

County of San Luis Obispo Public Health Department  
 Division: Emergency Medical Services Agency

Policy 350 Attachment B  
 Effective Date: 12/01/2022

## MICN - Base Hospital Orientation Checklist

**Submit this form with Initial Application for MICN Authorization**

MICN Applicant Name:	
MICN Preceptor Name:	MICN #:
Base Station Name:	Orientation Date:

Orientation Items Reviewed	
<b>Communications System:</b>	<b>Procedures:</b>
<input type="checkbox"/> Med Com	<input type="checkbox"/> Radio communication techniques
<input type="checkbox"/> Dispatch	<input type="checkbox"/> Patient privacy in communications
<b>Hardware:</b>	<input type="checkbox"/> Med Com radio checks
<input type="checkbox"/> Use of radio controls	<input type="checkbox"/> Paramedic report formats
<input type="checkbox"/> Telemetry	<input type="checkbox"/> Simultaneous runs
<input type="checkbox"/> Recording	<input type="checkbox"/> Multiple casualty incident (MCI)
<input type="checkbox"/> Land line (telephone) communications	<input type="checkbox"/> Ambulance diversion policy
<b>Documentation:</b>	<input type="checkbox"/> Base station disabled
<input type="checkbox"/> MICN run reports	<input type="checkbox"/> Contact with the receiving hospitals
<input type="checkbox"/> Medic run reports	<input type="checkbox"/> Inter-hospital transfers
<input type="checkbox"/> Base station log	<input type="checkbox"/> Base station physician consultations
<input type="checkbox"/> Storage of records and tapes	<input type="checkbox"/> Deviations from protocols
<input type="checkbox"/> Incident reports	<input type="checkbox"/> DNR
<input type="checkbox"/> Base station meetings/attendance requirements	<input type="checkbox"/> Reference resources (e.g. SLO EMS Agency policies & procedures, poison control, protocol algorithms)
<input type="checkbox"/> CQI process	

### I hereby certify that I completed the MICN Base Hospital Orientation:

Signature of MICN Applicant:	Date:
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### I hereby certify that the MICN Applicant has completed the MICN Base Hospital Orientation:

Signature of MICN Preceptor:	Date of Completion:
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