PRESCOTT AREA FIRE AND AMBULANCE ASSOC.
JOB DESCRIPTION

JOB TITLE: EMERGENCY MEDICAL TECHNICIAN – IV TECH

DEPARTMENT: EMS

LOCATION: 1603 Pine Street
EMS Building

SHIFT: Varies

FLSA STATUS: ***Non-exempt***

REPORTS TO: EMS/Fire Chief

DATE: January 2013

SUMMARY:
The primary purpose of this position is to respond to emergency situations by rendering emergency medical aid or advanced life support to ill or injured individuals before and during transportation to or between health care facilities. The EMT –IV Tech assists with EMS personnel training and instruction and performs other duties as directed.

ESSENTIAL FUNCTIONS OF THE JOB:

The Essential functions of the job of EMT IV Tech include the following.

A. JOB DUTIES

1. Performs emergency aid and/or life support activities to the ill and injured utilizing basic and advanced techniques per accepted medical guidelines and department policies.

2. Performs daily station duties or assignments.

3. Must be able to hold and maintain a Wisconsin EMT-IV Tech license as condition of employment.

4. Maintain a high level of skill competency and knowledge base pertaining to the EMT IV Tech level.

5. Manages and directs first responders and medical personnel at the scene of an emergency situation, when placed into a lead position for the shift.

6. Determine appropriate BLS and ALS patient care, destination hospital and use of mutual aid or additional services per medical guidelines and department policies.

7. Operates and drives emergency vehicles in a safe manner under all conditions.

8. Works as a team member with Fire Department personnel for all rescue operations to include but not limited to, technical, vehicle extrication, dive operations, in removing victims from varied terrain and circumstances.

9. Work as a team member with Police Department personnel for special situations or circumstances that require EMS involvement.

10. Communicates with dispatch, receiving hospital, and medical control via two-way radio or cellular phone.

11. Completes necessary paperwork for patient care, miscellaneous forms and other reports in a highly confidential manner compliant with HIPAA Privacy Act and other Federal, State and Local confidentiality regulations.

12. Maintain a high level of competency within the volunteer, part-time, and full-time staff

13. Serve, as directed, as a member of the internal hiring committee to assist in the interviewing process.

14. Actively pursue and participate in public relations events that relate to Prescott EMS and the community.

15. Assists in maintaining records of vehicles, supplies, and daily work.

16. Assists in coordinating continuing education programs and orientation programs.

17. Assists with Prescott EMS Public Education Program.

18. Assist in mediating disputes between crewmembers and other agencies; this includes reporting all disputes to the Director.

19. Actively recruit new paid volunteer members for the ambulance service.

20. Performs other related duties as assigned by the Director or Medical Directors.

21. Actively pursue and maintain a level of workability between our mutual aid partners and Prescott EMS.

B. QUALIFICATION/EDUCATION/LICENSE/CERTIFICATION REQUIREMENTS:

Regular part-time: High School Diploma or GED and a valid driver's license. The candidate must possess the following: a current EVOC/CEVO II or III certification for driving emergency vehicles, current American Heart Association CPR card, AHA Instructor preferred but not required, two-year field EMT-B experience required, and one year EMT-IV Tech experience.

Temporary Part-time: High School Diploma or GED and a valid driver's license. The candidate must possess the following: a current EVOC/CEVO II or III certification for driving emergency vehicles, a current American Heart Association CPR card, and two year EMT-B experience is required, and one year EMT-IV Tech experience, is preferred.

C. RESPONSIBILITIES RELATED TO PATIENT PRIVACY:

All EMS providers are expected to protect the privacy of all patient information in accordance with Prescott EMS privacy policies, procedures, and practices, as required by federal and state law, and in accordance with general principles of professionalism as a health care provider.

D. LANGUAGE SKILLS:

Ability to read and comprehend simple to complex instructions, procedural manuals, policies, procedures and practices. Ability to read and write correspondence, proof read and edit written copy. Ability to see, hear, and talk and to communicate effectively.

E. MATHEMATICAL SKILLS:

Ability to add, subtract, multiply and divide in all units of measure, using whole numbers, common fractions and decimals. Ability to compute rate, ratio and percent.

F. REASONING ABILITY:

Ability to assess and make decisions under occasional stressful conditions. Ability to apply common sense understanding to carry out instructions furnished in written, oral or diagram form. Ability to problem solve in situations with several concrete variables in standardized situations.

G. OTHER SKILLS AND ABILITIES:

Ability to exercise independent judgment, and confidentiality. Ability to assist with instruction of large groups with effective oral and written communication. Ability to perform duties in a stressful environment. Ability to perform strenuous or peak physical effort during an emergency for periods of time. Competence in leadership and supervisory skills. Skills in interpersonal communication. General knowledge of computer operations.

H. SPECIAL REQUIREMENTS:

EMT IV Tech must not have a pending criminal charge or a conviction for any crime where the circumstances of the crime and the circumstances of the job are substantially related. A background check will be performed, including under Wisconsin's Caregiver law, Act 27. In addition EMT IV Tech must understand and agree to abide by the national EMT Code of Ethics, and is required to carry an ambulance pager or be able to receive phone calls while off duty.

I. PHYSICAL DEMANDS OF THE POSITION:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to use hands and fingers to grab, handle, or feel objects, tools or controls, and talk and hear. The employee is frequently required to stand, walk, reach with hands and arms, stoop, kneel, crouch, crawl, lift, carry, push or pull. Specific vision abilities required by this job include close vision, distance vision, depth perception, and the ability to adjust focus.

The work may require the EMT to move medical equipment and extract injured persons from a wide variety of situations that may involve injuries or illness from vehicular, industrial and residential accidents. Periodically, the work may require movement over various types of terrain, (hilly, steep, rocky, rough, and/or wet/slippery surfaces). The EMT must be able to assist with the movement of a patient from the site of the injury to the mode of transportation (vehicle/helicopter) and accompany the injured party to a health care facility.

The employee must occasionally lift, push or pull up to 110 pounds or more.

ENVIRONMENTAL/WORKING CONDITIONS:

The work is performed primarily in an office, emergency medical vehicles, public buildings, private residences, and outdoor settings in all weather conditions including temperature extremes. Work is often performed in emergency and stressful situations. Occasional exposure may include, but is not limited to bio and chemical hazards, blood borne and airborne pathogens, patient elements, and infectious substances.

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions. The noise level is usually moderate with occasional alarms.

Application for Employment

For Fire and EMS Department Only

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

Position(s) applied for:	Date of Application:
How did you learn about us? _ Advertisement _ Friend _ Walk-In _ Employment Agency _ Relative _ Other _____	
Last Name First Name Middle Name	
Address Number Street City State Zip Code	
Home phone_____ Cell/other phone _____ If necessary, best time to call _____ home/cell	Social Security Number | | |

If you are under the age of 18 years, can you provide required proof of eligibility to work? _ Yes _ No

Have you ever filed an application with us before? _ Yes _ No
If Yes, when _____

Have you ever been employed with us before? _ Yes _ No
If Yes, give date _____

Are you currently employed? _ Yes _ No

May we contact your present employer? _ Yes _ No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? _ Yes _ No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____

If they have been explained to you, are you able to meet the attendance requirements of the position? ____Yes _____No

Are you currently on "lay off" status and subject to recall? _ Yes _ No

Can you travel if a job requires it? _ Yes _ No

Have you been convicted of a felony within the last 7 years? _ Yes _ No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

_____

Education

	Elementary School					High School				Undergraduate College/University				Graduate/Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills, and extra-curricular activities																	
Describe any honors you received																	
State any additional information you feel may be helpful to us in considering your application																	

Indicate any foreign languages you can speak, read and/or write.

	Fluent	**Good**	**Fair**
Speak			
Read			
Write			

List professional, trade, business, or civic activities and offices held
You may exclude memberships which would reveal sex, race, national origin, age, ancestry, or handicap or other protected status.

_____

_____

_____

_____

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States Military? _ Yes _ No

If Yes, please describe _____

_____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? _ Yes _ No

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

_____

_____

_____

_____

_____

Driver's license number is required for the EMT/Firefighter position

_____ State _____

PLEASE ATTACH A COPY OF YOUR CURRENT WI EMT LICENSE OR EQUIVILENT IF APPLICABLE

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, sex, color, religion, national origin, handicap or other protected status.

1. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reasons for Leaving				

2. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reasons for Leaving				

3. Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reasons for Leaving				

If you need additional space, please continue on a separate sheet of paper.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not application applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise notified defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without a cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given under my application or interview(s) may result in discharge. I understand also that I am required to abide by any rules and regulations of the employer.

_____ _____

Signature of Applicant Date

It is Prescott Area Fire and Ambulance Association's policy that applications remain active for six months. A new application must be completed after six months. A resume may be submitted for additional information but will not be accepted in place of a completed application.

Prescott Area Fire and Ambulance Association

Reference Check Release Authorization

Please note that in connection with your application for employment and/or ongoing employment with the Prescott Area Fire and Ambulance Association, we may obtain criminal background checks and motor vehicle reports.

I, (please print full name) _____, hereby authorize Association personnel to conduct a background check and an investigation of any information contained in the Application for Employment and/or supplemental materials I have submitted in consideration for the position of _____, as may be needed to arrive at an employment decision. I authorize any or all educational institutions and prior employers listed in the Application for Employment to provide information they may have concerning me as it may relate to consideration of my application for this position. I release those parties from any and all liability or claims for damage that may result from such.

_____ _____

Applicant's Signature Date

_____ _____

Applicant's birth date Applicant's social security number