



# OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

## Clinical Procedures And ODEMSA/Agency Policies

SERVING THE CITIZENS, EMS AGENCIES, ACUTE CARE HOSPITALS AND LOCAL GOVERNMENTS IN VIRGINIA PLANNING DISTRICTS 13,14,15 AND 19

---

7818 E. Parham Road, Suite 911 • Richmond, VA 23294  
PHONE: 804-560-3300 • FAX: 804-560-0909 • [www.odemsa.vaems.org](http://www.odemsa.vaems.org)



# OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures –**  
**(12-Lead ECG Acquisition)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name                      Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name                      Signature



## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (Capnography)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name                                  Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name                                  Signature



## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures –**

**(Pulse Oximetry)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature



## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures –**

### **(Needle Thoracentesis)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature



## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures** –

### **(Oral Intubation)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature





## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (Supraglottic Airway)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name                                                  Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name                                                  Signature





# OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures –**

**(Surgical Cricothyrotomy)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature





## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures –**

### **(Oro-gastric (OG) Tube)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature







## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (Peripheral IV)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature









## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures -  
(Continuous Positive Airway Pressure (CPAP))**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature



## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures –**

**(Manual - Cardiac Defibrillation)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature





## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

### Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (Transcutaneous Pacing)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature



## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures –**

**(AED Placement - Operation)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature





# OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student’s and FTO’s signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (Mechanically-Assisted External Chest Compression Device)**

Student’s Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO’s Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature



## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (Behavioral/Patient Restraint)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name                                                  Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
 Printed Name                                                  Signature





## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures -  
(Medication Administration Cross-Check)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name                                  Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name                                  Signature



## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures –**

**(BLS Healthcare Level CPR)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature





## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (ODEMSA/Agency - Documentation - Policy - Procedures)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature



## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (ODEMSA/Agency – Destination/Hospital Diversion - Policy - Procedures)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature





## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student’s and FTO’s signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (ODEMSA/Agency - Treatment of Minors - Policy - Procedures)**

Student’s Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name                                  Signature

FTO’s Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name                                  Signature



# OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (ODEMSA/Agency – Transport Destination - Policy - Procedures)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature





# OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student’s and FTO’s signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (ODEMSA/Agency - Patient Refusal/Documentation - Policy - Procedures)**

Student’s Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name                                          Signature

FTO’s Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name                                          Signature





## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (ODEMSA/Agency Cease Resuscitation Orders - Policy - Procedures)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature



## OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

Student's and FTO's signatures below signify that the student has demonstrated sufficient working knowledge and can perform such competency and has had the opportunity to ask and has had all questions and answers provided to their level of comfort.

Competency – ODEMSA – Regional Protocols – **Clinical Procedures - (ODEMSA/Agency Traumatic Cease Resuscitation Orders - Policy - Procedures)**

Student's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

FTO's Name and Signature – date below:

\_\_\_\_\_ Date \_\_\_\_\_  
Printed Name Signature

















# OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE

---

SERVING THE CITIZENS, EMS AGENCIES, ACUTE CARE HOSPITALS AND LOCAL GOVERNMENTS IN VIRGINIA PLANNING DISTRICTS 13,14,15 AND 19

---

7818 E. Parham Road, Suite 911 • Richmond, VA 23294  
PHONE: 804-560-3300 • FAX: 804-560-0909 • [www.odemsa.vaems.org](http://www.odemsa.vaems.org)