

MICN BASE STATION ORIENTATION CHECKLIST
Must be returned to EMS Agency with initial authorization application

Name of MICN Candidate: _____

Name of MICN Providing Orientation: _____

Base Station: _____ Date of Orientation: _____

Orientation Items Reviewed:

Communications System

- Med Com
- Dispatch

Hardware

- Use of radio controls
- Telemetry (if applicable)
- Recording
- Land line (telephone) communications

Procedures

- Radio communication techniques
- Patient privacy in communications
- Med Com radio checks
- Paramedic report formats
- Simultaneous runs
- Multiple casualty runs
- Ambulance diversion policy
- Base station disabled
- Contact with receiving hospitals
- Inter-hospital transfers
- Base station physician consultations
- Deviations from protocols
- DNR
- Reference resources (e.g. SLO EMS Agency policies and procedures, poison control, protocol algorithms)

Documentation

- MICN run reports
- Medic run reports
- Base station log
- Storage of records and tapes
- Incident reports
- Base station meetings/attendance requirements
- CQI process

Signature of MICN affirming completion of orientation: _____