

EMS Education Approval Policy and Procedures

PURPOSE:

To establish standards for the submission and approval of Emergency Medical Services (EMS) education courses to the West Virginia Office of Emergency Medical Services (WVOEMS) in conjunction with Legislative Rule §64-48-8.

DEFINITIONS:

Professional competence is most commonly defined as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.”

Professional competence is multidimensional. The dimensions of competence evolve as an EMS provider’s career evolves. Achieving competence, as demonstrated in knowledge, skills, abilities, attitudes and behaviors, is a lifelong process, motivated by both self-interest and a commitment to providing the highest quality care. The initial educational programs lay the foundation for application of the competencies in clinical care. Upon entering the field, it is the responsibility of the EMS provider to continue their life-long learning. EMS providers must engage in continuing professional development, using a variety of modalities to continuously assess and improve their knowledge, skills and attitudes with the goal of improving patient care outcomes.

POLICY:

EMS courses instructed by WVOEMS approved training agencies shall be submitted and approved by WVOEMS per §64-48-8. Initial certification courses shall follow the National curriculum and recertification courses shall utilize the WVOEMS approved curriculum. These courses shall be reviewed by WVOEMS to ensure they are being taught consistent with WVOEMS educational requirements, standards, protocols, scope of practice, and code/rule.

- A. **Initial Certification Courses:** shall be taught to the National standard curriculum.
- B. **Recertification Courses:** shall be taught to the NCCP standard as outlined by National Registry. Recertification can be obtained utilizing the National Registry NCCP model **or** by completing a refresher course approved by WVOEMS.

Both options require completing the WVOEMS State and Federal requirements per respective policy. Application of hours to meet the National Registry NCCP model in another state **SHALL NOT** constitute meeting the requirement for State certification in West Virginia.

Skills are required for each discipline and will be validated through Medical Director acknowledgement in the National Registry System. Skills at the ALS level may be completed through the required alphabet courses. BLS skills can be documented through alphabet courses or through a WVOEMS approved training skills module.

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1. National Registry NCCP Option:

- Applicant completes all requirements per National Registry policy to include the National Component, Local or State Component, and Individual Component.
This can be completed in any method approved by National Registry.
- Applicant completes the WVOEMS State and Federal Mandated courses. These courses can be applied to the National Registry NCCP Local or State Component:
 - ❖ CPR (4 hours biennially)
 - ❖ Protocol Update (2 hours annually)
 - ❖ Mass Casualty Incident Training (2 biennially)
 - ❖ Hazardous Materials Awareness (3 hours annually)
 - ❖ ACLS, ITLS/PHTLS, PEPP/PALS or WVOEMS approved equivalents for ALS providers

2. WVOEMS Approved Refresher Course Option:

- Applicant completes a WVOEMS approved NCCP refresher course meeting the National Registry National Component. WVOEMS shall approve this course annually and assure course material is standardized throughout the State. Only one singular course shall be approved for each provider level respectively and course education material shall be distributed by WVOEMS.
- Applicant completes the WVOEMS State and Federal Mandated courses. These courses can be applied to the National Registry NCCP Local or State Component:
 - ❖ CPR (4 hours biennially)
 - ❖ Protocol Update (2 hours annually)
 - ❖ Mass Casualty Incident Training (2 biennially)
 - ❖ Hazardous Materials Awareness (3 hours annually)
 - ❖ ACLS, ITLS/PHTLS, PEPP/PALS or WVOEMS approved equivalents for ALS providers

C. Individuals who do not complete the West Virginia specific components will not be certified or recertified.

D. **Continuing Education (CE) courses:** shall be accepted per National Registry Policy with approval by WVOEMS.

1. WVOEMS will define a list of Pre-Approved CE courses that do not require submission for pre-approval (**Appendix D**). Any course not listed shall require submission and approval by WVOEMS. This list shall be evaluated annually to remain consistent with National Registry.

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E. National Registry auditing shall be conducted per National Registry policy.

PROCEDURE/REQUIREMENTS:

INITIAL CERTIFICATION, RECERTIFICATION, and CONTINUING EDUCATION Courses:

- A. Courses shall be submitted in a manner prescribed by the Commissioner.
- B. Courses shall be entered for approval purposes **ONLY** and do not require submission of attendees. Tracking of course participants and completion status shall be the responsibility of the training agency and will be evaluated through training agency recertification and random auditing by WVOEMS. Training agencies are required per accreditation requirements to issue certificates for successful course completion. The course instructor name, WVOEMS approved course number, training agency name, date of course completion, attendee name, course title, course location, and course hours shall be indicated on the certificate.
- C. Shall be submitted to WVOEMS at least five (5) working days prior to the course start date.
- D. Courses submitted after the class has taken place will be denied per §64-48-8.1g.
- E. If a course is submitted in a time period shorter than the specified five (5) working days, WVOEMS will review the course per policy, however, there may be up to a fifteen (15) working day delay in the approval process. Should the class be denied with legitimate reason, students who participated in the program will not receive credit for taking the class.
- F. Students who complete an unapproved course will be ineligible to test for certification nor will they will receive credit for taking the class and no hours will be awarded for certification.

APPLICABLE HOURS:

Some programs have requirements that meet a specific code. These courses often are taught in many ways and may fluctuate in hours. WVOEMS will approve class hours in this category based on the average contact hours of available courses. These courses are as follows:

- | | |
|--|---------|
| • Hazardous Materials Awareness | 3 Hours |
| • CPR | 4 Hours |
| • First Aid | 3 Hours |
| • ACLS or WVOEMS approved equivalent refresher | 8 Hours |
| • PALS, PEPP, or WVOEMS approved equivalent refresher | 8 Hours |
| • ITLS, PHTLS, or WVOEMS approved equivalent refresher | 8 Hours |

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SKILL SHEETS:

Initial and recertification courses require the use of skill sheets to evaluate the ability of students to perform EMS tasks essential to the profession. EMR and EMT courses will require a final psychomotor exam at the completion of initial courses. Instructors are responsible to assure that all students have a mastery of all skill sheet content. Skill Sheets identified as “VERIFIED” shall be signed off by the course instructor once they feel the candidate has mastered that specific skill. Skill Sheets identified as “TESTED” shall be incorporated as part of the final psychomotor exam. EMR skill sheets can be found in [Appendix A](#) and EMT skill sheets are available in [Appendix B](#).

A. Emergency Medical Responder “TESTED” Skills

- Patient Assessment – Medical (Skill Sheet 1)
- Patient Assessment – Trauma (Skill Sheet 2)
- Bleeding Control / Shock Management (Skill Sheet 3)
- Oxygen Administration by Non–Rebreather Mask (Skill Sheet 4)
- BVM Ventilation of an Apneic Patient (Skill Sheet 5)

B. Emergency Medical Responder “VERIFIED” Skills

- Cardiac Arrest Management / AED (Skill Sheet 6)
- Spinal Immobilization – Seated Patient (Skill Sheet 7)
- Spinal Immobilization – Supine Patient (Skill Sheet 8)
- Long Bone Immobilization (Skill Sheet 9)
- Joint Immobilization (Skill Sheet 10)
- Naloxone Administration (Skill Sheet 11)
- Baseline Vital Signs (Skill Sheet 12)

C. Emergency Medical Technician “TESTED” Skills

- Patient Assessment – Medical (with one incorporated medication) (Skill Sheet 1)
 - ❖ Oral Glucose Administration (Skill Supplement 1)
 - ❖ Nitroglycerin Administration (Skill Supplement 2)
 - ❖ Nebulized Medication Administration (Skill Supplement 3)
 - ❖ Epinephrine Auto-Injector Administration (Skill Supplement 4)
 - ❖ Epinephrine 1:1000 Ampule Administration (Skill Supplement 5)
- Patient Assessment – Trauma (Skill Sheet 2)
- Bleeding Control / Shock Management (Skill Sheet 3)
- Airway Management – King Airway (Skill Sheet 4)

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D. Emergency Medical Technician “VERIFIED” Skills

- Cardiac Arrest Management / AED (Skill Sheet 5)
- Baseline Vital Signs (Skill Sheet 6)
- Spinal Immobilization – Seated Patient (Skill Sheet 7)
- Spinal Immobilization – Supine Patient (Skill Sheet 8)
- Long Bone Immobilization (Skill Sheet 9)
- Joint Immobilization (Skill Sheet 10)
- 12 Lead EKG Acquisition (Skill Sheet 11)
- Continuous Positive Airway Pressure – CPAP (Skill Sheet 12)
- Naloxone Administration (Skill Sheet 13)
- Tetracaine Ophthalmic Administration / Morgan Lens (Skill Sheet 14)
- Oxygen Administration by Non-Rebreather Mask (Skill Sheet 15)
- BVM Ventilation of an Apneic Patient (Skill Sheet 16)

E. Advanced Emergency Medical Technician – AEMT will be tested per NREMT policy in conjunction with a CAAHEP accredited educational program.

F. Paramedic – Paramedics will be tested per NREMT policy in conjunction with a CAAHEP accredited educational program.

SUMMARY SHEETS:

Summary sheets are to be utilized to track skill performance. Summary sheets shall be completed for all students in initial courses. If a student fails a particular skill, a copy of that skill sheet with appropriate documentation shall be attached to the summary sheet. Summary sheets are available in [Appendix C](#).

This Education Approval Policy replaces all previous Education Approval Policies.

APPENDIX A



Emergency Medical Responder Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

**Skill Sheet 1
TESTED**

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| | | |
|--|-------|----|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| SCENE SIZE-UP | | |
| Determines the scene/situation is safe | 1 | |
| Determines the mechanism of injury/nature of illness | 1 | |
| Determines the number of patients | 1 | |
| Requests additional EMS assistance if necessary | 1 | |
| Considers stabilization of the spine | 1 | |
| PRIMARY SURVEY/RESUSCITATION | | |
| Verbalizes the general impression of the patient | 1 | |
| Determines responsiveness/level of consciousness (AVPU) | 1 | |
| Determines chief complaint/apparent life-threats | 1 | |
| Assesses airway and breathing | 3 | |
| -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) | | |
| Assesses circulation | 3 | |
| -Assesses/controls major bleeding (1 point) -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point) | | |
| Identifies patient priority and makes treatment/transport decision | 1 | |
| HISTORY TAKING | | |
| History of the present illness | 8 | |
| -Onset (1 point) -Quality (1 point) -Severity (1 point) | | |
| -Provocation (1 point) -Radiation (1 point) -Time (1 point) | | |
| -Clarifying questions of associated signs and symptoms related to OPQRST (2 points) | | |
| Past medical history | 5 | |
| -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) | | |
| -Medications (1 point) -Last oral intake (1 point) | | |
| SECONDARY ASSESSMENT | | |
| Assesses affected body part/system | 5 | |
| -Cardiovascular -Neurological -Integumentary -Reproductive | | |
| -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social | | |
| VITAL SIGNS | | |
| -Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each) | 4 | |
| States field impression of patient | 1 | |
| Interventions [verbalizes proper interventions/treatment] | 1 | |
| REASSESSMENT | | |
| Demonstrates how and when to reassess the patient to determine changes in condition | 1 | |
| Provides accurate verbal report to arriving EMS unit | 1 | |
| Actual Time Ended: _____ | TOTAL | 42 |

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 15 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety before approaching patient
- ____ Failure to voice and ultimately provide appropriate oxygen therapy
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- ____ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- ____ Orders a dangerous or inappropriate intervention
- ____ Failure to provide accurate report to arriving EMS unit
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Responder Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

**Skill Sheet 2
TESTED**

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____ Note: Areas denoted by “***” may be integrated within sequence of Primary Survey/Resuscitation

Possible Points Points Awarded

| | | |
|---|--------------|----|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| SCENE SIZE-UP | | |
| Determines the scene/situation is safe | 1 | |
| Determines the mechanism of injury/nature of illness | 1 | |
| Determines the number of patients | 1 | |
| Requests additional EMS assistance if necessary | 1 | |
| Considers stabilization of the spine | 1 | |
| PRIMARY SURVEY/RESUSCITATION | | |
| Verbalizes general impression of the patient | 1 | |
| Determines responsiveness/level of consciousness | 1 | |
| Determines chief complaint/apparent life-threats | 1 | |
| Airway -Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point) | 2 | |
| Breathing -Assess breathing (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) -Manages any injury which may compromise breathing/ventilation (1 point) | 4 | |
| Circulation -Checks pulse (1 point) -Assess skin [either skin color, temperature or condition] (1 point) -Assesses for and controls major bleeding if present (1 point) -Initiates shock management [positions patient properly, conserves body heat] (1 point) | 4 | |
| Identifies patient priority and makes treatment/transport decision (based upon calculated GCS) | 1 | |
| HISTORY TAKING | | |
| Obtains baseline vital signs [must include BP, P and R] (1 point) | 1 | |
| Attempts to obtain SAMPLE history | 1 | |
| SECONDARY ASSESSMENT | | |
| Head -Inspects and palpates scalp and ears (1 point) ** -Assesses eyes (1 point) -Inspects mouth**, nose** and assesses facial area (1 point) | 3 | |
| Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point) | 3 | |
| Chest** -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point) | 3 | |
| Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point) | 3 | |
| Lower extremities** -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg) | 2 | |
| Upper extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm) | 2 | |
| Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point) | 2 | |
| Manages secondary injuries and wounds appropriately | 1 | |
| REASSESSMENT | | |
| Demonstrates how and when to reassess the patient | 1 | |
| Actual Time Ended: _____ | TOTAL | 42 |

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 10 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety
- ____ Failure to assess for and provide spinal protection when indicated
- ____ Failure to voice and ultimately provide high concentration oxygen
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ____ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

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Emergency Medical Responder Psychomotor Examination

Skill Sheet 3
TESTED

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| Possible Points | Points Awarded |
|--------------------|-------------------|
|--------------------|-------------------|

| | | |
|---|--------------|---|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Applies direct pressure to the wound | 1 | |
| NOTE: The examiner must now inform candidate that the wound continues to bleed. | | |
| Applies tourniquet | 1 | |
| NOTE: The examiner must now inform candidate that the patient is exhibiting signs and symptoms of hypoperfusion. | | |
| Properly positions the patient | 1 | |
| Administers high concentration oxygen | 1 | |
| Initiates steps to prevent heat loss from the patient | 1 | |
| Indicates the need for immediate transportation | 1 | |
| Actual Time Ended: _____ | TOTAL | 7 |

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to administer high concentration oxygen
- ____ Failure to control hemorrhage using correct procedures in a timely manner
- ____ Failure to indicate the need for immediate transportation
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

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Emergency Medical Responder Psychomotor Examination

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Skill Sheet 4
TESTED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible
Points Points
Awarded

| | | |
|--|---|--|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Gathers appropriate equipment | 1 | |
| Cracks valve on the oxygen tank | 1 | |
| Assembles the regulator to the oxygen tank | 1 | |
| Opens the oxygen tank valve | 1 | |
| Checks oxygen tank pressure | 1 | |
| Checks for leaks | 1 | |
| Attaches non-rebreather mask to correct port of regulator | 1 | |
| Turns on oxygen flow to prefill reservoir bag | 1 | |
| Adjusts regulator to assure oxygen flow rate of at least 10 L/minute | 1 | |
| Attaches mask to patient's face and adjusts to fit snugly | 1 | |

Actual Time Ended: _____

TOTAL 11

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to assemble the oxygen tank and regulator without leaks
- ____ Failure to prefill the reservoir bag
- ____ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ____ Failure to ensure a tight mask seal to patient's face
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention



Emergency Medical Responder Psychomotor Examination

BVM VENTILATION OF AN APNEIC ADULT PATIENT

Skill Sheet 5
TESTED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible Points Points Awarded

| | | |
|--|--------------|----|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Checks responsiveness | 1 | |
| Requests additional EMS assistance | 1 | |
| Checks breathing and pulse simultaneously | 1 | |
| NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60." | | |
| Opens airway properly | 1 | |
| NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus." | | |
| Prepares rigid suction catheter | 1 | |
| Turns on power to suction device or retrieves manual suction device | 1 | |
| Inserts rigid suction catheter without applying suction | 1 | |
| Suctions the mouth and oropharynx | 1 | |
| NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear." | | |
| Opens the airway manually | 1 | |
| Inserts oropharyngeal airway | 1 | |
| NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct." | | |
| **Ventilates the patient immediately using a BVM device unattached to oxygen [**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.] | 1 | |
| NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty. | | |
| Re-checks pulse for no more than 10 seconds | 1 | |
| Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute] | 1 | |
| Ventilates the patient adequately -Proper volume to cause visible chest rise (1 point) -Proper rate [10 – 12/minute (1 ventilation every 5 – 6 seconds)] (1 point) | 2 | |
| Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?" | | |
| Actual Time Ended: _____ | TOTAL | 16 |

CRITICAL CRITERIA

- _____ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to suction airway **before** ventilating the patient
- _____ Suctions the patient for an excessive and prolonged time
- _____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- _____ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- _____ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- _____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- _____ Insertion or use of any adjunct in a manner dangerous to the patient
- _____ Failure to manage the patient as a competent EMR
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

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Emergency Medical Responder Psychomotor Examination

Skill Sheet 6
VERIFIED

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Actual Time Started: _____

Possible Points Points Awarded

| | | |
|---|---|-----------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Determines the scene/situation is safe | 1 | |
| Attempts to question bystanders about arrest events | 1 | |
| Checks patient responsiveness | 1 | |
| Requests additional EMS assistance | 1 | |
| Checks breathing and pulse simultaneously | 1 | |
| NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless." | | |
| Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely] | 1 | |
| Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of no more than 10 seconds throughout (1 point) | 5 | |
| NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED. | | |
| Turns on power to AED | 1 | |
| Follows prompts and correctly attaches AED to patient | 1 | |
| Stops CPR and ensures all individuals are clear of the patient during rhythm analysis | 1 | |
| Ensures that all individuals are clear of the patient and delivers shock from AED | 1 | |
| Immediately directs rescuer to resume chest compressions | 1 | |
| Actual Time Ended: _____ | | |
| TOTAL | | 17 |

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- ___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ___ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- ___ Interrupts CPR for more than 10 seconds at any point
- ___ Failure to correctly attach the AED to the patient
- ___ Failure to operate the AED properly
- ___ Failure to deliver shock in a timely manner
- ___ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- ___ Failure to immediately resume compressions after shock delivered
- ___ Failure to manage the patient as a competent EMR
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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Emergency Medical Responder Psychomotor Examination

Skill Sheet 7
VERIFIED

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible
Points

Points
Awarded

| | | |
|---|--------------|----|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Directs assistant to place/maintain head in the neutral, in-line position | 1 | |
| Directs assistant to maintain manual stabilization of the head | 1 | |
| Reassesses motor, sensory and circulatory functions in each extremity | 1 | |
| Applies appropriately sized extrication collar | 1 | |
| Positions the immobilization device behind the patient | 1 | |
| Secures the device to the patient's torso | 1 | |
| Evaluates torso fixation and adjusts as necessary | 1 | |
| Evaluates and pads behind the patient's head as necessary | 1 | |
| Secures the patient's head to the device | 1 | |
| Verbalizes moving the patient to a long backboard | 1 | |
| Reassesses motor, sensory and circulatory function in each extremity | 1 | |
| Actual Time Ended: _____ | TOTAL | 12 |

CRITICAL CRITERIA

- ____ Failure to immediately direct or take manual stabilization of the head
- ____ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ____ Released or ordered release of manual stabilization before it was maintained mechanically
- ____ Manipulated or moved patient excessively causing potential spinal compromise
- ____ Head immobilized to the device **before** device sufficiently secured to the torso
- ____ Device moves excessively up, down, left or right on the patient's torso
- ____ Head immobilization allows for excessive movement
- ____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- ____ Upon completion of immobilization, head is not in a neutral, in-line position
- ____ Failure to reassess motor, sensory and circulatory functions in all extremities after voicing immobilization to the long backboard
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

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Emergency Medical Responder Psychomotor Examination

Skill Sheet 8
VERIFIED

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| | Possible Points | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Directs assistant to place/maintain head in the neutral, in-line position | 1 | |
| Directs assistant to maintain manual stabilization of the head | 1 | |
| Reassesses motor, sensory and circulatory function in each extremity | 1 | |
| Applies appropriately sized extrication collar | 1 | |
| Positions the immobilization device appropriately | 1 | |
| Directs movement of the patient onto the device without compromising the integrity of the spine | 1 | |
| Applies padding to void between the torso and the device as necessary | 1 | |
| Immobilizes the patient's torso to the device | 1 | |
| Evaluates and pads behind the patient's head as necessary | 1 | |
| Immobilizes the patient's head to the device | 1 | |
| Secures the patient's legs to the device | 1 | |
| Secures the patient's arms to the device | 1 | |
| Reassesses motor, sensory and circulatory function in each extremity | 1 | |
| Actual Time Ended: _____ | TOTAL | 14 |

CRITICAL CRITERIA

- ____ Failure to immediately direct or take manual stabilization of the head
- ____ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization Released or ordered release of manual stabilization before it was maintained mechanically
- ____ Manipulated or moved the patient excessively causing potential spinal compromise
- ____ Head immobilized to the device **before** device sufficiently secured to the torso
- ____ Patient moves excessively up, down, left or right on the device
- ____ Head immobilization allows for excessive movement
- ____ Upon completion of immobilization, head is not in a neutral, in-line position
- ____ Failure to reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Responder Psychomotor Examination

Skill Sheet 9
VERIFIED

LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible Points Points Awarded

| | | |
|--|--------------|----|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Directs application of manual stabilization of the injury | 1 | |
| Assesses distal motor, sensory and circulatory functions in the injured extremity | 1 | |
| NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal." | | |
| Measures the splint | 1 | |
| Applies the splint | 1 | |
| Immobilizes the joint above the injury site | 1 | |
| Immobilizes the joint below the injury site | 1 | |
| Secures the entire injured extremity | 1 | |
| Immobilizes the hand/foot in the position of function | 1 | |
| Reassesses distal motor, sensory and circulatory functions in the injured extremity | 1 | |
| NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal." | | |
| Actual Time Ended: _____ | TOTAL | 10 |

Critical Criteria

- ____ Failure to immediately stabilize the extremity manually
- ____ Grossly moves the injured extremity
- ____ Failure to immobilize the joint above and the joint below the injury site
- ____ Failure to immobilize the hand or foot in a position of function
- ____ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Responder Psychomotor Examination

Skill Sheet 10
VERIFIED

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible
Points Points
Awarded

| | | |
|--|--------------|---|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Directs application of manual stabilization of the injury | 1 | |
| Assesses distal motor, sensory and circulatory functions in the injured extremity | 1 | |
| NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal." | | |
| Selects the proper splinting material | 1 | |
| Immobilizes the site of the injury | 1 | |
| Immobilizes the bone above the injury site | 1 | |
| Immobilizes the bone below the injury site | 1 | |
| Secures the entire injured extremity | 1 | |
| Reassesses distal motor, sensory and circulatory functions in the injured extremity | 1 | |
| NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal." | | |
| Actual Time Ended: _____ | TOTAL | 9 |

Critical Criteria

- ____ Failure to immediately stabilize the extremity manually
- ____ Grossly moves the injured extremity
- ____ Failure to immobilize the bone above and below the injury site
- ____ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Responder Psychomotor Examination

Skill Sheet 11

VERIFIED

NALOXONE ADMINISTRATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| | Possible Points | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Identify the need for administration of Naloxone based on PPMH, vital, signs and symptoms, and presentation | 1 | |
| Support respirations as needed | 1 | |
| Assess blood glucose level | 1 | |
| Verbalize signs of opioid use | 1 | |
| Select the proper medication and check concentration, color, and clarity | 1 | |
| Selects the appropriate syringe and draw up medication if not prefilled | 1 | |
| Confirm expiration date of medication | 1 | |
| Confirm the rights of drug administration: Right Patient <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/> | 1 point each | |
| Place a nebulizer on the end of the syringe | 1 | |
| Place atomizer against nostril and administer 1mg (0.5 dose) of medication | 1 | |
| Repeat the procedure delivering the remainder of the medication in the opposite nostril | 1 | |
| Reassess patient | 1 | |
| If no improvement, contact medical command and request ALS back up | 1 | |
| Document the procedure | 1 | |
| Actual Time Ended: _____ | TOTAL | 19 |

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to confirm at least three of the "Rights" of medication administration
- ____ Failure to select appropriate medication or concentration of medication
- ____ Failure to support respirations as needed
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Responder Psychomotor Examination

Skill Sheet 12

VERIFIED

BASELINE VITAL SIGNS

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Actual Time Started: _____

Possible Points

 Points Awarded

| | | |
|--|--------------|----|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Blood Pressure (Palpation) | | |
| Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> Not over clothing Snug fit Center bladder over artery | 1 | |
| Palpate radial and brachial artery | 1 | |
| Inflate cuff to a minimum of 20 mmHg above the point that the palpable pulse was lost | 1 | |
| Slowly deflate the cuff | 1 | |
| Record/report the palpable systolic blood pressure when the pulse returns (margin +/- 4mmHg) | 1 | |
| Blood Pressure (Auscultation) | | |
| Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> Not over clothing Snug fit Center bladder over artery | 1 | |
| Palpate brachial artery | 1 | |
| Place diaphragm of stethoscope over brachial artery | 1 | |
| Inflate cuff to a minimum of 20 mmHg above the point that the palpable pulse was lost | 1 | |
| Slowly deflate the cuff | 1 | |
| Record/report the palpable blood pressure (margin +/- 4mmHg) | 1 | |
| Pulse | | |
| Palpate with two (2) fingers (index and middle) over the radial artery | 1 | |
| Count the palpated pulse for 30 seconds and multiply X 2 | 1 | |
| Asses the following: <ul style="list-style-type: none"> Rate Rhythm (Regular/Irregular) Quality (Strong/Weak) | 1 point each | |
| Record/Report pulse findings (margin +/- 4 bpm) | 1 | |
| Respirations | | |
| Observe rise and fall of the chest or abdomen | 1 | |
| Count respirations for 30 seconds and X 2 | 1 | |
| Asses the following: <ul style="list-style-type: none"> Rate Rhythm (Regular/Irregular) Quality (Strong/Weak) | 1 point each | |
| Record/Report pulse findings (margin +/- 4 bpm) | 1 | |
| Skin | | |
| Skin Color: Normal, Cyanotic, Jaundice, Ashen, Pale, Flushed | 1 | |
| Skin Temperature: Normal, warm, cool, hot | 1 | |
| Skin Condition: Normal, moist, diaphoretic | 1 | |
| Actual Time Ended: _____ | TOTAL | 27 |

CRITICAL CRITERIA

- ☐ Failure to take or verbalize appropriate PPE precautions
- ☐ Failure to manage the patient as a competent EMR
- ☐ Exhibits unacceptable affect with patient or other
- ☐ personnel Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

APPENDIX B



Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

**Skill Sheet 1
TESTED**

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____ Possible Points Points Awarded

| | | |
|---|-----------|--|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| SCENE SIZE-UP | | |
| Determines the scene/situation is safe | 1 | |
| Determines the mechanism of injury/nature of illness | 1 | |
| Determines the number of patients | 1 | |
| Requests additional EMS assistance if necessary | 1 | |
| Considers stabilization of the spine | 1 | |
| PRIMARY SURVEY/RESUSCITATION | | |
| Verbalizes the general impression of the patient | 1 | |
| Determines responsiveness/level of consciousness (AVPU) | 1 | |
| Determines chief complaint/apparent life-threats | 1 | |
| Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) | 3 | |
| Assesses circulation -Assesses/controls major bleeding (1 point) -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point) | 3 | |
| Identifies patient priority and makes treatment/transport decision | 1 | |
| HISTORY TAKING | | |
| History of the present illness -Onset (1 point) -Quality (1 point) -Severity (1 point) -Provocation (1 point) -Radiation (1 point) -Time (1 point) -Clarifying questions of associated signs and symptoms related to OPQRST (2 points) | 8 | |
| Past medical history -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point) | 5 | |
| SECONDARY ASSESSMENT | | |
| Assesses affected body part/system -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social | 5 | |
| VITAL SIGNS | | |
| -Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each) | 4 | |
| States field impression of patient | 1 | |
| Interventions [verbalizes proper interventions/treatment] | 1 | |
| REASSESSMENT | | |
| Demonstrates how and when to reassess the patient to determine changes in condition | 1 | |
| Provides accurate verbal report to arriving EMS unit | 1 | |
| Actual Time Ended: _____ TOTAL | 42 | |

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 15 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety before approaching patient
- ____ Failure to voice and ultimately provide appropriate oxygen therapy
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- ____ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- ____ Orders a dangerous or inappropriate intervention
- ____ Failure to provide accurate report to arriving EMS unit
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL Oral Glucose Administration

Skill Sheet
 Supplement 1
TESTED/VERIFIED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| | Possible Points | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Perform blood glucose check | | |
| Prepare glucometer and supplies | 1 | |
| Cleanse site | 1 | |
| Lance site | 1 | |
| Apply blood test strip | 1 | |
| Apply direct pressure to site | 1 | |
| Read and interpret results | 1 | |
| Determine appropriate indications for glucose administration | | |
| Level of consciousness | 1 | |
| Pertinent past medical history | 1 | |
| Contact Medical Command if patient condition indicates | 1 | |
| Confirm expiration date of oral glucose | 1 | |
| Confirm the rights of drug administration: Right Patient <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/> | 1 point each | |
| Explain the procedure to the patient | 1 | |
| Place oral glucose between cheek and gum | 1 | |
| Recheck patient's blood glucose level within 5 minutes of administration | 1 | |
| If no improvement contact medical command and request ALS back up | 1 | |
| Document the procedure | 1 | |
| Actual Time Ended: _____ | TOTAL | 21 |

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to consult medical command at appropriate times
- ____ Failure to confirm at least three of the "Rights" of medication administration
- ____ Failure to determine blood glucose level prior to, or following, oral glucose administration
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL Nitroglycerin Administration

Skill Sheet
 Supplement 2
TESTED/VERIFIED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible
Points
Points
Awarded

| | | |
|---|--------------|----|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Determine appropriate indications for glucose administration | | |
| Confirm patient allergies | 1 | |
| Determine if the patient has self-administered nitroglycerine prior to EMS arrival | 1 | |
| Confirm patient's blood pressure is ≥ 100 systolic | 1 | |
| Contact Medical Command | 1 | |
| Confirm expiration date of nitroglycerine | 1 | |
| Confirm the rights of drug administration: Right Patient <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/> | 1 point each | |
| Explain the procedure and possible side effects to the patient | 1 | |
| Place the patient in a comfortable position | 1 | |
| Place one nitroglycerine tablet or administer one pump of liquid nitroglycerine under the tongue | 1 | |
| Instruct the patient to allow the medication to absorb | 1 | |
| Recheck the patients blood pressure within 3 – 5 minutes of administration | 1 | |
| If no improvement contact medical command and repeat procedure as directed | 1 | |
| Document the procedure | 1 | |
| Actual Time Ended: _____ | TOTAL | 18 |

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to consult medical command at appropriate times
- ____ Failure to confirm at least three of the "Rights" of medication administration
- ____ Failure to determine patient's blood pressure prior to, or following, oral glucose administration
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL Nebulized Medication Administration

Skill Sheet
 Supplement 3
TESTED/VERIFIED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| | Possible Points | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Properly determines the need for nebulized medications | 1 | |
| Assess the patient's ability to utilize a nebulizer | 1 | |
| Confirm patient allergies | 1 | |
| Confirm patient's heart rate is ≤ 130 for adults and ≤ 150 in pediatrics | 1 | |
| Confirm expiration date of medication | 1 | |
| Confirm the rights of drug administration: Right Patient <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/> | 1 point each | |
| Prepare the Nebulizer | | |
| Assemble Nebulizer | 1 | |
| Add appropriate medication | 1 | |
| Connect the mouthpiece | 1 | |
| Attach oxygen to the nebulizer flowing at 8 – 10 liters per minute | 1 | |
| Explain the procedure and possible side effects to the patient | 1 | |
| Place the patient in a sitting up position | 1 | |
| Administer Medication | | |
| Instruct the patient to hold the nebulizer with lips sealed around the mouthpiece | 1 | |
| Instruct the patient to breath as deeply as possible at a normal rate | 1 | |
| Continue administration until all medication has been utilized | 1 | |
| Monitor patient's condition and vital signs after administration | 1 | |
| If no improvement contact medical command for additional treatment as directed | 1 | |
| Document the procedure | 1 | |
| Actual Time Ended: _____ | TOTAL | 23 |

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to consult medical command at appropriate times
- ____ Failure to confirm at least three of the "Rights" of medication administration
- ____ Failure to administer all medication
- ____ Failure to monitor the patient's condition and vital signs
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL Epinephrine Auto-Injector Administration

Skill Sheet
 Supplement 4
TESTED/VERIFIED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| | Possible Points | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Properly determines the need for medication | 1 | |
| Consults with Medical Command | 1 | |
| Confirm patient allergies | 1 | |
| Confirm expiration date of medication | 1 | |
| Confirm the rights of drug administration: Right Patient <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/> | 1 point each | |
| Explain the procedure and possible side effects to the patient | 1 | |
| Remove the cap from the Auto-Injector | 1 | |
| Expose the thigh area (may verbalize) | 1 | |
| Cleanse the area | 1 | |
| In a smooth, firm fashion push the auto injector into the thigh until a click is heard | 1 | |
| Hold the auto injector against the thigh for 10 seconds | 1 | |
| Properly dispose of the auto injector in a sharps container | 1 | |
| Monitor patient's condition and vital signs after administration | 1 | |
| If no improvement, contact medical command for additional treatment as directed | 1 | |
| Document the procedure | 1 | |
| Actual Time Ended: _____ | TOTAL | 20 |

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to consult medical command at appropriate times
- ____ Failure to confirm at least three of the "Rights" of medication administration
- ____ Failure to monitor the patient's condition and vital signs
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL Epinephrine 1:1000 Ampule Administration

Skill Sheet
Supplement 5
TESTED/VERIFIED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| | Possible Points | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Properly determines the need for medication | 1 | |
| Consults with Medical Command for orders | 1 | |
| Confirm patient allergies | 1 | |
| Confirm the rights of drug administration: Right Patient <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/> | 1 point each | |
| Explain the procedure and possible side effects to the patient | 1 | |
| Selects proper medication and concentration | 1 | |
| Checks medication for cloudiness or discoloration | 1 | |
| Selects proper needle and syringe | 1 | |
| Confirm expiration date of medication | 1 | |
| Cleans the neck of the ampule | 1 | |
| Opens ampule properly snapping it at the break line while directing the action away from the patient and others | 1 | |
| Withdraw the medication utilizing the prepared syringe and needle | 1 | |
| Verify the correct dosage of medication once its withdrawn from the ampule | 1 | |
| Tap the barrel of the syringe to remove excess air bubbles | 1 | |
| Select and cleanse the appropriate administration site | 1 | |
| Penetrates the muscle at a 90° angle | 1 | |
| Aspirated for blood return prior to injection | 1 | |
| Injects medication and removes needle in the same 90° motion | 1 | |
| Properly disposes of needle in a sharps container | 1 | |
| Monitor patient's condition and vital signs after administration | 1 | |
| If no improvement contact medical command for additional treatment as directed | 1 | |
| Document the procedure | 1 | |
| Actual Time Ended: _____ | TOTAL | 27 |

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to consult medical command at appropriate times
- ____ Failure to appropriate medication and concentration
- ____ Failure to confirm at least three of the "Rights" of medication administration
- ____ Failure to select appropriate needle and syringe
- ____ Failure to properly cleanse injection site
- ____ Failure to aspirate for blood return prior to medication administration
- ____ Failure to monitor the patient's condition and vital signs
- ____ Failure to properly dispose of needle
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

**Skill Sheet 2
TESTED**

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____ Note: Areas denoted by “***” may be integrated within sequence of Primary Survey/Resuscitation

Possible Points Points Awarded

| | | |
|---|--------------|----|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| SCENE SIZE-UP | | |
| Determines the scene/situation is safe | 1 | |
| Determines the mechanism of injury/nature of illness | 1 | |
| Determines the number of patients | 1 | |
| Requests additional EMS assistance if necessary | 1 | |
| Considers stabilization of the spine | 1 | |
| PRIMARY SURVEY/RESUSCITATION | | |
| Verbalizes general impression of the patient | 1 | |
| Determines responsiveness/level of consciousness | 1 | |
| Determines chief complaint/apparent life-threats | 1 | |
| Airway -Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point) | 2 | |
| Breathing -Assess breathing (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) -Manages any injury which may compromise breathing/ventilation (1 point) | 4 | |
| Circulation -Checks pulse (1 point) -Assess skin [either skin color, temperature or condition] (1 point) -Assesses for and controls major bleeding if present (1 point) -Initiates shock management [positions patient properly, conserves body heat] (1 point) | 4 | |
| Identifies patient priority and makes treatment/transport decision (based upon calculated GCS) | 1 | |
| HISTORY TAKING | | |
| Obtains baseline vital signs [must include BP, P and R] (1 point) | 1 | |
| Attempts to obtain SAMPLE history | 1 | |
| SECONDARY ASSESSMENT | | |
| Head -Inspects and palpates scalp and ears (1 point) ** -Assesses eyes (1 point) -Inspects mouth**, nose** and assesses facial area (1 point) | 3 | |
| Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point) | 3 | |
| Chest** -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point) | 3 | |
| Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point) | 3 | |
| Lower extremities** -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg) | 2 | |
| Upper extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm) | 2 | |
| Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point) | 2 | |
| Manages secondary injuries and wounds appropriately | 1 | |
| REASSESSMENT | | |
| Demonstrates how and when to reassess the patient | 1 | |
| Actual Time Ended: _____ | TOTAL | 42 |

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 10 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety
- ____ Failure to assess for and provide spinal protection when indicated
- ____ Failure to voice and ultimately provide high concentration oxygen
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ____ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

Skill Sheet 3
TESTED

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| Possible Points | Points Awarded |
|--------------------|-------------------|
|--------------------|-------------------|

| | | |
|---|--------------|---|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Applies direct pressure to the wound | 1 | |
| NOTE: The examiner must now inform candidate that the wound continues to bleed. | | |
| Applies tourniquet | 1 | |
| NOTE: The examiner must now inform candidate that the patient is exhibiting signs and symptoms of hypoperfusion. | | |
| Properly positions the patient | 1 | |
| Administers high concentration oxygen | 1 | |
| Initiates steps to prevent heat loss from the patient | 1 | |
| Indicates the need for immediate transportation | 1 | |
| Actual Time Ended: _____ | TOTAL | 7 |

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to administer high concentration oxygen
- ____ Failure to control hemorrhage using correct procedures in a timely manner
- ____ Failure to indicate the need for immediate transportation
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

AIRWAY MANAGEMENT – KING AIRWAY

**Skill Sheet 4
TESTED**

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible
Points Points
Awarded

| | | |
|--|--------------|----|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Checks responsiveness | 1 | |
| Requests additional EMS assistance | 1 | |
| Checks breathing and pulse simultaneously | 1 | |
| NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60." | | |
| Opens airway properly | 1 | |
| Ventilates the patient at a proper volume and rate via BVM | 1 | |
| Directs assistant to take over BVM ventilation and pre-oxygenate patient | 1 | |
| Selects appropriate size King Airway | 1 | |
| Inspects and prepares King Airway for insertion | 1 | |
| Positions head properly | 1 | |
| Displace the tongue and jaw | 1 | |
| Advance the King Airway until the base of the connector aligns with the teeth and gums | 1 | |
| Inflate the cuff using manufacture's specified amount of air | 1 | |
| Secure tube in place | 1 | |
| Confirm placement via auscultation and secondary detection method | 1 | |
| Reassess patient | 1 | |
| Document procedure | 1 | |
| Actual Time Ended: _____ | TOTAL | 17 |

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- _____ Failure to ventilate the patient at the rate
- _____ Failure to select proper size King Airway
- _____ Failure to inflate cuff
- _____ Failure to secure tube
- _____ Failure to confirm placement
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

Skill Sheet 5
VERIFIED

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Actual Time Started: _____

Possible Points Points Awarded

| | | |
|---|---|-----------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Determines the scene/situation is safe | 1 | |
| Attempts to question bystanders about arrest events | 1 | |
| Checks patient responsiveness | 1 | |
| Requests additional EMS assistance | 1 | |
| Checks breathing and pulse simultaneously | 1 | |
| NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless." | | |
| Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely] | 1 | |
| Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of no more than 10 seconds throughout (1 point) | 5 | |
| NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED. | | |
| Turns on power to AED | 1 | |
| Follows prompts and correctly attaches AED to patient | 1 | |
| Stops CPR and ensures all individuals are clear of the patient during rhythm analysis | 1 | |
| Ensures that all individuals are clear of the patient and delivers shock from AED | 1 | |
| Immediately directs rescuer to resume chest compressions | 1 | |
| Actual Time Ended: _____ | | |
| TOTAL | | 17 |

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- ___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ___ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- ___ Interrupts CPR for more than 10 seconds at any point
- ___ Failure to correctly attach the AED to the patient
- ___ Failure to operate the AED properly
- ___ Failure to deliver shock in a timely manner
- ___ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- ___ Failure to immediately resume compressions after shock delivered
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

Skill Sheet 6
VERIFIED

BASELINE VITAL SIGNS

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Actual Time Started: _____

Possible Points Points Awarded

| | | |
|--|--------------|----|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Blood Pressure (Palpation) | | |
| Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> Not over clothing Snug fit Center bladder over artery | 1 | |
| Palpate radial and brachial artery | 1 | |
| Inflate cuff to a minimum of 20 mmHg above the point that the palpable pulse was lost | 1 | |
| Slowly deflate the cuff | 1 | |
| Record/report the palpable systolic blood pressure when the pulse returns (margin +/- 4mmHg) | 1 | |
| Blood Pressure (Auscultation) | | |
| Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> Not over clothing Snug fit Center bladder over artery | 1 | |
| Palpate brachial artery | 1 | |
| Place diaphragm of stethoscope over brachial artery | 1 | |
| Inflate cuff to a minimum of 20 mmHg above the point that the palpable pulse was lost | 1 | |
| Slowly deflate the cuff | 1 | |
| Record/report the palpable blood pressure (margin +/- 4mmHg) | 1 | |
| Pulse | | |
| Palpate with two (2) fingers (index and middle) over the radial artery | 1 | |
| Count the palpated pulse for 30 seconds and multiply X 2 | 1 | |
| Asses the following: <ul style="list-style-type: none"> Rate Rhythm (Regular/Irregular) Quality (Strong/Weak) | 1 point each | |
| Record/Report pulse findings (margin +/- 4 bpm) | 1 | |
| Respirations | | |
| Observe rise and fall of the chest or abdomen | 1 | |
| Count respirations for 30 seconds and X 2 | 1 | |
| Asses the following: <ul style="list-style-type: none"> Rate Rhythm (Regular/Irregular) Quality (Strong/Weak) | 1 point each | |
| Record/Report pulse findings (margin +/- 4 bpm) | 1 | |
| Skin | | |
| Skin Color: Normal, Cyanotic, Jaundice, Ashen, Pale, Flushed | 1 | |
| Skin Temperature: Normal, warm, cool, hot | 1 | |
| Skin Condition: Normal, moist, diaphoretic | 1 | |
| Actual Time Ended: _____ | TOTAL | 27 |

CRITICAL CRITERIA

- ☐ Failure to take or verbalize appropriate PPE precautions
- ☐ Failure to manage the patient as a competent EMT
- ☐ Exhibits unacceptable affect with patient or other personnel
- ☐ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

Skill Sheet 7
VERIFIED

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| | Possible Points | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Directs assistant to place/maintain head in the neutral, in-line position | 1 | |
| Directs assistant to maintain manual stabilization of the head | 1 | |
| Reassesses motor, sensory and circulatory functions in each extremity | 1 | |
| Applies appropriately sized extrication collar | 1 | |
| Positions the immobilization device behind the patient | 1 | |
| Secures the device to the patient's torso | 1 | |
| Evaluates torso fixation and adjusts as necessary | 1 | |
| Evaluates and pads behind the patient's head as necessary | 1 | |
| Secures the patient's head to the device | 1 | |
| Verbalizes moving the patient to a long backboard | 1 | |
| Reassesses motor, sensory and circulatory function in each extremity | 1 | |
| Actual Time Ended: _____ | TOTAL | 12 |

CRITICAL CRITERIA

- ____ Failure to immediately direct or take manual stabilization of the head
- ____ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ____ Released or ordered release of manual stabilization before it was maintained mechanically
- ____ Manipulated or moved patient excessively causing potential spinal compromise
- ____ Head immobilized to the device **before** device sufficiently secured to the torso
- ____ Device moves excessively up, down, left or right on the patient's torso
- ____ Head immobilization allows for excessive movement
- ____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- ____ Upon completion of immobilization, head is not in a neutral, in-line position
- ____ Failure to reassess motor, sensory and circulatory functions in each extremity after voicing immobilization to the long backboard
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

Skill Sheet 8
VERIFIED

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| | Possible Points | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Directs assistant to place/maintain head in the neutral, in-line position | 1 | |
| Directs assistant to maintain manual stabilization of the head | 1 | |
| Reassesses motor, sensory and circulatory function in each extremity | 1 | |
| Applies appropriately sized extrication collar | 1 | |
| Positions the immobilization device appropriately | 1 | |
| Directs movement of the patient onto the device without compromising the integrity of the spine | 1 | |
| Applies padding to void between the torso and the device as necessary | 1 | |
| Immobilizes the patient's torso to the device | 1 | |
| Evaluates and pads behind the patient's head as necessary | 1 | |
| Immobilizes the patient's head to the device | 1 | |
| Secures the patient's legs to the device | 1 | |
| Secures the patient's arms to the device | 1 | |
| Reassesses motor, sensory and circulatory function in each extremity | 1 | |
| Actual Time Ended: _____ | TOTAL | 14 |

CRITICAL CRITERIA

- ____ Failure to immediately direct or take manual stabilization of the head
- ____ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ____ Released or ordered release of manual stabilization before it was maintained mechanically
- ____ Manipulated or moved the patient excessively causing potential spinal compromise
- ____ Head immobilized to the device **before** device sufficiently secured to the torso
- ____ Patient moves excessively up, down, left or right on the device
- ____ Head immobilization allows for excessive movement
- ____ Upon completion of immobilization, head is not in a neutral, in-line position
- ____ Failure to reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

Skill Sheet 9
VERIFIED

LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible Points Points Awarded

| | | |
|--|---|--|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Directs application of manual stabilization of the injury | 1 | |
| Assesses distal motor, sensory and circulatory functions in the injured extremity | 1 | |
| NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal." | | |
| Measures the splint | 1 | |
| Applies the splint | 1 | |
| Immobilizes the joint above the injury site | 1 | |
| Immobilizes the joint below the injury site | 1 | |
| Secures the entire injured extremity | 1 | |
| Immobilizes the hand/foot in the position of function | 1 | |
| Reassesses distal motor, sensory and circulatory functions in the injured extremity | 1 | |
| NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal." | | |

Actual Time Ended: _____

TOTAL 10

Critical Criteria

- ____ Failure to immediately stabilize the extremity manually
- ____ Grossly moves the injured extremity
- ____ Failure to immobilize the joint above and the joint below the injury site
- ____ Failure to immobilize the hand or foot in a position of function
- ____ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

Skill Sheet 10
VERIFIED

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible
Points Points
Awarded

| | | |
|--|--------------|---|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Directs application of manual stabilization of the injury | 1 | |
| Assesses distal motor, sensory and circulatory functions in the injured extremity | 1 | |
| NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal." | | |
| Selects the proper splinting material | 1 | |
| Immobilizes the site of the injury | 1 | |
| Immobilizes the bone above the injury site | 1 | |
| Immobilizes the bone below the injury site | 1 | |
| Secures the entire injured extremity | 1 | |
| Reassesses distal motor, sensory and circulatory functions in the injured extremity | 1 | |
| NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal." | | |
| Actual Time Ended: _____ | TOTAL | 9 |

Critical Criteria

- ____ Failure to immediately stabilize the extremity manually
- ____ Grossly moves the injured extremity
- ____ Failure to immobilize the bone above and below the injury site
- ____ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

Skill Sheet 11
VERIFIED

12 LEAD EKG ACQUISITION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| | Possible Points | Points Awarded |
|--|-----------------|----------------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Identifies Indications for 12 Lead EKG acquisition | 1 | |
| Prepares monitor and connects electrodes to the patient cable | 1 | |
| Explains procedure to patient | 1 | |
| Exposes patient's chest and preps as necessary | 1 | |
| Properly applies chest leads (V1, V2, V3, V4, V5, V6, and limb leads) V1: Right 4 th intercostal space beside sternum V2: Left 4 th intercostal space beside sternum V4: Left 5 th intercostal space, midclavicular V3: Halfway between V2 and V4 V5: Horizontal to V4, anterior to axillary line V6: Horizontal to V5, Mid-axillary line | 1 point each | |
| Properly applies Limb Leads (RA, LA, LL) | 1 | |
| Instructs patient to remain as still as possible | 1 | |
| Acquires 12 lead EKG per manufacturer's instructions | 1 | |
| Transmits EKG to receiving facility | 1 | |
| Reassess patient | 1 | |
| Confirm transmission of 12 lead has completed | 1 | |
| Document the procedure | 1 | |
| Actual Time Ended: _____ | TOTAL | 18 |

Critical Criteria

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to identify the need for 12 lead EKG acquisition
- ____ Failure to appropriately apply leads
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

Skill Sheet 12
VERIFIED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| | Possible Points | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Performs initial assessment | 1 | |
| Applies initial high flow oxygen | 1 | |
| Identifies indications for CPAP utilization | 1 | |
| Identifies any contraindications for CPAP | 1 | |
| Explains the procedure to the patient | 1 | |
| Assembles CPAP correctly per manufacturer's directions | 1 | |
| Sets device parameters per protocol | 1 | |
| Applies device to patient obtaining a good face seal | 1 | |
| Adjusts pressure as required | 1 | |
| Comforts/coaches patient through the use of CPAP | 1 | |
| Reassess patient | 1 | |
| If no improvement contact medical command and request ALS back up | 1 | |
| Document the procedure | 1 | |
| Actual Time Ended: _____ | TOTAL | 14 |

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to assemble device appropriately
- _____ Failure to confirm a good face seal
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

Skill Sheet 13

VERIFIED

NALOXONE ADMINISTRATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

| | Possible Points | Points Awarded |
|---|-----------------|----------------|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Identify the need for administration of Naloxone based on PPMH, vital, signs and symptoms, and presentation | 1 | |
| Support respirations as needed | 1 | |
| Assess blood glucose level | 1 | |
| Verbalize signs of opioid use | 1 | |
| Select the proper medication and check concentration, color, and clarity | 1 | |
| Selects the appropriate syringe and draw up medication if not prefilled | 1 | |
| Confirm expiration date of medication | 1 | |
| Confirm the rights of drug administration: Right Patient <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/> | 1 point each | |
| Place a nebulizer on the end of the syringe | 1 | |
| Place atomizer against nostril and administer 1mg (0.5 dose) of medication | 1 | |
| Repeat the procedure delivering the remainder of the medication in the opposite nostril | 1 | |
| Reassess patient | 1 | |
| If no improvement, contact medical command and request ALS back up | 1 | |
| Document the procedure | 1 | |
| Actual Time Ended: _____ | TOTAL | 19 |

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to confirm at least three of the "Rights" of medication administration
- _____ Failure to select appropriate medication or concentration of medication
- _____ Failure to support respirations as needed
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



OPHTHALMIC ADMINISTRATION / MORGAN LENS IRRIGATION

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Actual Time Started: _____

Possible Points Points Awarded

| | | |
|---|--------------|----|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Identifies indications for use of Morgan Lens | 1 | |
| Determines no contraindications for use of Morgan Lens | 1 | |
| Confirm patient allergies | 1 | |
| Confirm expiration date of medication | 1 | |
| Confirm the rights of drug administration: Right Patient <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/> | 1 point each | |
| Explains the procedure to patient | 1 | |
| Administers two (2) drops of tetracaine per eye being irrigated | 1 | |
| Attached macro-drop IV tubing to IV Bag | 1 | |
| Attach Morgan Lens delivery set to IV tubing and confirm fluid flowing through device | 1 | |
| With patient looking downward, retract upper eye lid and insert Morgan Lens under upper eye lid | 1 | |
| Have patient look upward, retract lower eye lid and place Morgan Lens | 1 | |
| Adjust flow to irrigate the eye | 1 | |
| Completes irrigations and removes Morgan Lens by retracting lower eye lid and sliding the lens out | 1 | |
| Terminates IV Flow | 1 | |
| Reassess Patient | 1 | |
| Document the procedure | 1 | |
| Actual Time Ended: _____ | TOTAL | 21 |

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to confirm expiration date of the medication
- ____ Failure to confirm at least three of the "Rights" of medication administration
- ____ Failure to provide continuous flow while irrigating patient's eye
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.



Emergency Medical Technician Psychomotor Examination

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Skill Sheet 15
VERIFIED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible
Points

Points
Awarded

| | | |
|--|---|--|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Gathers appropriate equipment | 1 | |
| Cracks valve on the oxygen tank | 1 | |
| Assembles the regulator to the oxygen tank | 1 | |
| Opens the oxygen tank valve | 1 | |
| Checks oxygen tank pressure | 1 | |
| Checks for leaks | 1 | |
| Attaches non-rebreather mask to correct port of regulator | 1 | |
| Turns on oxygen flow to prefill reservoir bag | 1 | |
| Adjusts regulator to assure oxygen flow rate of at least 10 L/minute | 1 | |
| Attaches mask to patient's face and adjusts to fit snugly | 1 | |

Actual Time Ended: _____

TOTAL 11

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to assemble the oxygen tank and regulator without leaks
- ____ Failure to prefill the reservoir bag
- ____ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ____ Failure to ensure a tight mask seal to patient's face
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention



Emergency Medical Technician Psychomotor Examination

BVM VENTILATION OF AN APNEIC ADULT PATIENT

Skill Sheet 16
VERIFIED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible Points Points Awarded

| | | |
|--|--------------|----|
| Takes or verbalizes appropriate PPE precautions | 1 | |
| Checks responsiveness | 1 | |
| Requests additional EMS assistance | 1 | |
| Checks breathing and pulse simultaneously | 1 | |
| NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60." | | |
| Opens airway properly | 1 | |
| NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus." | | |
| Prepares rigid suction catheter | 1 | |
| Turns on power to suction device or retrieves manual suction device | 1 | |
| Inserts rigid suction catheter without applying suction | 1 | |
| Suctions the mouth and oropharynx | 1 | |
| NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear." | | |
| Opens the airway manually | 1 | |
| Inserts oropharyngeal airway | 1 | |
| NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct." | | |
| **Ventilates the patient immediately using a BVM device unattached to oxygen [**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.] | 1 | |
| NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty. | | |
| Re-checks pulse for no more than 10 seconds | 1 | |
| Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute] | 1 | |
| Ventilates the patient adequately -Proper volume to cause visible chest rise (1 point) -Proper rate [10 – 12/minute (1 ventilation every 5 – 6 seconds)] (1 point) | 2 | |
| Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?" | | |
| Actual Time Ended: _____ | TOTAL | 16 |

CRITICAL CRITERIA

- _____ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to suction airway **before** ventilating the patient
- _____ Suctions the patient for an excessive and prolonged time
- _____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- _____ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- _____ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- _____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- _____ Insertion or use of any adjunct in a manner dangerous to the patient
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

APPENDIX C

West Virginia Office of Emergency Medical Services Policies and Procedures

EMR Psychomotor Skills Summary Sheet – Initial Course

Name: _____ Exam Date: ____/____/____
Last First MI

WV Certification Number: _____ Exam Location: _____

WVOEMS Class Number: _____ Training Agency Class Number: _____

Test Type: ☐ Entire Practical ☐ Retest

| EMR “TESTED” Skill Station | Score | *CS | Evaluator Initials | NOTES |
|---|-------|-----|--------------------|-------|
| Patient Assessment - Trauma | | | | |
| Bleeding Control/Shock Management | | | | |
| Patient Assessment – Medical (Includes Baseline Vital Signs) | | | | |
| Oxygen Admin, by Non-Rebreather Mask | | | | |
| BVM Ventilation of an Apneic Patient | | | | |

** Any failure requires a completed skill sheet to be attached to this summary sheet.*



Name: _____
Last
First
MI

Exam Date: ____/____/____

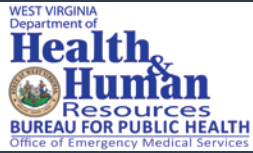
WV Certification Number: _____ **Exam Location:** _____

WVOEMS Class Number:_____ **Training Agency Class Number:**_____

Test Type: ☐ Entire Practical ☐ Retest

| EMR “VERIFIED” Skill Station | Score | Pass/Fail | Date | Instructor Signature |
|--|-------|-----------|------|----------------------|
| Cardiac Arrest Management / AED | | | | |
| Baseline Vital Signs | | | | |
| Spinal Immobilization – Seated Patient | | | | |
| Spinal Immobilization – Supine Patient | | | | |
| Long Bone Immobilization | | | | |
| Joint Immobilization | | | | |
| Naloxone Administration | | | | |

Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.



West Virginia Office of Emergency Medical Services Policies and Procedures

EMR Psychomotor Skills Summary Sheet – **Refresher Course**

Name: _____ Exam Date: ____/____/____
Last First MI

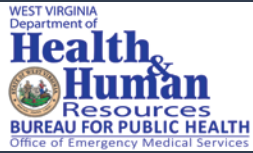
WV Certification Number: _____ Exam Location: _____

WVOEMS Class Number: _____ Training Agency Class Number: _____

Test Type: ☐ Entire Practical ☐ Retest

| EMR Skill Station | Score | Pass/Fail | Date | Instructor Signature |
|---|-------|-----------|------|----------------------|
| Patient Assessment - Trauma | | | | |
| Bleeding Control/Shock Management | | | | |
| Patient Assessment – Medical (Includes Baseline Vital Signs) | | | | |
| Oxygen Admin, by Non-Rebreather Mask | | | | |
| BVM Ventilation of an Apneic Patient | | | | |

** Any failure requires a completed skill sheet to be attached to this summary sheet.*



West Virginia Office of Emergency Medical Services Policies and Procedures

EMR Psychomotor Skills Summary Sheet – **Refresher Course**

Name: _____ Exam Date: ____/____/____
Last First MI

WV Certification Number: _____ Exam Location: _____

WVOEMS Class Number: _____ Training Agency Class Number: _____

Test Type: ☐ Entire Practical ☐ Retest

| EMR Skill Station | Score | Pass/Fail | Date | Instructor Signature |
|--|-------|-----------|------|----------------------|
| Cardiac Arrest Management / AED | | | | |
| Baseline Vital Signs | | | | |
| Spinal Immobilization – Seated Patient | | | | |
| Spinal Immobilization – Supine Patient | | | | |
| Long Bone Immobilization | | | | |
| Joint Immobilization | | | | |
| Naloxone Administration | | | | |

Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.

West Virginia Office of Emergency Medical Services Policies and Procedures

EMT Psychomotor Skills Summary Sheet – Initial Course

Name: _____ Exam Date: ____/____/____
Last First MI

WV Certification Number: _____ Exam Location: _____

WVOEMS Class Number: _____ Training Agency Class Number: _____

Test Type: ☐ Entire Practical ☐ Retest

| EMT “TESTED” Skill Station | | Score | *CS | Evaluator Initials | NOTES |
|---|----------------------------------|-------|-----|--------------------|-------|
| Patient Assessment - Trauma | | | | | |
| Bleeding Control/Shock Management | | | | | |
| Patient Assessment – Medical (Includes Baseline Vital Signs) | | | | | |
| Medication Administration -CHOOSE ONE- | Oral Glucose Administration | | | | |
| | Nitroglycerin Administration | | | | |
| | Nebulized Medication Admin. | | | | |
| | Epinephrine Auto-Injector Admin. | | | | |
| | Epinephrine 1:1000 Admin. | | | | |
| Airway Management | | | | | |

** Any failure requires a completed skill sheet to be attached to this summary sheet.*

West Virginia Office of Emergency Medical Services Policies and Procedures

EMT Psychomotor Skills Summary Sheet – Initial Course

Name: _____ Exam Date: ____/____/____
Last First MI

WV Certification Number: _____ Exam Location: _____

WVOEMS Class Number: _____ Training Agency Class Number: _____

Test Type: ☐ Entire Practical ☐ Retest

| EMT “VERIFIED” Skill Station | Score | Pass/Fail | Date | Instructor Signature |
|--|-------|-----------|------|----------------------|
| Cardiac Arrest Management / AED | | | | |
| Baseline Vital Signs | | | | |
| Spinal Immobilization – Seated Patient | | | | |
| Spinal Immobilization – Supine Patient | | | | |
| Long Bone Immobilization | | | | |
| Joint Immobilization | | | | |
| 12 Lead EKG Acquisition | | | | |
| Continuous Positive Airway Pressure – CPAP | | | | |
| Naloxone Administration | | | | |
| Tetracaine Ophthalmic Administration / Morgan Lens | | | | |
| Oxygen Administration by Non-Rebreather Mask | | | | |
| BVM Ventilation of an Apneic Patient | | | | |

Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.

West Virginia Office of Emergency Medical Services Policies and Procedures

EMT Psychomotor Skills Summary Sheet – **Refresher Course**

Name: _____ Exam Date: ____/____/____
Last First MI

WV Certification Number: _____ Exam Location: _____

WVOEMS Class Number: _____ Training Agency Class Number: _____

Test Type: ☐ Entire Practical ☐ Retest

| EMT Skill Station | | Score | Pass/Fail | Date | Instructor Signature |
|---|----------------------------------|-------|-----------|------|----------------------|
| Patient Assessment - Trauma | | | | | |
| Bleeding Control/Shock Management | | | | | |
| Patient Assessment – Medical (Includes Baseline Vital Signs) | | | | | |
| Medication Administration -CHOOSE ONE- | Oral Glucose Administration | | | | |
| | Nitroglycerin Administration | | | | |
| | Nebulized Medication Admin. | | | | |
| | Epinephrine Auto-Injector Admin. | | | | |
| | Epinephrine 1:1000 Admin. | | | | |
| Airway Management | | | | | |

* Any failure requires a completed skill sheet to be attached to this summary sheet.

West Virginia Office of Emergency Medical Services Policies and Procedures

EMT Psychomotor Skills Summary Sheet – **Refresher Course**

Name: _____ Exam Date: ____/____/____
Last First MI

WV Certification Number: _____ Exam Location: _____

WVOEMS Class Number: _____ Training Agency Class Number: _____

Test Type: ☐ Entire Practical ☐ Retest

| EMT Skill Station | Score | Pass/Fail | Date | Instructor Signature |
|--|-------|-----------|------|----------------------|
| Cardiac Arrest Management / AED | | | | |
| Baseline Vital Signs | | | | |
| Spinal Immobilization – Seated Patient | | | | |
| Spinal Immobilization – Supine Patient | | | | |
| Long Bone Immobilization | | | | |
| Joint Immobilization | | | | |
| 12 Lead EKG Acquisition | | | | |
| Continuous Positive Airway Pressure – CPAP | | | | |
| Naloxone Administration | | | | |
| Tetracaine Ophthalmic Administration / Morgan Lens | | | | |
| Oxygen Administration by Non-Rebreather Mask | | | | |
| BVM Ventilation of an Apneic Patient | | | | |

Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.

APPENDIX D

APPENDIX D

WVOEMS Pre-Approved Course List

WVOEMS Pre-Approved Course List:

| | |
|----|--|
| 1 | ACC (Advanced Cardiac Care) |
| 2 | ACLS (Advanced Cardiac Life Support) |
| 3 | Advanced Pediatric Life Support |
| 4 | Advanced Stroke Life Support |
| 5 | Advanced Trauma Life Support |
| 6 | AEMT Protocol Initial Course |
| 7 | AEMT Protocol Update Course |
| 8 | AMLS (Advanced Medical Life Support) |
| 9 | Basic Disaster Life Support |
| 10 | Certified Emergency Vehicle Operator |
| 11 | CPR (WVOEMS Approved) |
| 12 | DDLS (Developmental Disability Life Support) |
| 13 | Emergency Pediatric Care |
| 14 | EMS Safety |
| 15 | EMT Protocol Initial Course |
| 16 | EMT Protocol Update Course |
| 17 | EVOC (Emergency Vehicle Operation Course) |
| 18 | FEMA IS - 100 |
| 19 | FEMA IS - 200 |
| 20 | FEMA IS - 300 |
| 21 | FEMA IS - 400 |
| 22 | FEMA IS - 700 |
| 23 | FEMA IS - 800 |
| 24 | GEMS (Geriatric Education for EMS) |
| 25 | Haz Mat Awareness |
| 26 | Haz Mat Operations |
| 27 | Haz Mat Technician |
| 28 | HIPAA |
| 29 | ITLS (International Trauma Life Support) |
| 30 | Mass Casualty Incidents I (WVOEMS) |
| 31 | Mass Casualty Incidents II (WVOEMS) |
| 32 | Mass Casualty Refresher and/or Drills |
| 33 | Neonatal Resuscitation |
| 34 | PALS (Pediatric Advanced Life Support) |
| 35 | Paramedic Protocol Initial Course |
| 36 | Paramedic Protocol Update Course |
| 37 | PEARS (Pediatric Emergency Assessment, Recognition, and Stabilization) |

APPENDIX D

WVOEMS Pre-Approved Course List

| | |
|----|--|
| 38 | PEPP (Pediatric Emergencies for Pre-Hospital Professionals) |
| 39 | PHTLS (Pre-Hospital Trauma Life Support) |
| 40 | S.T.A.B.L.E. (Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support) |
| 41 | TCCC (Tactical Combat Casualty Care) |
| 42 | TECC (Tactical Emergency Casualty Care) |
| 43 | TIMs (Traffic Incident Management) |