencies. If a new applicant has come from another state and they have not had any criminal activity in Vermont, the Vermont background check will not show any activity. The NCIC process includes fingerprinting by a law enforcement officer as well as providing some additional information.



The Vermont Sex Offender Registry maintains a list of individuals convicted of specific sexual crimes.

More information about both types of criminal background checks and the Vermont Sex Offender Registry can be found at the Vermont Crime Information Center (VCIC) website at:

http://vcic.vermont.gov/record_checks/vermont/vulnerable. It is recommended that agencies also consult with local law enforcement partners in developing these policies and procedures.

HHS OIG Check

The Department of Health and Human Services Office of the Inspector General (HHS OIG) maintains an Exclusions Database. If an individual has been sanctioned or otherwise disqualified from receiving Medicare payments, then bills involving that member may be rejected for payment. EMS organizations should verify the eligibility of each ambulance staff member to receive reimbursement payments from Medicare for services and consider conducting this verification on an ongoing basis.

The HHS OIG Exclusions Database can be found at: <http://exclusions.oig.hhs.gov/>.

Vermont DMV Check

Agencies may choose to conduct a check of applicant driver records as part of the application process. This may be for general awareness or for insurance purposes. It is recommended that agencies consult with local law enforcement partners in developing these policies and procedures. More information can also be found at: <http://dmv.vermont.gov/safety/violations/records>.

(Used with permission from Cambridge Rescue Squad, Inc.)

**APPLICATION**

Instructions: Please complete all blanks. If an area is not applicable please enter N/A.

Applicant Information:

Date _____

Last Name _____ First _____ MI _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email Address _____

Social Security Number ____ - ____ - ____

Driver's License Number _____ State _____

Date Available to Start _____ Position Applied for _____

Are you a citizen of the United States? Yes No Are you 18 years of age? Yes No Are you a veteran of the U.S. Military? Yes No Were you honorably discharged Yes No Have you ever been convicted of a felony or misdemeanor? Yes No **Education**

High School _____ City _____ State _____

From _____ to _____ Did you graduate? Yes No Degree _____

College _____ City _____ State _____

From _____ to _____ Did you graduate? Yes No Degree _____

Other _____ City _____ State _____

From _____ to _____ Did you graduate? Yes No Degree _____

References (Please supply three references)

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____ City _____ State _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____ City _____ State _____

Full Name _____ Relationship _____

Company _____ Phone _____

Address _____ City _____ State _____

EMS Employment or Membership

Entity _____ Position _____

Supervisor _____ Phone _____

Address _____ City _____ State _____

Entity _____ Position _____

Supervisor _____ Phone _____

Address _____ City _____ State _____

Entity _____ Position _____

Supervisor _____ Phone _____

Address _____ City _____ State _____

EMS Training and Licensure

HCP CPR Yes No Expiration Date _____

EMT Yes No State _____ License Number _____ Expiration Date _____

National Registry _____ Expiration Date _____

AEMT Yes No State _____ License Number _____ Expiration Date _____

National Registry _____ Expiration Date _____

Paramedic Yes No State _____ License Number _____ Expiration Date _____

National Registry _____ Expiration Date _____

Have you completed the following training?

IS 100 Yes No IS 200 Yes No IS 700 Yes No IS 800 Yes No

Hazmat for First Responders Yes No Instructor Coordinator (I/C) Yes No

Other: _____

Signature

By signing below I attest that the above information is complete and accurate. I understand that failure to provide complete and accurate information may result in the rejection of my application or termination of any future affiliation with (insert name of agency here).

Name _____ Date _____

Authorization for Reference Check and Waiver and Release of Claims

I have applied to [YOUR AGENCY NAME HERE] for consideration of membership or employment. In order that said organization can better evaluate my qualifications, I wish that it be fully advised of my performance and record with you.

I give the organization the right to investigate all references and to secure the above Reference Check information about me in order to arrive at a membership or employment decision. I also authorize all persons, institutions, organizations and companies to furnish any and all information sought in the above Reference Check. I waive any legal requirement to provide notice to me regarding reports, records or information given or received in accordance with this authorization.

I hereby release and hold harmless [YOUR AGENCY NAME HERE], its agents, employees, and assigns from any claim of liability I may have against it and/or them for decisions, even if adverse, arising out of information received in response to the above Reference Check.

I further hereby authorize any person or entity to which this Authorization for Reference Check and Waiver and Release of Claims is presented to release any information required therein to [YOUR AGENCY NAME HERE], its agents, employees, or assigns. I further agree to hold harmless any person or entity from any claims of liability I may have against him/her/it for the release of such information, and waive and release any such claims.

I hereby acknowledge that I have read and understand each of the above statements.

Name of Applicant (print) _____

Signature of Applicant _____

Date _____

Background Check Policy

[YOUR AGENCY NAME HERE] personnel provide emergency medical care and community health to individuals, families, residents, visitors and the community at-large. As a result, all members and employees shall meet the highest ethical and moral standards. This policy, therefore, should be considered serious and compliance vital.

All applicants for membership or employment shall authorize the following checks as a condition of consideration. The failure to authorize these checks, as well as, the failure to fully and completely disclose related information shall disqualify the candidate from membership or employment. If any future background checks reveals any new undisclosed information it may be grounds for discipline or termination.

Criminal Records

Due to the nature of their work, members and employees of [YOUR AGENCY NAME HERE] must be free of any history that may call into question their care of patients, including but not limited to children, the elderly, or those that are considered part of the vulnerable populations.

[YOUR AGENCY NAME HERE] shall access records of the State of Vermont or any other state where the individual has resided for more than 30 days during the ten years prior to access.

Convictions, in themselves, do not necessarily disqualify individuals from membership or employment. Criminal records will be reviewed and consideration of the individual's membership or employment based upon the following:

- a. The seriousness and specific circumstances of the offense(s);
- b. Age of individual at the time of the offense(s);
- c. The length of time elapsed since the offense(s);
- d. Evidence of repeat or pattern behavior;
- e. Whether the offense impairs or impacts on the skills, duties and/or responsibilities of a pre-hospital care provider;
- f. Whether the offense involved violence or abuse of a person;
- g. Whether the offense involved a minor or a person of diminished capacity;
- h. Whether the offense involved use or distribution of controlled substances;
- i. Whether the offense involved Theft, Larceny or other illegal taking of property.

j. Other criminal history.

If after assessing the factors set out above the organization believes it needs further information before it can make a determination regarding the individual's status, management shall contact the individual to present additional information.

It shall be the ongoing obligation of all members and employees to **promptly** notify the Rescue Chief or designee of **any criminal conviction** or **any charge** that may involve moral turpitude or the abuse of members of vulnerable populations.

Motor Vehicle Records

[YOUR AGENCY NAME HERE] shall access the motor vehicle records, if any, of all members and employees upon application for employment, as well as, every two years thereafter.

Convictions, in themselves, do not necessarily disqualify individuals from membership or employment. Motor vehicle records will be reviewed and consideration of the individual's membership or employment based upon the following:

- a. All operators must be properly licensed to drive for a period of at least two years and be at least 18 years of age.
- b. All operators must have a current valid driver's license meeting state requirements.

The following criterion shall apply, with no member or employee being "unacceptable":

Number of violations or number of at-fault accidents (last three years)

	0	1	2	3
0	Acceptable	Acceptable	Acceptable	Acceptable
1	Acceptable	Acceptable	Unacceptable	Unacceptable
2	Acceptable	Unacceptable	Unacceptable	Unacceptable
3	Unacceptable	Unacceptable	Unacceptable	Unacceptable
4	Unacceptable	Unacceptable	Unacceptable	Unacceptable
Any major violations	Unacceptable	Unacceptable	Unacceptable	Unacceptable

Major Violations:

- a. Driving under the influence of alcohol/drugs
- b. Failure to stop/report an accident
- c. Reckless driving/speeding contest
- d. Homicide, manslaughter or assault arising out of use of a vehicle
- e. Making a false accident report
- f. Driving with a suspended/revoked license
- g. Attempt to elude a police officer

Minor Violations:

- a. Speeding
- b. Failure to obey traffic control devices
- c. Failure to sign or display registration
- d. Failure to have driver's license in possession
- e. Seat belt violation
- f. A minor violation in which the driver has been charged with an accident
- g. Hands-free cell phone/texting violation

If after assessing the factors set out above the organization believes it needs further information before making a determination regarding membership or employment, management shall contact the individual to present additional information.

It shall be the ongoing obligation of all members and employees to notify the Rescue Chief or designee of any motor vehicle convictions, suspensions or loss of license to operate a motor vehicle.

Sexual Offender Registry

[YOUR AGENCY NAME HERE] shall check the sexual offender registry during the application phase, as well as, no less than every two years. Inclusion in the Sexual Offender Registry shall be an automatic disqualification of any individual from membership or employment.

It shall be the absolute obligation of any member or employee to advise [YOUR AGENCY NAME HERE] promptly of any charge or conviction that involves an offense that involves an offense against a member of a vulnerable population.

Excluded Individuals Database

[YOUR AGENCY NAME HERE] shall check the excluded individuals' database during the application phase, as well as, no less than every two years. Exclusion shall be an automatic disqualification of any individual from membership or employment.

It shall be the absolute obligation of any member or employee to advise the Rescue Chief or designee promptly of exclusion from participation in federally reimbursed health care programs.

Position Descriptions

One of the most critical pieces of the recruitment process is assembling a clear and concise job description for the positions to be filled. Most organizations know what they need the individual to do, but the prospective recruit does not know exactly what is expected of them. A written job description makes this far more understandable for the prospective recruit.

Attached are descriptions for each EMS level, as detailed in *the National Emergency Medical Services Scope of Practice Model*. These are good starting points but your organization may have additional requirements to be added or other changes to be made before use.

Here is a list of items that should be included in a standard job description:

Title/Position: Official position title and a 1-2 sentence general description of the position and expectations.

Duties and Responsibilities: More comprehensive descriptions specific of tasks to be accomplished, decisions to be made, interactions expected in the position. This section can also include goals and objectives of the position and how success is measured.

Qualifications: Minimum set of qualifications the organization is seeking for the position, including education, physical abilities, knowledge, certifications, licenses and any prior experience.

Working Conditions: The physical requirements and working conditions in EMS can differ greatly from traditional office-based work. This section can include specific descriptions of the environments and hazards EMS applicants may encounter.



Description of the Profession

(Source: the National Emergency Medical Services Scope of Practice Model)

Emergency Medical Responder (EMR)

The Emergency Medical Responder's scope of practice includes simple skills focused on lifesaving interventions for critical patients. Typically, the Emergency Medical Responder renders on-scene emergency care while awaiting additional EMS response and may serve as part of the transporting crew, but not as the primary care giver.

In many communities, Emergency Medical Responders provide a mechanism to increase the likelihood that trained personnel and lifesaving equipment can be rapidly deployed to serious emergencies. In all cases, Emergency Medical Responders are part of a tiered response system. Emergency Medical Responders work alongside other EMS and healthcare professionals as an integral part of the emergency care team.

The Emergency Medical Responder's scope of practice includes simple, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, the Emergency Medical Responder provides care designed to minimize secondary injury and comfort the patient and family while awaiting additional EMS resources.

A major difference between the lay person and the Emergency Medical Responder is the "duty to act" as part of an organized EMS response.

In some systems, Emergency Medical Responders serve as a part of the crew on transporting EMS units; however, the EMR is not intended to be the highest level caregiver in such situations. They must function with an EMT or higher level personnel during the transportation of emergency patients. The scope of practice model of an EMR is limited to simple skills that are effective and can be performed safely in an out-of hospital setting with medical oversight.

After initiating care, the Emergency Medical Responder transfers care to higher level personnel. The Emergency Medical Responder serves as part of an EMS response system that ensures a progressive increase in the level of assessment and care.



Psychomotor Skills

The following are the minimum psychomotor skills of the EMR:

- Airway and Breathing
 - Insertion of airway adjuncts intended to go into the oropharynx
 - Use of positive pressure ventilation devices such as the bag-valve-mask
 - Suction of the upper airway
 - Supplemental oxygen therapy
- Pharmacological interventions
 - Use of unit dose auto-injectors for the administration of lifesaving medications intended for self or peer rescue in hazardous materials situations (MARK I, etc.)
- Medical/Cardiac Care
 - Use of an automated external defibrillator
- Trauma Care
 - Manual stabilization of suspected cervical spine injuries
 - Manual stabilization of extremity fractures
 - Bleeding control
 - Emergency moves

Description of the Profession

(Source: the National Emergency Medical Services Scope of Practice Model)

Emergency Medical Technician (EMT)

The Emergency Medical Technician's scope of practice includes basic skills focused on the acute management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

In many communities Emergency Medical Technicians provide a large portion of the out-of-hospital care. In some jurisdictions, especially rural areas, Emergency Medical Technicians provide the highest level of out-of-hospital care. Emergency Medical Technicians work alongside other EMS and health care professionals as an integral part of the emergency care team.

Emergency Medical Technicians' scope of practice includes basic, non-invasive interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings.

Additionally, Emergency Medical Technicians provide care to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an emergency care facility.

An Emergency Medical Technician's knowledge, skills, and abilities are acquired through formal education and training. The Emergency Medical Technician has the knowledge of, and is expected to be competent in, all of the skills of the EMR. A major difference between the Emergency Medical Responder and the Emergency Medical Technician is the knowledge and skills necessary to provide medical transportation of emergency patients.

The Emergency Medical Technician level is the minimum licensure level for personnel transporting patients in ambulances. The scope of practice is limited to basic skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training.

The Emergency Medical Technician transports all emergency patients to an appropriate medical facility. The Emergency Medical Technician is not prepared to make decisions independently regarding the appropriate disposition of patients. The Emergency Medical Technician serves as part of an EMS response system, assuring a progressive increase in the level of assessment and care. The Emergency Medical Technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Emergency Medical Technicians often perform medical transport services for patients requiring care within their scope of practice.



Psychomotor Skills

The following are the minimum psychomotor skills of the EMT:

- Airway and Breathing
 - Insertion of airway adjuncts intended to go into the oropharynx or nasopharynx
 - Use of positive pressure ventilation devices such as manually triggered ventilators and automatic transport ventilators
- Pharmacological Interventions
 - Assist patients in taking their own prescribed medications
 - Administration of the following over-the-counter medications with appropriate medical oversight:
 - Oral glucose for suspected hypoglycemia
 - Aspirin for chest pain of suspected ischemic origin

Description of the Profession

(Source: the National Emergency Medical Services Scope of Practice Model)

Advanced Emergency Medical Technician (AEMT)

The Advanced Emergency Medical Technician's scope of practice includes basic and limited advanced skills focused on the acute management and transportation of critical and emergent patients. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

For many communities, Advanced Emergency Medical Technicians provide an option to provide high benefit, lower risk advanced skills for systems that cannot support or justify Paramedic level care. This is frequently the case in rural and volunteer systems. In some jurisdictions, Advanced Emergency Medical Technicians are the highest level of out-of-hospital care. In communities which utilize emergency medical dispatch systems, Advanced Emergency Medical Technicians may function as part of a tiered response system. In all cases, Advanced Emergency Medical Technicians work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Advanced Emergency Medical Technician's scope of practice includes basic, limited advanced and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on assessment findings. Additionally, Advanced Emergency Medical Technicians provide care to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an emergency care facility.

The Advanced Emergency Medical Technician's knowledge, skills, and abilities are acquired through formal education and training. The Advanced Emergency Medical Technician has the knowledge associated with, and is expected to be competent in, all of the skills of the EMR and EMT. The major difference between the Advanced Emergency Medical Technician and the Emergency Medical Technician is the ability to perform limited advanced skills and provide pharmacological interventions to emergency patients.

The Advanced Emergency Medical Technician is the minimum licensure level for patients requiring limited advanced care at the scene or during transportation. The scope of practice is limited to lower risk, high benefit advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight and limited training.

The Advanced Emergency Medical Technician transports all emergency patients to an appropriate medical facility. The Advanced Emergency Medical Technician is not prepared to independently make decisions regarding the disposition of patients. The Advanced Emergency Medical Technician serves as part of an EMS response system assuring a progressive increase in the level of assessment and care. The Advanced Emergency Medical Technician may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Advanced Emergency Medical Technicians often perform medical transport services for patients requiring care within their scope of practice.



Psychomotor Skills

The following are the minimum psychomotor skills of the AEMT:

- Airway and Breathing
 - Insertion of airways that are NOT intended to be placed into the trachea
 - Tracheobronchial suctioning of an already intubated patient
- Assessment
- Pharmacological Interventions
 - Establish and maintain peripheral intravenous access
 - Establish and maintain intraosseous access in a pediatric patient
 - Administer (non-medicated) intravenous fluid therapy
 - Administer sublingual nitroglycerine to a patient experiencing chest pain of suspected ischemic origin
 - Administer subcutaneous or intramuscular epinephrine to a patient in anaphylaxis
 - Administer glucagon to a hypoglycemic patient
 - Administer intravenous D50 to a hypoglycemic patient
 - Administer inhaled beta agonists to a patient experiencing difficulty breathing and wheezing
 - Administer a narcotic antagonist to a patient suspected of narcotic overdose
 - Administer nitrous oxide for pain relief

Description of the Profession

(Source: the National Emergency Medical Services Scope of Practice Model)

Paramedic

The Paramedic's scope of practice includes basic and advanced skills focused on the acute management and transportation of the broad range of patients who access the emergency medical system. This may occur at an emergency scene until transportation resources arrive, from an emergency scene to a health care facility, between health care facilities, or in other health care settings.

In some communities, Paramedics provide a large portion of the out-of-hospital care and represent the highest level of out-of-hospital care. In communities that use emergency medical dispatch systems, Paramedics may be part of a tiered response system. In all cases, Paramedics work alongside other EMS and health care professionals as an integral part of the emergency care team.

The Paramedic's scope of practice includes invasive and pharmacological interventions to reduce the morbidity and mortality associated with acute out-of-hospital medical and traumatic emergencies. Emergency care is based on an advanced assessment and the formulation of a field impression. The Paramedic provides care designed to minimize secondary injury and provide comfort to the patient and family while transporting the patient to an appropriate health care facility.

The Paramedic has knowledge, skills, and abilities developed by appropriate formal education and training. The Paramedic has the knowledge associated with, and is expected to be competent in, all of the skills of the EMR, EMT, and AEMT. The major difference between the Paramedic and the Advanced Emergency Medical Technician is the ability to perform a broader range of advanced skills. These skills carry a greater risk for the patient if improperly or inappropriately performed, are more difficult to attain and maintain competency in, and require significant background knowledge in basic and applied sciences.

The Paramedic is the minimum licensure level for patients requiring the full range of advanced out-of-hospital care. The scope of practice is limited to advanced skills that are effective and can be performed safely in an out-of-hospital setting with medical oversight.

The Paramedic transports all emergency patients to an appropriate medical facility. The Paramedic serves as part of an EMS response system, ensuring a progressive increase in the level of assessment and care. The Paramedic may make destination decisions in collaboration with medical oversight. The principal disposition of the patient encounter will result in the direct delivery of the patient to an acute care facility.

In addition to emergency response, Paramedics often perform medical transport services for patients requiring care within their scope of practice.



Psychomotor Skills

The following are the minimum psychomotor skills of the Paramedic:

- Airway and Breathing
 - Perform endotracheal intubation
 - Perform percutaneous cricothyrotomy
 - Decompress the pleural space
 - Perform gastric decompression
- Pharmacological interventions
 - Insert an intraosseous cannula
 - Enteral and parenteral administration of approved prescription medications
 - Access indwelling catheters and implanted central IV ports for fluid and medication administration
 - Administer medications by IV infusion
 - Maintain an infusion of blood or blood products
- Medical/Cardiac Care
 - Perform cardioversion, manual defibrillation, and transcutaneous pacing

(Source: Used with permission from Richmond Rescue)

Frequently Asked Questions Regarding Membership with [XYZ Rescue]

What are the requirements to become a member?

We require that you be age 16 or older and have a strong desire to help your community. For potential members still in high school, we offer a cadet program to learn the workings of EMS without the time commitment of full membership.

What kind of time commitment do I have to make?

We require that members run a weekly, 12-hour shift. That can occur on a day crew (Monday through Friday from 6am to 6pm) or a night crew (Sunday through Friday from 6pm to 6am). We also require every member to run two, 12-hour weekend shifts per month. We can be flexible with the scheduling of the weekend shifts if you have other commitments.

Do I need to have any EMS experience?

No prior EMS experience is required, although many of our new members join us having already taken an EMT course at UVM. Once you have been on the squad for six months we will sponsor and pay for an EMT class.

Who are your current members and what are their backgrounds?

We have members with all different backgrounds: carpenter, land surveyor, doctor, nurse, theater lighting director, medical assistant, medical student, financial analyst and many more. The diversity of our membership is what makes us an interesting place to volunteer.

Do I need to live in your service area to be a member?

No. More than half our members reside in our service area. Some members are from nearby towns and a number of members are college students in Burlington.

What is involved in learning to drive the ambulance?

We have an involved checklist that goes from learning the basics to how to drive through traffic with lights and sirens. The process takes three to six months depending on how many calls you get during your shifts.

What area do you serve?

We are the primary ambulance for the towns of [INSERT TOWNS SERVED HERE]. We frequently respond to other towns when their primary ambulance is out on another call.



How busy will I be when I am on duty?

That depends. We average around [###] calls per year. The winter tends to be busier with the operation of ski areas and more car crashes. Daytime shifts account for 65 percent of calls. Our active members run between 30 and 60 calls a year depending on which shift they run. We occasionally have days with more than five calls in one shift. Each call takes between an hour and a half and three hours to complete depending on its location.

What do you do when you aren't out on calls?

Our station has six beds, three TVs, wireless internet and a washer/dryer. Crews train during each shift as well as complete a rig check to make sure everything on the truck is accounted for and working properly. Members can go into Richmond for groceries and meals as long as they keep a pager with them.

How will I know if I can handle the gruesome calls?

If you faint at the sight of blood you may want to reconsider applying. Otherwise, it is hard to know how you'll do. 95% of our calls are pretty routine and not that exciting. The other 5% range from big trauma to cardiac events and strokes. Before joining we ask that potential members do a ride along with us to get a better idea of what ambulance service is about. If there is something you just can't handle on a call, more experienced members are usually willing to let you ride up front. Everyone, even seasoned veterans, have their triggers.

After reading this I'm interested in joining. What are the next steps?

Download an application from our web site: [INSERT WEBSITE HERE] Email it to [INSERT EMAIL ADDRESS HERE]. Once we receive your application we'll have you in for a ride-along/interview, we'll check your references and our board of directors will vote on your application. Once accepted you'll be a probationary member for the next six months. If all goes well you'll be voted on as a full member around the six month mark.

Occasionally our openings and your schedule may not match up. In that case we'll put you on the wait list and let you know when we have an opening that might work for you.

If you have any questions that weren't covered send us an email at [INSERT EMAIL ADDRESS HERE]

Welcoming a new member to your organization is an important way to further capture a volunteer's interest and get them engaged right away. The following is intended to help you develop a plan to welcome and orient new members; tasks should be modified to fit the needs and expectations of your agency.

- Welcome the interested member via phone or email – this should be done shortly after a member expresses interest in joining the squad.
- Explain the intake process.
- If you are unsure whether they are already licensed, offer up the next EMT class and how to register.
- Let them know about required trainings before they join the squad: CPR, ICS 100, hazmat awareness
- Include several times you are available to meet to further discuss the organization
- Share your agency's application form and ask them to bring it to your welcome meeting.
- Provide your name, title, and contact information

Dear _____,

Thank you for your interest in joining the _____ EMS Squad.

The first step in joining our squad is a half hour meeting to discuss the organization, what you would like to get out of being a member and the steps to move forward. We will then schedule a shift for you to ride-along with and setup a crew training for you to attend.

There are a few trainings that you will need to complete before becoming an EMS provider. CPR, our next training is _____ or you can complete it with another organization such as the Red Cross. Introduction to Incident Command, this can be taken online at:

<http://training.fema.gov/is/courseoverview.aspx?code=IS-100.b>. Hazmat Awareness, this also can be completed online at: http://www.saferesponse.com/online_courses/hazardous-materials-response-awareness-level/details

If you are not already licensed as an EMS provider, the next local course begins _____. You can register by calling/emailing _____.

I am available to meet and discuss your interest in the squad _____, _____, _____, and _____. Please let me know what time works best for you.

Please complete the attached application form and bring it with you when we meet.

Welcome to _____ Rescue!

If you have any questions please contact me at:

Name

Squad Title

Phone & Email contact



- Hold a welcome meeting with new member – this can be done a few weeks after they've expressed interest.
- Ask how they found out about you – keep track of this for all members so that you know where to focus your recruiting efforts.
- Ask why they are interested and what they want to get out of the experience. By understanding what motivates your volunteers to be involved it can help you plan how to keep them involved.
- Explain how the squad is organized:
 - What is the time commitment expected, for example: 12 hours per week and 1 weekend shift/month; or respond as available
 - Do you stay at the station or respond from home, what are the shift lengths
 - Full, auxiliary, driver, etc. membership levels.
 - Full volunteer, stipend per call or shift.
 - Structure of the organization – is there a board, are you municipal, role of head of service and training officer
- Share a squad events schedule – provide the list of upcoming meetings and dates: ex. Monthly trainings, business meetings, board meetings
- Schedule the next activities for the new member – a ride-along, training meeting, help them get registered for the EMR/EMT class. Make sure they are aware of the next steps so that they do not think you forgot about them while you wait to hear back about their background check or so they don't miss registration for the next provider class.
- Fill out background check and DMV license check if they will be driving for the squad
- Take picture for ID badge and provide uniform – this can be done later if there is a formal application that needs to be completed.
- Orient them to the station or equipment.

News & Media Relations

Communication with the news media includes: news releases, media advisories, formal statements, interviews, news conferences and briefings, letters to the editor, opinion editorials ("op-eds"), corrections, announcements, and any other information provided to reporters, editors and writers for newspapers, magazines, journals and trade publications, radio or television stations or networks, online news services, and any other electronic or print media related to news distribution.

All communication with reporters and editors – verbal, written, electronic (including email), on air and on camera – should be polite, clear, concise, timely, reasoned, free of jargon and professional in tone and presentation.

Media Release and Contacts

EMS agencies should have a single point of contact in place for media releases and inquiries. This individual should have the authorization and authority to speak on behalf of the organization. Ideally, this individual should have training and experience in serving as a Public Information Officer (PIO).

Media Message Categories

- **News Release** – Announces new data, program, issue, ranking, report, award(s), change in leadership, position clarification, or health awareness messages, etc., or announces an event such as an award ceremony, conference or public appearance. To warrant a news release, the information must be determined by the agency to be newsworthy of widespread public distribution.
- **Op Ed** (Opinion/Editorial) or Letter to the Editor – Timely information, often provided in response to an article or statement, that has been published in a newspaper.

News Release Elements

For a news release about a planned event, conference or ceremony, provide the following information:

- Name, time and location of event.
- Key speakers, audience, attending officials.
- A short paragraph describing why this is important and what you would like to see in a news story about this event. Describe what you hope a general audience will do with this information.
- Name and phone number of the subject matter expert.



For a news release about new data, activities or a report, provide the following information:

- A short paragraph (or bullets) describing the subject and why it is important.
- If data or report: the source of data or name of report and date of publication.
- Key stakeholders, partners or interested parties.
- Name and phone number of the subject matter expert.

For a news release about new personnel or change in leadership, provide the following information:

- A short bio that includes previous relevant jobs, terminal academic degree, other relevant activities.
- Date that the person will begin or end and job title.
- If appropriate, one sentence about the person previously in the position.

Earned Media

Earned media is attention from the news media other than paid advertising. Often in EMS, this can come secondary to either a high-visibility emergency response or as the result of a media release related to community activity, such as a local open house or EMS Week. EMS agencies should utilize this media attention not only to support the intention of the interviewer, but also to highlight related ongoing activities, such as volunteer recruitment and a need for new members.

Talking Points

Developing talking points is an effective way to prepare for a media encounter or interview. Often, this is a few short pages of notes and facts about an event or an organization. Facts and answers to frequently asked questions such as the number of active members on the roster or annual call volumes are helpful pieces of information to have available. Other talking points specific to a particular event or initiative should summarize in a few sentences the messages you would like to convey.

Included in this toolkit is a set of talking points specific to the questions EMS and MRC volunteers may be asked about the OnCall for Vermont campaign.



For Immediate Release: [insert date here]

Media Contact:

[XYZ Rescue Squad]

[Name of Public Information Office/Agency Head of Service/Point of Contact]

[802-###-####]

OnCall for Vermont Campaign Launches Statewide, [XYZ Rescue Squad] Seeking Volunteers

[CITY/TOWN] – [insert date here]- The Vermont Department of Health launched a statewide public health volunteer recruitment and retention campaign on April 13 to support the volunteer needs of Vermont’s EMS squads and Medical Reserve Corps units.

OnCall for Vermont aims to raise public awareness and understanding of the numerous volunteer opportunities across the state, as well as connect potential volunteers with positions in their community.

In January 2014, 86 percent of Vermont EMS agency respondents to a Health Department survey indicated that they utilize and depend upon volunteers. Two-thirds of these agencies surveyed felt that their organizations were understaffed. The OnCall for Vermont campaign is an effort to inform the public of this widespread need, and simplify the process for interested applicants to offer their support.

Volunteers can learn how to join their local EMS agency or Medical Reserve Corps units, and review the training required, at www.OnCallforVT.org. A map on the website helps volunteers locate opportunities in their community.

[XYZ Rescue Squad] relies entirely on volunteers. We are currently seeking licensed and non-licensed EMS volunteers for all shifts. Previous experience or education is not necessary and can be provided. To learn more, visit [insert website here] or www.OnCallforVT.org.

For more information about [XYZ Rescue Squad], visit [insert website here] or call [802-###-####].

To learn more about public health volunteer opportunities with EMS agencies and Medical Reserve Corps units in Vermont, visit OnCallforVT.org today.



OnCall Talking Points

What is OnCall for Vermont?

- OnCall for Vermont is the hub for health-focused volunteering, training and response in Vermont. Building upon our state's rich history of volunteerism and neighbors helping neighbors in times of need, this campaign brings together the Medical Reserve Corps (MRC) and Emergency Medical Services in order to provide Vermonters with a simple and easy path to becoming a health volunteer.
- The OnCall campaign is intended to bring awareness to Vermonters about the public health volunteering opportunities available and then give them the tools they need to decide which opportunity best fits their availability and what they are trying to get out of the experience.

Why was this recruitment campaign launched?

- Through feedback from the EMS community and emergency preparedness planning within the Health Department, it has been identified that the State needs more volunteers.
 - EMS volunteers are needed on a regular basis to support the 911 system across the State. Vermont's rural population relies heavily on the volunteer efforts of EMS agencies.
 - During large public health events additional volunteers are needed to support the existing response systems such as the health department and hospitals. MRC volunteers also support ongoing public health initiatives to keep people healthy and thus more resilient before a disaster.

Emergency Medical Services Talking Points

Vermont EMS Facts:

- There are roughly 177 first response and transporting EMS agencies that support Vermont. 80% of those agencies rely on volunteers in some capacity.
- There are approximately 2,800 EMS providers in the State that include: Emergency Medical Responders (EMR), Emergency Medical Technicians (EMT), Advanced Emergency Medical Technicians (AEMT), and Paramedics.
- EMS providers provide timely care in critical times of need. This is a regular time commitment in a dynamic environment.

What does it take to become an EMS provider?

- You do not need to have any medical skills. You will take an EMR or EMT course that is usually done over several months that will provide you with the training you need.



For EMS Providers, things to talk about:

- Why did you become an EMS provider?
- Why do you continue to be involved in EMS?
- How do you feel your organization supports the community?
- Is there something that if you had known before you joined the EMS community, you would have joined sooner?

Medical Reserve Corps Talking Points

Vermont MRC Facts:

- The 7 Medical Reserve Corps units in Vermont are made up of 170 volunteers. These volunteers have backgrounds from nurses, EMTs, and physicians, to administrative personnel, teachers, and business professionals.
- Medical Reserve units are community-based groups of volunteers who supplement local emergency and public health resources with their existing skills. They receive training in emergency preparedness, prepare for and respond to emergencies, and support Health Department initiatives.

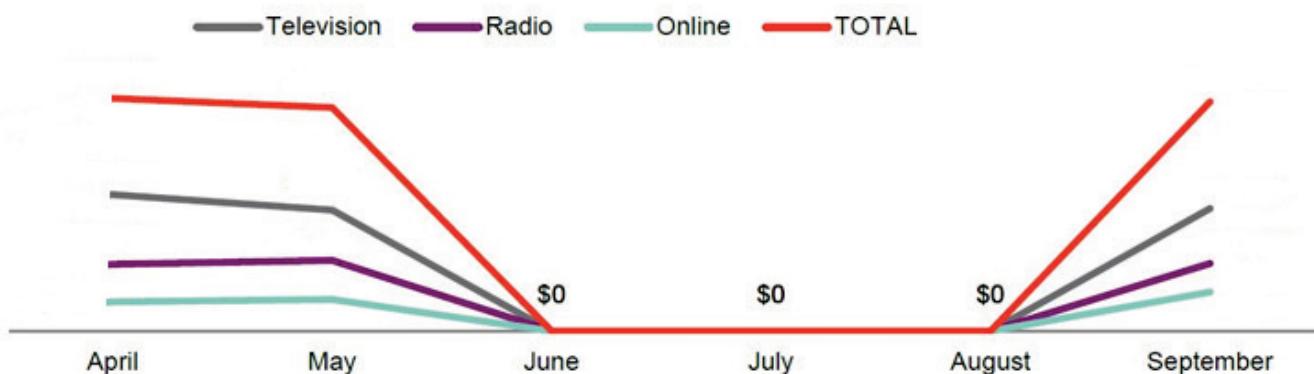
What activities have the Vermont Medical Reserve Corps units been involved in?

- MRCs in Vermont have been involved in:
 - 2015 tuberculosis testing clinics in Chittenden County
 - 2013 Eastern Equine Encephalitis testing in Rutland County
 - 2012 statewide whooping cough vaccinations
 - Seasonal flu vaccination clinics
 - Emergency preparedness planning activities: medical surge plans and exercises with hospitals; points of distribution planning and exercises with the Department of Health, local mass casualty exercises.
 - Annual community events: Maple Fest in St. Albans, Maple Leaf Half Marathon in Manchester
 - Public Health Initiatives: senior disaster preparedness, community health assessments, community CPR education events

For MRC members, things to talk about:

- Why did you get involved in the MRC?
- How does the MRC benefit the community?
- What training have you received as a member?

2015 OnCall for Vermont Media Campaign



Timeline of Events

OnCall for Vermont media campaign kickoff:

April 13, 2015

- TV and radio :30 second PSA spots begin to air
- :10 Radio News and Weather “no charge sponsorships”
- Web text ads
- Web banner ads
- Featured on VDH homepage
- Vermont Department of Health and Vermont EMS social media

National Volunteer Week

April 12-18, 2015

EMS Week

- EMS for Children (EMSC) Day

May 17-23, 2015

May 20, 2015

National Preparedness Month

September 2015

Fire Prevention Week

October 4-10, 2015

Emergency Nurses Week

October 11-17, 2015

- Emergency Nurses Day

October 14, 2015



EMS Outreach Activities

EMS agencies are community-based providers of emergency medical care. While the public relies on a response in the event of a medical emergency, they may not entirely understand how their local agency is structured or what their needs are. Reaching out into the community outside of an emergency situation allows local squads to meet the general public, inform them of volunteer opportunities, and share other information about the organization.

Open House

One of the most effective ways to engage with the public is to host an open house. This presents a unique opportunity for children, adults, families and seniors to tour an EMS facility, interact with crews and volunteers and develop a better understanding of how the EMS agency works in their community. Many members of the public are unaware of the prevalence of volunteers in Vermont's EMS organizations. Meeting the volunteers at an open house provides an opportunity for this conversation to occur. In addition, many volunteers have been recruited at open houses or other public EMS outreach events.

Included in this section is a checklist for activities needed to host a successful open house.

EMS Week

EMS Week occurs during May every year. Sponsored by the American College of Emergency Physicians, this annual event is an ideal time to leverage some of the public awareness of EMS and the need for volunteers. Hosting an open house invites the community into your facility and gives agencies an opportunity to discuss volunteer needs, training requirements, answer questions from the public and recruit prospective applicants.

Other EMS week activities include thanking volunteers for their service, Vermont EMS activities at the Statehouse in Montpelier, interaction with state and national legislators, and public awareness activities to increase understanding of the value of EMS services.

More information can be found at the EMS Week website: <http://www.acep.org/emsweek/>.



Community Events

While EMS Week is specific to the emergency medical work EMS agencies and personnel conduct, there are many other events throughout the year. Fire Safety Week is at the beginning of October. Some EMS agencies partner directly or very closely with local fire departments. This is an opportunity to demonstrate this partnership to the public.

Annually, Preparedness Month occurs during the month of September and offers a chance to spread information about disaster preparedness. Still in the recent memory of many Vermonters is the widespread damage caused by Tropical Storm Irene in 2011. Preparedness Month is an opportunity for local EMS agencies to share information on developing an emergency kit, making a list of medical history and medications, and including medications in a personal emergency kit. More information can be found at www.ready.gov.

Additionally, many towns participate in unique events during Memorial Day, July 4 and other times throughout the year. Touch-a-Truck events, National Night Out and Halloween are a few other events during the year that Vermont's EMS agencies play a role in. Each of these events presents unique opportunities for public interaction and education, as well as volunteer recruitment.

EMS Open House Checklist

One of the best ways to invite the public to learn about your EMS agency is by hosting an open house. Children, adults and seniors are curious about EMS, and many people would love a chance to meet their local EMTs and paramedics and take a peek inside the ambulance. Here are some tips to help you host a successful open house.

- Create an open house committee to make the preparations**
 - Determine tasks to be completed and assign them to committee members.
- Decide when and where the open house will be held and what kinds of activities you will offer to attract visitors.**
 - Will your event fall during EMS Week or another public safety awareness event?
 - What educational activities will you offer? Consider CPR classes, demonstrations, bike safety/helmet distribution. Make sure you have activities appropriate to many ages and families.
- Plan a menu that includes small finger foods and simple beverages.**
 - If a budget allows, consider providing small snacks and water or soda.
 - Often local business may donate food or supplies.
 - Consider asking members to provide baked goods
- Clean before your event to make your quarters sparkle and shine.**
 - Develop a punch-list of cleaning tasks for quarters and apparatus several weeks ahead of the open house. Encourage crews and volunteers to complete these tasks ahead of the event.
- Send out fliers, signs and invitations at least one month in advance.**
 - Include:
 - Local media (consider a media release for coverage of the event as well)
 - Business owners
 - Government officials
 - Healthcare staff
 - General public
 - Post flyers in libraries, schools, community centers, senior centers, on Front Porch Forum, at general stores and village markets, and other public places.
 - Put up a sign in front of the quarters where the event will be hosted
 - Consider placing small lawn signs along main roads advertising the event
- Use the opportunity to thank your members and volunteers.**
 - Several Vermont EMS agencies host a dinner for their members and families after Open House activities. Consider using this opportunity to thank members and their families and distribute awards.
- Assign a clean-up committee to return facilities to operational condition after the event is over.**
 - Those members not able to participate during the open house may be able to help clean up after.

(Source: ACEP EMS Week Outreach Activities: http://www.acep.org/_EMS-Week-Microsoft/Tips-on-Hosting-a-Successful-Open-House/)



New Member Training and Orientation

Members of EMS organizations must be very familiar with many agency policies, training programs and other requirements. Orientations are an opportunity to share many of these requirements with new members in an organized manner where they can ask questions, learn about requirements, complete mandatory training tasks and receive a schedule of upcoming activities.

Orientation

One of the most common methods used to address these requirements is conducting a New Member Orientation. This is an opportunity for several trainings and other steps to be completed in a single evening or day of activity. A sample volunteer orientation agenda and checklist is included in this section of the toolkit.

Field Training Programs

A Field Training Officer (FTO) program is used by many public safety agencies. The role and goal of the FTO is to assure that the new member is familiar enough with the equipment, operations and roles of the organization to effectively work independently in the field environment. Often this training occurs simultaneously with initial EMS training (EMR or EMT class). Training scenarios and in-station demonstrations along with actual calls with patients provide opportunities to learn and practice essential skills.

A common three step approach to field training:

1. Discuss and demonstrate the skill or procedure in a class or in-station setting.
2. The new member then practices and demonstrates the skill or procedure in a training environment.
3. The new member is supervised but unassisted and demonstrates the skill or procedure in a training scenario or with an actual patient on an EMS call.

Some common skills and procedures taught using the FTO model include:

- Equipment inspections and proficiency.
- Radio operations (dispatch and hospital).
- Response policies (911, MCI, transfers, hazmat, etc.).
- After-call critiques and protocol adherence.
- Prehospital care report (SIREN) requirements and review.
- Emergency medical procedures (skill stations such as bleeding control, splinting, etc.)

A sample new member skills checklist is included in this toolkit.



Mentor Programs

A mentor is a trusted advisor or guide. Once a new member begins with an organization, they are assigned a mentor. Some agencies utilize Crew Captains or Crew Chiefs as mentors. Often mentoring occurs simultaneously with field training. Here are some examples of goals and tasks for the mentor to accomplish with the new member:

- Discussion and review of the organization's mission and goals.
- New member role and responsibilities.
- Orientation to the facility.
- Introductions to key members and leaders of the organization.
- A guided familiarization to the organization's equipment and apparatus as it pertains to the new member's position.
- Review and provide answers regarding the organization's bylaws, policies, guidelines and protocols.
- Act as a resource for questions and concerns for a minimum of the probationary period.

New EMS Volunteer Orientation

A new member orientation allows a new member or members to come together to complete some administrative requirements, mandatory training, and organizational review. This also offers a valuable opportunity for these new members to ask questions about expectations and become familiar with the training process they are beginning. Many of the steps in the “Welcome a New EMS Volunteer” checklist can also be completed during an orientation.

Often, orientations are conducted on a regular basis, such as monthly or quarterly. Three to four hours is generally the maximum time commitment, with some agencies breaking this up over multiple sessions. Light refreshments are sometimes provided. Sessions are scheduled based on the needs of the organization and availability of attendees.

Here are some examples of topics and activities to be covered during an orientation:

- Introductions
- Welcome to the organization
- New member expectations
- Explain the intake process
- By-Laws relating to individual duties (scheduling minimum hours per month, attire, etc.)
- Critical SOG overview
- Infection control/bloodborne pathogen training
- Privacy/confidentiality/HIPAA
- Corporate compliance
- Training requirements and schedule
- How to obtain affiliation
- Schedule next activities
- Station and equipment familiarization

(Used with permission from Richmond Rescue)



New Member Checklist

Introduction and Purpose:

This checklist has been assembled in two parts to orient and train the new member. The first section will cover basic organizational and orientation information. The second part will teach and familiarize the new member with equipment so they may assist the crew chief during calls. This checklist should be completed prior to the end of the new member's probationary period.

Before you Begin

Part 1 of the checklist will be completed by all new members prior to their first shift. Part 2 will be an ongoing process to be completed during the member's probationary period. Trainees shall seek their assigned duty crew captain for guidance and assistance in the completion of this checklist. Any crew chief or licensed crew member may check skills off for the trainee.

Duties of the new member

New members are usually non-licensed pre-hospital care providers. Tasks may be assigned such as patient movement, equipment handling, notetaking and so on as directed by the crew chief. As the new member obtains and proves proficiency in a Part 2 skill of the checklist they may perform these additional skills under the direction of the crew chief.

Note about training

There are two spaces provided for each skill in Part 2: The first is for the initials of the instructor when the new member has been educated or trained how to perform the skill. The second space is for the initials of the instructor when the trainee has demonstrated the proper knowledge and function of the skill.

Member Name _____

Med _____

Join Date: _____

Probationary Period End Date _____



Part I - Introduction and Orientation

Paperwork

- _____ CPR training
- _____ Copy of CPR card and driver's license on file
- _____ Background and VT DMV checks performed and accepted
- _____ Access code chosen and programmed into door locks
- _____ Mailbox assigned
- _____ Member photo for wall
- _____ Uniform: 2 shirts and fleece from Supply Officer. Sturdy footwear and EMS pants required
- _____ Review of HIPAA / Privacy
- _____ Update information on emergency contact list
- _____ Text alert system

Squad Organization/ Crew setup

- _____ Membership list
- _____ Squad organization and officer setup
- _____ Crew Assignment/scheduling
 - DO will determine shift assignment
 - Crew makeup and ranks
 - Schedule location and general policies
- _____ Crew and squad training
 - Squad training- First Thursday of each month.
 - Crew training- Approximately 1hr/shift
- _____ Building orientation and Use
 - Cleaning up, cooking, computer use, sleeping quarters, work out, laundry
- _____ Maps of the service area

Roles

- _____ Role of a new member
 - New member's responsibilities in quarters
 - New member's role on a call
 - Who to contact with questions

Safety

- _____ PPE/ BSI- where to find /how to use
- _____ Bloodborne pathogen training
- _____ Immunizations and shots
- _____ Basic lifting techniques
- _____ I-89 safety basics
- _____ Review policy on backing up and use of spotter

Equipment

- _____ Ambulance tour
 - General riding rules, seatbelts, equipment location overview
 - New member should begin to memorize equipment location
- _____ Cab overview
- _____ Radio use
 - Basic use of portable radio and pager
 - Overview of dispatch, talk-around channel and HEAR hospital communications

Part II- Skills

Reminder: A new member's main role is to assist during these skills, not lead these skills

- | | |
|-------------------------------------|--|
| _____ Oxygen Setup & Therapy | _____ Vehicle Extrication |
| _____ Pulse-Oximeter | _____ Backboarding |
| _____ CPAP | _____ Intraosseous |
| _____ Vital Signs | _____ Stair Chair |
| _____ IV Setup | _____ Splinting |
| _____ Documentation | _____ Bandaging |
| _____ Stretcher Use | _____ Pt moving (Stokes, scoop, board) |
| _____ CPR Drill | |
| _____ Completion of ICS 100 and 200 | |

Exit Interviews

As a dynamic system, organizations regularly recruit new volunteers and previous members decide to leave the service. While some exits are inevitable due to life changes, retirement or other issues, data can still be collected and can provide you with information about why volunteers may be leaving and if there are steps that could be taken to reduce unnecessary turnover.

Exit interviews should be considered with every member who leaves an organization voluntarily. There may be factors that an organization could address and prevent further turnover. For example, if members are leaving because apparatus or equipment is unmaintained, this can be addressed with a new process (or revised process) for equipment and apparatus maintenance. If members are going to another organization for better pay, hours, or benefits, the compensation mechanism should be evaluated. If members are leaving for another service or leaving EMS altogether due to duty requirements conflicting with family or other work requirements, the requirements and demands on members should be evaluated.

How and Where to Conduct Exit Interviews

Exit interviews can be in person or via paper survey. An in-person interview is preferred so that the individual who is conducting the exit interview can follow-up instantly with additional questions to better understand the reasons for the separation, or even address the reasons for leaving and retain the member. As these interviews provide very valuable and important information to the organization, it is recommended that they be conducted by an agency head of service, board member, or equivalent. The other option is a written interview/questionnaire that is sent to the member shortly after their separation. A smaller percentage may get completed and returned, and there is less ability to follow-up.

Sample Exit Interview Questions

Some of the questions that could be asked during an exit interview include:

- How long have you been with the organization?
- What positions have you held during the duration of your career with the organization?
- What is the number one reason you're leaving our organization?
- What do you feel the organization could do to prevent this from causing other members to leave?
- What, if anything, could the organization do to retain your experience & expertise as a valued member of the organization?
- What made you join our organization?
- What are the best memories you will have of the organization? What would bring you back to our organization, or another similar organization?

Trying to complete the interview or questionnaire with positive reflection of the member's career with the organization can help in leaving a positive tone. This may give an opportunity for reflection over the short period and a return to the organization by the individual. It may also allow the member to leave with a more positive feeling about their service and a feeling of their help to others.

