

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

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

MICN - Field Orientation Checklist

Submit this form with Initial Application for MICN Authorization

MICN Applicant Name:	
Accredited Paramedic Name:	
ALS Provider:	Date:

Orientation Items Reviewed (4 Hours Total)

<input type="checkbox"/> Communications System: <input type="checkbox"/> Dispatch: <input type="checkbox"/> MedCom <input type="checkbox"/> Fire <input type="checkbox"/> Cell Phone <input type="checkbox"/> Patient Privacy in Communications <input type="checkbox"/> Radio Checks <input type="checkbox"/> Demonstration of Hardware: <input type="checkbox"/> Use of Radio Controls <input type="checkbox"/> Monitor Capabilities: <input type="checkbox"/> VS, ETCO2, 12 Lead <input type="checkbox"/> See-through CPR/Post Code Download <input type="checkbox"/> Equipment Set-Up and Bags <input type="checkbox"/> Land Line/Telephone Communications <input type="checkbox"/> Documentation/QI Program: <input type="checkbox"/> Medic PCR or ePCR <input type="checkbox"/> Incident Reports <input type="checkbox"/> Provider CQI Process	<input type="checkbox"/> Common Field Procedures: <input type="checkbox"/> Paramedic Report Formats <input type="checkbox"/> Routine BLS/ALS Notification <input type="checkbox"/> Alerts for Trauma Steps 1/2 <input type="checkbox"/> Alerts for STEMI and Stroke <input type="checkbox"/> Physician Consults: <input type="checkbox"/> Destination for Trauma Steps 3/4 <input type="checkbox"/> Medication <input type="checkbox"/> Other <input type="checkbox"/> Physician Termination of Resuscitation <input type="checkbox"/> AMA <input type="checkbox"/> Multi-Casualty Incident (MCI) Level I / II <input type="checkbox"/> Ambulance Diversion Policy <input type="checkbox"/> Inter-hospital Transfers: <input type="checkbox"/> Rapid Re-triage for STEMI/Trauma <input type="checkbox"/> Reference Resources: <input type="checkbox"/> SLO EMSA 3 Ps <input type="checkbox"/> Poison Control, Mobile App
--	--

I hereby certify that I completed the MICN Field Orientation:

Signature of MICN Applicant:	Date:
------------------------------	-------

I hereby certify that the MICN Applicant has completed the MICN Field Orientation:

Signature of Accredited Paramedic:	Date of Completion:
------------------------------------	---------------------