

# Cooperstown Medical Transport, Inc.

## 2017 Collaborative Protocol Rollout ALS Attestation

### Collaborative Topics

- Hudson Mohawk REMO Update
- End of Life
- Ketamine and Review QI web form
- Patella Reduction and Review QI web form
- Calcium Chloride
- Pre-existing Vascular Devices
- Transport Ventilators
- RSI Checklist (optional)

### Simulation Video

- Introduction
- Double Sequential Defibrillation
- Surgical Cricothyrotomy- Bougie Assisted (optional)
- OB Field delivery
- Neonatal Resuscitation
- Informal Debrief of Neonatal Resuscitation
- Complications of Delivery and Normal Delivery
- Avulsed Tooth
- Eye Irrigation/ Morgan Lens
- PerfectCPR for Apple Watch (optional)
- Massive Bleeding (with hemostatic wound packing and clot removal)
- Critical Patient Management with RSI
- Formal Debrief of Critical Patient Management Scenario

### Podcasts

- New York State Collaborative Protocols Review Part I
- New York State Collaborative Protocols Review Part II

### Self-study of Protocols

- Provider acknowledges that the above education does not cover every aspect of these protocols and self-study is necessary to assure familiarity with the protocol document.

**Attestation of Completion**

I hereby attest that I have completed Self-Study Program for the 2017 New York State EMS Collaborative Protocol Rollout. I have viewed the PowerPoints, watched the videos, listened to the podcasts and reviewed the protocols to assure familiarity with the protocols. I understand that I am responsible for complying with protocol contents and applicable/appropriate treatment of patients.

**Employee**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

**Agency Training Officer**

I hereby confirm that the individual named above has completed the 2017 New York State EMS Collaborative Protocol Rollout Self-study.

Training Officer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Director**

I hereby confirm that the individual named above has completed the 2017 New York State EMS Collaborative Protocol Rollout Self-study.

Medical Director Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_