

Emergency Medical Technician Job Description

An Emergency Medical Technician (EMT) may experience patients with wide and diverse types of injuries and illnesses, including, but not limited to: fractures or dislocations, heart attacks, motor vehicle accidents with or without trauma, falls, accidental or intentional overdoses, attempted suicides, assaults or batteries, unknown medical problems, or diabetic emergencies. An EMT may also treat patients with chest pains, difficulty breathing, bleeding, nausea and vomiting, or denial of any injuries. An EMT may have to treat and care for patients with extremes of weather conditions from high temperature and humidity to sub-zero and blizzard conditions. There may be calls with sunshine, rain, fog, or ice storms. An EMT may in the care of a patient work within small confines or in the middle of a farmer's field.

An EMT is expected to begin treatment of the patient from the time the call is received by planning for possible treatment and arranging equipment in the squad while enroute for caring for the patient based upon the initial nature of the call and the plan developed. Once arrived on scene, to assure that it is safe for the EMTs to make patient contact and care for the patient.

Care can include assuring adequate airway, breathing, and circulation. This may employ the use of airway devices and oxygen, bandaging and controlling bleeding, attaching the heart monitor, defibrillating a patient, the administering medications, or assisting those EMTs with a higher level of care in the treatment of patients.

Some of the typical duties of an EMT may include: lifting a stretcher with a patient strapped on, placing the stretcher and patient with an ambulance, and assuring that the patient and stretcher are secured in the latching mechanism. Continue emergency medical care of patient while enroute to the hospital.

A typical EMT will draw from his/her knowledge of the condition of the patient, the extent of injuries, and the relative locations and staffing of emergency hospital facilities. The EMT will determine the most appropriate facility to which the patient will be transported, unless directed otherwise by medical direction. An EMT will report directly to the emergency department or communications center the nature and extent of injuries, the number of patients being transported, and the estimated time of arrival to assure prompt medical care on arrival. An EMT will continue to identify assessment findings that may require communications with medical direction for advice and notification so that special professional services and assistance be immediately available upon arrival at the medical facility.

While enroute, on-going assessments of the patient may require additional, additional care as indicated or directed by medical direction or protocols.

Once arrived at the receiving facility, an EMT will assist in lifting and carrying the patient out of the ambulance into the receiving facility emergency room. A verbal and/or written report of any observations and emergency medical care of the patient at the emergency scene while in transit will be given to the receiving facility staff. Upon request, provide assistance to the receiving staff in caring for the patient.

After each call an EMT is expected to assist in restocking and replacing used linens, blankets, and other medical supplies; clean all equipment following appropriate disinfecting procedures; and make a careful check of all equipment so that the ambulance is ready for the next run. An ambulance should be maintained in an efficient operating condition. In accordance with local, state or federal regulations, decontaminate the interior of the vehicle after transport of a patient with a contagious infection or hazardous materials exposure. Determine that the vehicle is in proper mechanical condition by checking items required for service management.

An EMT needs to maintain familiarity with the specialized equipment used by the service, attend continuing education, training, and refresher programs as required by employers, medical direction, licensing, or certifying agencies.

MINIMUM QUALIFICATIONS FOR MEMBERSHIP ON THE SOMERS RESCUE SQUAD

Probationary Membership: Candidate must be a United States citizen. Have a high school diploma or equivalent. Attained their 18th birthday at the time of application. Have or be able to obtain a valid Wisconsin driver's license with good driving record. Must have a working telephone. Have no physical, mental, or emotional condition, which could adversely affect their ability to perform the essential duties of the job. Vision in each eye must be correctable to 20/20. No loss of hearing within normal voice range. Speak and understand the English language. Have no criminal conviction substantially related to the job. Must agree to a background check. Candidates will be required to pass physical agility test, and an oral interview. People selected for probationary membership shall be required to pass the department medical exam.

Procedure

- (1) - Candidate will receive an application along with a State and Federal withholding statement, an EMT job description, a background investigation waiver and liability release, and this form on minimum qualifications.
- (2) - After returning the application, the candidate should have read the job description and this form, signed the waiver, and filled out the withholding paperwork. The applicant will then be contacted for an oral interview with the membership committee.
- (3) - The candidate will then be contacted to participate in the Rescue Squad Agility Test.
- (4) - The candidate will be informed if he/she will have to take the department medical exam at Kenosha Occupational Medicine Clinic.
- (5) - The candidate will meet with the Infection Control Officer for information on TB testing and HBV.
- (6) - Will attend EMT class and successfully pass the course.

Probation begins when the applicant receives a State of Wisconsin EMT license. At that time, the member will receive the Probationary Member Check-Off List. The probationary member shall respond to a minimum 15 calls in at least six (6) months, Should it take longer than six months to obtain 15 calls, then the probationary period will extend until the calls are made. The Check-Off list shall be completed and turned in to your Rescue Company Officer at the end of probation.

The Rescue Officers will then evaluate the member. The member must receive a positive evaluation to be presented to the Fire Commission for approval to become a regular member of the Somers Rescue Squad.

**Town Of Somers
Background Investigations
Waiver and Liability Release**

In consideration of the Town of Somers, Wisconsin processing my application for employment, I, _____ do hereby irrevocably agree to the following:

1. I understand that a thorough and complete background investigation will be conducted to determine my fitness and desirability as a candidate for employment.
2. I understand that the background investigation is conducted by gathering and recording information about my past conduct and associations from any and all sources that the Town of Somers, in its sole discretion, may deem appropriate, including: military, criminal, driving or other governmental files and records; past and present employers, schools, friends, relatives, or acquaintances; and any other sources of information available.
3. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, the Town of Somers or any of its officers, agents or employees for any neglect or wrongful statements, acts, omissions made or recorded, in the course of my background investigation.
4. I hereby release from liability and agree to hold harmless under any and all possible causes of legal action, including negligence, any person or entity which furnishes information or opinions to the Town of Somers as part of my background investigation.
5. I authorize any person or entity contacted by the Town of Somers, during the course of my background investigation, to furnish any information or opinions such person or entity may have regarding myself, my conduct or associations, regardless of any statutory or other privilege I may have.
6. I understand the need for confidentiality of sources and information in my background investigation, and I agree that I will never attempt to obtain access to any part of the background investigation designated as confidential by the Town of Somers. This release applies to any cause of action of any nature that might accrue to myself, my heirs and assigns or my personal representative.

BE SURE YOU HAVE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING

Full Name	Date of Birth
Current Address	Social Security Number
City State Zip	Drivers License Number
Signature	Date