

EMERGENCY MEDICAL SERVICES CHECKLIST

Service: _____	Date: _____
Contact Person: _____	Title: _____
Address: _____	
Phone: _____	Email Address: _____

(Please Complete for Gold Level Award)

GENERAL HIRING PRACTICES		
1. Are applicants required to fill out an application?	YES	NO
2. Are background/reference checks conducted on new applicants?	YES	NO
3. Are checks conducted to make sure applicants have a valid SD driver's license?	YES	NO
a) Is a motor vehicle driver's history obtained?	YES	NO
4. Are applicants' names checked through the State Sex Offender's Registration files?	YES	NO
5. Is there an interview?	YES	NO
6. Is there a probationary period?	YES	NO
7. If already certified, is a check made to verify their certification level?	YES	NO
PHYSICAL REQUIREMENTS		
8. Are there written job descriptions for each position?	YES	NO
9. Are members given a physical pre-employment/post offer? (Optional)	YES	NO
STATE REQUIREMENTS		
10. Is each member currently certified by South Dakota Emergency Medical Services?	YES	NO
11. Are the members receiving the required number of hours required for recertification as EMTs or Paramedics?	YES	NO
NEW MEMBER TRAINING		
12. Are new members provided orientation training before being allowed to take calls?	YES	NO
13. Is there a written training plan/checklist?	YES	NO
14. Is this training documented?	YES	NO
IN-SERVICE TRAINING		
15. Are there training officer(s)	YES	NO
16. Is in-service training provided	YES	NO
17. Is there a written training program	YES	NO
18. Are the following topics covered on at least an annual basis	YES	NO
a) Review of the service's Standard Operating Guidelines (SOG's) / Policies and Procedures	YES	NO
b) Review of the service's patient care guidelines		
c) Review electronic-based patient care documentation		
d) Use of equipment	YES	NO
e) Recognition and identification of hazardous materials	YES	NO
f) Emergency vehicle operations	YES	NO
g) Bloodborne pathogens	YES	NO
h) CPR/AED	YES	NO
i) Back Injury Prevention	YES	NO
j) Confined Space Entry	YES	NO
k) Excavation and trenching rescue	YES	NO
19. Is all training documented by individual member?	YES	NO

STANDARD OPERATING GUIDELINES/PATIENT CARE GUIDELINES			
20.	Are there written Patient Care Guidelines/SOGs?	YES	NO
21.	Are these reviewed annually?	YES	NO
22.	Are all members given a copy?	YES	NO
23.	Are members required to sign a document acknowledging they received a copy, read them and understand them?	YES	NO
24.	Are revisions handled the same way?	YES	NO
25.	Do you have a written bloodborne pathogens exposure plan?	YES	NO
	a) Are the members provided gloves, protective eye wear, masks and mouth shields?	YES	NO
	b) Are they required to use them?	YES	NO
26.	Are there policies and procedures for accident/incident investigation?	YES	NO
	a) Are these in writing?	YES	NO
27.	Are members offered Hepatitis B vaccinations?	YES	NO
	a) If a member refuses to receive the vaccination, are they required to sign a waiver?	YES	NO
NARCAN™ (NALOXONE)			
28.	Do your members carry Narcan (Naloxone)?	YES	NO
29.	If so, have you met all the State mandated requirements including standing orders, training and for medical records?	YES	NO
VEHICLES			
30.	Is your ambulance stored in a heated building?	YES	NO
31.	Is there a preventative maintenance program?	YES	NO
32.	Are repairs documented by each individual apparatus?	YES	NO
33.	Are inspections made of each ambulance?	YES	NO
34.	Are these inspections documented and kept on file?	YES	NO
EQUIPMENT			
35.	Is equipment inspected on a regular basis?	YES	NO
36.	Are all inspections documented and kept on file?	YES	NO
37.	Is there a fire extinguisher in the ambulance?	YES	NO
	a) If so, has it been serviced within the past 12 months?	YES	NO
	b) Have the members received annual training on the proper use of extinguishers?	YES	NO
	c) Is there documented visual inspections once every 30 days?	YES	NO
DISASTER AND EMERGENCY RESPONSE PLANS			
38.	Is there a County written Emergency Disaster Plan?	YES	NO
39.	Is it reviewed at least annually?	YES	NO
40.	Is it used in training?	YES	NO
SAFETY APPAREL			
41.	Are EMTs/Paramedics issued ANSI approved vests or clothing for working in traffic?	YES	NO
42.	Are they required to wear them?	YES	NO
EMERGENCY VEHICLE OPERATIONS			
43.	Are there any special requirements before a member is allowed to operate an emergency vehicle?	YES	NO
44.	Are members provided with Emergency Vehicle Operations training every 2 years?	YES	NO
45.	Are members required to provide you with a copy of their proof of automobile insurance annually?	YES	NO
46.	Are members required to sign a statement verifying they have a valid driver's license and automobile liability insurance?	YES	NO
MISCELLANEOUS			

47.	Is there a medical director?	YES	NO
48.	Is there a ride-along program?	YES	NO
	a) Is there a waiver and written rules?	YES	NO
49.	Do you sponsor dances or feeds?	YES	NO
	a) Are alcoholic beverages served or consumed at these events?	YES	NO
	b) Are there proper licenses in place?	YES	NO
	c) Is there proper insurance coverage?	YES	NO
	1) If someone else has the license and the dance is being held on department property, have they provided you with a certificate of insurance?	YES	NO
	2) Are you named as an additional insured?	YES	NO
50.	Are alcoholic beverages allowed to be consumed on department property?	YES	NO
	a) Are there written rules for this?	YES	NO
51.	Does the governing board include the names of all volunteers on the meeting minutes, at least annually?	YES	NO
ADVANCED LIFE SUPPORT			
52.	Are there controlled drugs on the ambulance?	YES	NO
	a) If so, is there a written inventory?	YES	NO
	b) Are expiration dates reviewed?	YES	NO
	c) Is access restricted to these drugs?	YES	NO