

2023 Skills Portfolio

For

The Emergency Trauma Technician Classroom

Revised
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Contents

Contents	2
How to Use this Skill Sheet Portfolio	3
SEREMS Emergency Trauma Technician Psychomotor Portfolio Sign Off Sheet	5
Preparation	6
Donning Personal Protective Equipment	7
Doffing Personal Protective Equipment	8
Cleaning and Decontamination of EMS Equipment	10
Team and Scene Dynamics, Patient Assessment and Management	12
Team Leader Evaluation: Scenario or Simulation	13
Team Member Evaluation – Scenario or Simulation	15
Patient Assessment/ Management: Trauma	17
Patient Assessment/ Management - Medical	19
Neurological Assessment for the ETT	22
Assessment of Blood Pressure, Pulse, Respirations, and Skin	23
Airway, Oxygenation, and Ventilation	25
Oropharyngeal Airway Insertion (Adult)	26
Nasopharyngeal Airway Insertion	27
Bag Valve Mask Ventilation of an Apneic Patient	28
Oral Suctioning	30
Administration of Supplemental Oxygen– (OPTIONAL)	31
Shock and Resuscitation	32
Cardiac Arrest Management/ AED	33
Bleeding Control and Shock Management	33
Tourniquet Application	35
Wound Packing/ Pressure Bandage	36
Extrication, Splinting, and Packaging	37
Pelvic Immobilization - Sheet Wrap	38
Long Bone Immobilization	39
Joint Immobilization	40
Rapid Extrication	41
Spinal Protection: Long Backboard	42
Spinal Protection: Vacuum Mattress – (OPTIONAL)	43
Traction Devices – (OPTIONAL)	44
Special Populations	46
Oropharyngeal Airway Insertion (Infant/Child)	47
Management of a Pediatric Patient with Respiratory Compromise– (OPTIONAL)	48
Emergency Childbirth and Newborn Care– (OPTIONAL)	50

How to Use this Skill Sheet Portfolio

This version of skill sheets includes a blend of “Alaskan-ized” ETT skill sheets and relevant skill sheets from the current Alaska EMS Psychomotor Portfolio. The Team Leader and Member skill sheets in this packet were adapted from a National Registry of EMTs pilot program. A “portfolio” approach to skills testing means that the lead instructor will build a portfolio for each student, cataloging unsuccessful as well as successful attempts at each skill. Classes should be designed to optimize the amount of time dedicated to skills, scenarios, and simulations, so that every student can not only attempt, practice, and rehearse each skill a number of times, but can also practice and rehearse integrating multiple skills. Remember that important cognitive skills, such as anticipating changes in a patient's condition, considering resources needed, and communicating with patients and other healthcare providers, are important aspects of simulations and scenarios.

Portfolio Sign-Off Sheet- Initial Training

When a student successfully demonstrates a skill in front of a peer or instructor, that student earns a signature (initials) in the appropriate column of the sign-off sheet. For initial classes, each skill should be demonstrated on at least two separate occasions to a peer before the student requests the State of Alaska-certified ETT Instructor or EMS Instructor to witness their skill demonstration. ETT Refresher students should demonstrate skills to one peer prior to demonstration in front of an Instructor. The instructor's initials in this last column indicate that the student has demonstrated competence in the skill.

Should the student's performance in the skill in front of the instructor fail to meet the standard of competence, that student should begin again with peer sign-offs. In that case, the peers who previously signed the student off on that skill will also need to restart their signoff process for that skill.

Portfolio Sign-Off Sheet- Refresher Classes & Renewals

Refresher skills verifications are completed and tracked at the local level and are not submitted with renewal applications. SEREMS suggests that two peers and a lead, training officer or EMS Captain sign these verifications.

Team Leader and Team Member skill sheets for Scenarios and Simulations

Instructors are encouraged to use the Team skill sheets early and often throughout their classes, alongside the skill sheets for other skills such as Patient Assessment, Airway Management, Splinting, and Packaging. The Team skill sheets provide opportunities for deliberate practice of leadership, planning, communication, and teamwork during emergency responses. The ETT Practical exam is intended to be completed by a team of three students performing a series of three simulated patient calls according to the criteria set forth in the Team skill sheets. Students will be better able to prepare for the exam by frequent opportunities to practice with these skill sheets.

It is probably impossible for a single instructor to effectively evaluate multiple students against multiple skill sheets during a single scenario. Instead, instructors are encouraged to hold students accountable for assessing each other during skills practice. For example, if one team of three students is practicing assessing a trauma victim, one of their classmates can evaluate the team's performance against the Trauma Assessment/ Management skill sheet while another evaluates against Oxygen Administration, and three more students use the appropriate Team skill sheet to evaluate the work of a single member of the team. This approach won't work every time or for every situation, but judiciously applied, it can be a powerful way to increase student learning and engagement.

Oxygen and Other Optional Skills

ETTs work in incredibly diverse settings, and the basic life support equipment available to them can vary depending on that setting. The ETT program is designed to respect these realities. For example, when grading a student on the trauma assessment skillsheet, which requires oxygen administration, the student should be held to that standard only if it is included in the student's training program and work setting. Proctors and instructors should write N/A on the skillsheet for skills or portions of skills that do not apply to a given student.

Notes on CPR Skills

Although this packet does not include the skill sheets for CPR, it is expected that all ETTs will be capable of competently performing all CPR skills (one and two rescuer CPR, AED, rescue breathing, cardiopulmonary resuscitation, and airway obstruction removal procedures) for infant, child, and adult patients. The skills must be performed in accordance with the American Heart Association's guidelines for Basic Life Support, as published in Circulation, Oct 2020, or later edition.

Regardless of the skill sheets used, the following are considered "critical points" and failure to perform them properly may result in failure of the practical examination:

1. Using (or verbalizing) standard precautions and appropriate personal protective equipment.
2. Key sequencing (**primary survey before secondary assessment**).
3. Providing adequate volume when ventilating, e.g. tidal volume should be sufficient to make the chest rise **slightly**.
4. Proper length, frequency, and location of pulse checks.
5. Proper positioning of the patient's head.
6. Proper hand placement, compression rate, depth, and chest recoil.
7. Proper ratio of ventilations to compressions.
8. Proper rotation of the persons providing compressions.

Notes to Instructors

1. In all circumstances, the rescuers should avoid entering the scene until it is determined to be safe. Responders should then introduce themselves to the patient; and, whenever possible, obtain the patient's consent prior to beginning assessment, treatment, or transport.
2. Standard precautions and protocols to protect against respiratory pathogens recommended by the Centers for Disease Control should be adhered to on all skill sheets. Because of the costs involved in purchasing Personal Protective Equipment (PPE), such as gloves, masks, respirators, and gowns, it is the instructor's prerogative to decide when to require actually donning PPE and when to verbalize the donning of PPE. During testing, however, instructors are encouraged to require actual donning of PPE.
3. In many cases, most, if not all, of the patient's clothes must be removed to effect proper patient care. Obviously, in the classroom environment, the modesty of students and simulated patients can be preserved by allowing the student to verbalize the need to remove the patient's clothing.
4. Some skill sheets reference other skill sheets. When this occurs, all of the steps of the referenced skill sheets should be evaluated.
5. Many skills require that equipment be prepared or assembled. Unless the context indicates otherwise, it is permissible to prepare or assemble the required equipment or devices at any time, so long as it does not interfere with patient care. The student should know how to prepare or assemble all equipment.
6. ETTs should not only practice a skill under optimum conditions, but should also practice in more difficult and realistic circumstances as competence increases. Also, it is particularly important to be able to identify and respond rapidly and correctly to device malfunctions, improper placement of airways, etc.
7. Unless stated on the skill sheet, the sequence of steps is not considered critical.
8. Throughout these skill sheets, blood pressure may be abbreviated as BP, pulse may be abbreviated as P, and respirations may be abbreviated as R.

Emergency Trauma Technician Psychomotor Portfolio Sign Off Sheet

This form is your proof of completion of ETT skills.

Students and Instructors: More details on use of this form are found in the front of the 2023 ETT Skills Portfolio (page 3).

ETT Refresher students: To renew your ETT registration, complete the top section of this table.

Initial ETT students: Complete both sections of the table below prior to applying for initial registration.

Required for Refresher Class: (does not require sign-off from State certified instructor)	Peer Initials	Peer Initials	Agency Lead or Instructor Initials
Scene Management: Team Leader			
Scene Management: Team Member			
Patient Assessment: Trauma			
Patient Assessment: Medical			
Basic Cardiac Life Support (CPR & AED)			
Airway Management (integrated mgmt. of apneic patient)			
Blood pressure, Pulse, Respirations, and Skin			
Bleeding Control/ Shock Management			
Fracture Management (any device below) _____			
Spinal Management (any device below) _____			
Skills above plus those below are required for Initial Classes: (two peers & instructor sign-off)	Peer Initials	Peer Initials	Instructor Initials
Equipment Decontamination			
PPE Donning and Doffing			
Neurological Assessment for the ETT			
Oropharyngeal Airway Insertion (Adult)			
Oropharyngeal Airway Insertion (Infant/Child)			
Nasopharyngeal Airway Insertion			
Oral Suctioning			
Oxygen Administration (Recommended)			
Tourniquet Application			
Wound Packing/ Pressure Bandage			
Pelvic Immobilization – Sheet Wrap			
Long Bone Immobilization			
Joint Immobilization			
Spinal Protection- vacuum mattress (Recommended)			
Spinal Protection- long board			
Emergency Childbirth and Newborn Care (Optional)			
Pediatric Pt w/ Resp Compromise (Recommended)			

Print Instructor Name: _____

Date Completed: _____

Preparation

Donning Personal Protective Equipment

OBJECTIVE: The student will demonstrate the ability to correctly don personal protective equipment. **Notes:** Depending on the situation, responder may use a medical/ procedure mask, an N-95, or a procedure mask over an N-95. Other outerwear may be worn, such as coveralls or an apron and sleeves. Practice with the PPE chosen is essential prior to use in the field.

EQUIPMENT: Mask, eye protection, gown, gloves, and a fit-tested N-95 mask. .

PERFORMANCE CRITERIA AND CONDITIONS: The student will don the required equipment in the correct order and will state the correct PPE for a given scenario.

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<i>Preparation</i>		
Performs hand hygiene for at least 20 seconds, using hand sanitizer or soap & water.	1	
<i>Donning N-95 Mask</i>		
Pulls straps in front of mask and hold with one hand.	1	
With other hand, places mask onto face and bring straps over back of head; first the bottom strap, then the top. Does not cross straps behind head. Bottom strap is below ears; top strap is above ears.	1	
Pinches nosepiece to create seal and checks seal by forcefully inhaling and exhaling. Fingers are held at sides of mask to feel for air leaks.	1	
<i>Donning Medical/ Procedure Mask</i>		
Holds mask by straps and place over ears or behind head.	1	
Pinches nosepiece to fit mask to face or over N-95.	1	
<i>Donning Eye Protection</i>		
Picks up eye protection by the earpieces and without touching front of eyewear, and pulls sides of glasses outward slightly.	1	
Slides eye protection over eyes without allowing the glasses to touch the face.	1	
If eye protection fogs up, reevaluates mask seal and repositions mask as needed.	1	
<i>Donning Gown</i>		
Holds gown in front of body. If tie straps are present, ties them loosely, creating space to slip gown over head.	1	
Slips the gown over head, taking care not to dislodge mask or eye protection.	1	
Inserts thumbs into thumbholes if present.	1	
Ties gown in front of or behind torso, depending on strap length.	1	
<i>Donning Gloves</i>		
Pulls gloves up over edge of gown, making sure no skin is exposed at wrists.	1	
Asks partner to look for gaps in own PPE, and checks partner's PPE.	1	
Critical Criteria:	Total:	16

- Failure to take standard precautions when indicated.
- Failure to recognize cross-contamination of self or clean areas during procedure.
- Failure to manage the situation as a competent ETT.
- Exhibits unacceptable affect with 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.

DoFFing Personal Protective Equipment

OBJECTIVE: The student will demonstrate the ability to correctly remove PPE following a simulated exposure.

Notes: Depending on the situation, responder may use a medical/ procedure mask, an N-95, or a procedure mask over an N-95. Other outerwear may be worn, such as coveralls or an apron and sleeves. Practice with the PPE chosen is essential prior to use during patient care. Once applied during training, the candidate’s N-95 mask may be stored for their own use only, by placing in a paper bag labeled with candidate’s name. Masks used during patient care should be discarded or treated according to local protocols.

EQUIPMENT: Mask, eye protection, gown, gloves, and a fit-tested N-95 mask.

PERFORMANCE CRITERIA AND CONDITIONS: The student will doff the required equipment in the correct order without cross-contamination.

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<i>Preparation</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Maintains separation between contaminated outer surfaces of all PPE and everything else. Watches for instances of cross-contamination and takes corrective action as needed.	1	
<i>Doffing gloves</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Slowly peels glove from one hand with other gloved hand. Does not allow outer surface of glove to touch bare skin.	1	
Inserts finger of ungloved hand beneath edge of other glove, taking care not to touch the outer surface of glove.	1	
Folds gloves inside each other, taking care not to aerosolize any contaminants on glove surfaces.	1	
<i>Doffing gown</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Reaches hands behind body to break (or untie in some cases) connections in the back.	1	
Pulls gown inside-out and off shoulders in front of body, rolling it down and away from body.	1	
Rolls gown into a ball with contaminated side inside, taking care not to touch contaminated side to body, hands, or other uncontaminated surfaces.	1	
Carefully disposes of gown in biohazard bag without aerosolizing contaminants.	1	
Performs thorough hand hygiene for at least 20 seconds, using hand sanitizer or soap & water. Allow hand-sanitizer to air-dry.	1	
<i>Doffing Eye Protection</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Reaches behind ears to carefully hold glasses without touching front of face.	1	
Pulls sides of glasses slightly outward while pulling away from face.	1	
Place glasses on surface for later decontamination, or in red bag if disposable.	1	
<i>Doffing Medical/ Procedure Mask</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Reaches behind ears and breaks ties or unhooks mask straps.	1	
Carefully pulls mask away from face without touching front of face.	1	
Places mask in red bag for disposal.	1	

<i>Doffing N-95</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Reaches behind head to carefully pull bottom strap over head.	1	
Reaches behind head to carefully pull top strap over head, taking care not to let mask flip up into eyes or touch face.	1	
Holds mask by the straps and drop into a red bag for disposal.	1	
Performs thorough hand hygiene for at least 20 seconds, using hand sanitizer or soap & water. Allows hands-sanitizer to air-dry.	1	
<i>Further decontamination</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Dons gloves when hands are dry.	1	
Disinfects any non-disposable equipment, such as glasses, using approved EPA-listed disinfectant.	1	
Wipes areas of clothing that were uncovered by the gown or otherwise potentially exposed.	1	
Doffs gloves using the same procedure listed above.	1	
Performs thorough hand hygiene for at least 20 seconds, using hand sanitizer or soap & water. Allows hands-sanitizer to air-dry.	1	
Total:	24	

Critical Criteria:

- ___ Failure to take standard precautions when indicated.
- ___ Failure to immediately recognize any cross-contamination incident and to take appropriate corrective action.
- ___ Failure to perform hand hygiene before touching face or removing mask/ eyewear.
- ___ Failure to perform hand hygiene after touching face or removing mask/ eyewear.
- ___ Failure to manage the situation as a competent ETT.
- ___ Exhibits unacceptable affect with 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.

Cleaning and Decontamination of EMS Equipment

OBJECTIVE: The student will demonstrate the ability to safely disinfect EMS equipment and prepare it for the next call.

EQUIPMENT: EMS equipment, PPE, disinfectant.

PERFORMANCE CRITERIA AND CONDITIONS: The student will safely disinfect EMS equipment and will prepare it for the next call.

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<i>Preparation</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate personal protective equipment as needed. States considerations for use of eye protection and respiratory protection during procedure.	1	
Gathers cleaning and decontamination equipment and supplies. Selects approved EPA-registered disinfectant.	1	
Selects a well-ventilated area and/or opens windows, bay doors, etc., if practical.	1	
<i>Stripping</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Remove linens and disposable products and place in the appropriate receptacle.	1	
If any draping was used, roll drapes down from top to bottom, keeping contaminated side away from self and to the interior of the roll. Place drapes carefully into biohazard bag (<i>Draping is rarely necessary; not typically part of daily EMS operations</i>).	1	
Lay out straps, cables, etc. to simplify disinfection.	1	
<i>Cleaning and Decontamination</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Cleans bodily fluids and other gross contamination before decontamination.	1	
Disinfects every surface touched by patient or crew during the response, both outside and inside the vehicle.	1	
Assesses for contamination and disinfects surfaces in driver compartment as needed.	1	
Disinfects radios, cellphones, and other communication equipment.	1	
Disinfects control panels and switches.	1	
Disinfects high-touch surfaces like rails, grab bars, door handles, and equipment handles.	1	
Disinfects patient equipment such as blood pressure cuff, pulse oximeter, cables, and straps.	1	
Disinfects surfaces that may have been contaminated by respiratory droplets or aerosols.	1	
Removes gurney mattress. Disinfects gurney thoroughly: mattress, rails, gear holders, straps, and handles.	1	
Disinfects floor of patient compartment. <ul style="list-style-type: none"> • Inspects floor for gross contamination and cleans as needed. (1point) • If mopping, verifies that mop solution is clean and effective per manufacturer recommendations. (1 point) • Begins farthest from the door to avoid cross-contamination (1 point) 	3	
If pulsed UV light is available, uses after cleaning and according to manufacturer's instructions.	1	

Recommended Drying Time	Possible Points	Awarded Points
States the recommended drying time for disinfectant used by your agency.	1	
Waits the minimum time before reassembling or restocking.	1	
Reassembly, restocking, and inspection	Possible Points	Awarded Points
Removes PPE in the appropriate order and performs hand hygiene.	1	
Reassembles patient care equipment and prepares it for the next patient.	1	
Restocks items used during response.	1	
Inspects using a checklist to ensure nothing was inadvertently neglected.	1	
Total:	25	

Critical Criteria:

- ___ Failure to take standard precautions when indicated.
- ___ Failure to recognize cross-contamination of self or clean areas during procedure.
- ___ Failure to manage the situation as a competent ETT.
- ___ Exhibits unacceptable affect with 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.

Team and Scene Dynamics, Patient Assessment and Management

Team Leader Evaluation: Scenario or Simulation

OBJECTIVE: The student will demonstrate the ability to adequately lead a team through a patient care scenario.

EQUIPMENT: PPE (Eye Protection/Gloves), patient.

COMPETENCY: The student will be able to appropriately assess, treat and transport a patient within a timely manner.

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Evaluator: _____
Signature

Instructor Peer
Circle one of the above

	Possible Points	Points Awarded
SCENE SIZE-UP Takes appropriate safety precautions and begins to manage scene by delegating tasks. Determines MOI or NOI and addresses spinal stabilization. <i>Critical Prompts by team:</i> <input type="checkbox"/> Safety <input type="checkbox"/> PPE <input type="checkbox"/> How many patients? <input type="checkbox"/> Do we need help?	1	
PRIMARY SURVEY (3 minutes to complete) Greets patient and obtains consent, addresses airway, ventilation, oxygenation, circulation and hemorrhage, any apparent life threats, and determines chief complaint <i>Critical Prompts by team:</i> <input type="checkbox"/> AVPU <input type="checkbox"/> Airway/Reposition/Adjunct <input type="checkbox"/> Breathing/O ₂ /BVM <input type="checkbox"/> Pulse check/CPR start <input type="checkbox"/> Bleeding control	1	
HISTORY TAKING Determines chief complaint, pain, mechanism, associated symptoms Obtains pertinent SAMPLE/OPQRST history and past medical history	1	
SECONDARY ASSESSMENT AND VITAL SIGNS Obtains vital signs; assesses and manages injuries to head, neck, chest, abdomen, pelvis, extremities, posterior body; pertinent negatives <i>Critical Prompts by team:</i> <input type="checkbox"/> BP, P, R	1	
DIFFERENTIAL DIAGNOSIS <input type="checkbox"/> Lung sounds Creates an appropriate list of differential diagnoses <i>Critical Prompts by team:</i> <input type="checkbox"/> Critical Differential (specify in comments)	1	
ACUITY Makes accurate clinical judgments about patient acuity; anticipates and recognizes evolving life threats <i>Critical Prompts by team:</i> <input type="checkbox"/> Sick / Critical <input type="checkbox"/> Not sick	1	
THERAPEUTIC INTERVENTIONS AND MONITORING Implements appropriate treatment and monitoring <i>Critical Prompts by team:</i> <input type="checkbox"/> Treatment (specify in comments)	1	
COORDINATION OF TREATMENT Directs team members to perform tasks with appropriate timeliness, prioritization/ sequence <i>Critical Prompts by team:</i> <input type="checkbox"/> Timeliness <input type="checkbox"/> Sequence <input type="checkbox"/> Transport decision (specify in comments)	1	

TOTAL ____/8

Team Member Evaluation:- Scenario or Simulation

OBJECTIVE: The student will demonstrate the ability to work with a team through a patient care scenario

EQUIPMENT: PPE (Eye Protection/Gloves), patient

COMPETENCY: The student will be able to appropriately asses, treat and transport a patient within a timely manner.

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Evaluator: _____
Signature

Instructor Peer
Circle one of the above

	Possible Points	Points Awarded
Assures scene and crew safety by following instructions of Team Leader or suggesting corrective action as needed.	1	
Anticipates needs of the Team by preparing equipment based upon patient information.	1	
Performs tasks correctly when directed by Team Leader.	1	
Performs all skills in an acceptable manner based on related skill evaluation instruments.	1	
Constructively advocates for patient in a manner respectful to Team Leader. Brings information forward to Team Leader.	1	
Immediately suggests correct management if Team Leader actions could cause harm to the patient.	1	
Communicates clearly and professionally with Team Leader, crew, bystanders and others.	1	
Maintains professionalism and demonstrates appropriate affect toward patient and other team members.	1	

TOTAL ____/8

SCORING

N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Successful; competent; no prompting necessary

Patient Assessment/ Management: Trauma

OBJECTIVE: The student will demonstrate the ability to adequately assess and transport a trauma patient in a timely manner. **Note:** The primary survey must be completed and transport/treatment decision made within 10 minutes.

EQUIPMENT: PPE (Eye Protection/Gloves), patient

COMPETENCY: The student will be able to correctly assess and treat a trauma patient within a timely manner.

REVISED: March 2021

	Possible Points	Awarded Points
Takes or verbalizes appropriate body substance isolation 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.		
While approaching patient <ul style="list-style-type: none"> • Greets patient, obtains consent as appropriate, confirms MOI (1 point) • Determines chief complaint/apparent life-threats. (1 point) • Assesses patient’s overall appearance <ul style="list-style-type: none"> ○ Work of breathing. (1 point) ○ Reports patient’s skin appearance (1 point) ○ Reports patient’s LOC (AVPU) (1 point) 	5	
Airway <ul style="list-style-type: none"> • Opens and assesses airway (1 point) • Inserts adjunct as indicated (1 point) 	2	
Breathing <ul style="list-style-type: none"> • Assess breathing (1 point) • Manages any injury which may compromise breathing/ventilation (1 point) 	4	
Circulation <ul style="list-style-type: none"> • Checks pulse (1point) • Assess skin [either skin color, temperature or condition] (1 point) • Assesses for and controls major bleeding if present (1 point) • Consider shock management and initiate as appropriate [positions patient properly, conserves body heat, considers pelvic wrap] (1 point) 	4	
Identifies patient priority based on ABC’s(Critical or Stable) and activates trauma alert if needed	1	
SECONDARY ASSESSMENT		
Head <ul style="list-style-type: none"> -Inspects and palpates scalp and ears (1 point) -Assesses eyes (1 point) -Inspects mouth, nose, and assesses facial area (1 point) 	3	
Neck <ul style="list-style-type: none"> -Checks position of trachea (1 point) -Palpates cervical spine (1 point) 	3	
Chest <ul style="list-style-type: none"> -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	
VITAL SIGNS and History Taking		
Obtains baseline vital signs [must include BP, P and R] (1point)	1	
Attempts to obtain SAMPLE History	1	
MANAGEMENT OF PATIENT THROUGHOUT CALL		
Manage problems associated with airway, breathing, hemorrhage or shock.	1	
Assess for and provide spinal protection when indicated.	1	
Provides accurate radio report to receiving agency and activates trauma alert if not previously activated (if needed).	1	
Demonstrates how and when to reassess the patient.	1	
Treats all life threatening and secondary wounds appropriately.	1	
Transports patient to closest appropriate facility.	1	
Total:	47	

Critical Criteria:

- ___ Failure to determine scene safety.
- ___ Failure to initiate or call for transport of the patient within 10-minute time limit.
- ___ Failure to take or verbalize appropriate body substance isolation precautions.
- ___ Failure to assess for and provide spinal protection when indicated.
- ___ Failure to voice and ultimately provide appropriate concentration of oxygen (*use if ETT trained in 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/treatment at the scene.
- ___ Performs other assessment before assessing/treating threats to airway, breathing and circulation.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Patient Assessment/ Management - Medical

OBJECTIVE: The student will demonstrate the ability to adequately assess and treat a medical patient within a timely manner. **Note:** The student must complete the primary survey and determine transport and treatment within 15 minutes.

EQUIPMENT: PPE (Eye Protection/Gloves), patient

COMPETENCY: The student will be able to assess and treat a medical patient within a timely manner.

REVISED: March 2021

	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation 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.		
While approaching patient <ul style="list-style-type: none"> • Greets patient, confirms NOI, obtains consent for assessment (1 point) • Determines chief complaint/apparent life-threats. (1 point) • Assesses patient’s overall appearance <ul style="list-style-type: none"> ○ Work of breathing. (1 point) ○ Reports patient’s skin appearance (1 point) ○ Reports patient’s LOC (AVPU) (1 point) 	3	
Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy(1 point)	3	
Assesses Circulation <ul style="list-style-type: none"> • Checks pulse (1point) • Assess skin [either skin color, temperature or condition] (1 point) • Assesses for and controls major bleeding if present (1 point) • Consider shock management and initiate as appropriate [positions patient properly, conserves body heat] (1 point) 	3	
Identifies patient priority (critical or stable). Consider notify receiving facility of appropriate patient registry (e.g., cardiac patient or activating stroke alert)	1	
HISTORY TAKING		
History of the present illness Determines signs and symptoms (S of SAMPLE) (1 point) -Onset (1 point) -Quality (1 point) -Severity (1 point) -Provocation (1 point) -Radiation (1 point) -Time (1 point) -Clarifying questions related to OPQRST (2 points)	9	
Past medical history (AMPLE of SAMPLE) -Allergies (1 point) -Past pertinent history (1 point) -Medications (1 point) -Last oral intake (1 point) -Events leading to present illness (1 point)	5	
SECONDARY ASSESSMENT and PHYSICAL EXAM		

Medical Assessment Questions (Numbers in parentheses relate to the number of questions which must be asked to get credit for having completed this step).			
<p>Altered Mental Status (5/8)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Description of episode <input type="checkbox"/> Duration <input type="checkbox"/> Onset <input type="checkbox"/> Associated symptoms <input type="checkbox"/> Evidence of trauma <input type="checkbox"/> Interventions <input type="checkbox"/> Seizures <input type="checkbox"/> Fever <p>Allergic Reaction (4/6)</p> <ul style="list-style-type: none"> <input type="checkbox"/> History of allergies <input type="checkbox"/> Exposed to what? <input type="checkbox"/> How exposed? <input type="checkbox"/> Effects <input type="checkbox"/> Progression <input type="checkbox"/> Interventions 	<p>Environmental (3/5)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Source <input type="checkbox"/> Environment <input type="checkbox"/> Duration <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Effects-general or local <p>Cardiac/Respiratory (4/6)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Onset <input type="checkbox"/> Provocation <input type="checkbox"/> Quality <input type="checkbox"/> Radiation <input type="checkbox"/> Severity <input type="checkbox"/> Time <p>Acute Abdomen (3/5)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Location of pain <input type="checkbox"/> Bleeding or discharge <input type="checkbox"/> Orthostatic vital signs <input type="checkbox"/> Last menstrual period <input type="checkbox"/> Blood in feces, urine or vomit 	<p>Syncope (4/7)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Length of time unconscious <input type="checkbox"/> Position <input type="checkbox"/> History <input type="checkbox"/> Blood in vomit or stool <input type="checkbox"/> Trauma <input type="checkbox"/> Incontinence <input type="checkbox"/> Orthostatic vital signs <p>Poisoning & OD (4/6)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Substance <input type="checkbox"/> When exposed/ingested <input type="checkbox"/> Amount <input type="checkbox"/> Time period <input type="checkbox"/> Interventions <input type="checkbox"/> Estimated weight 	<p>Behavioral (3/4)</p> <ul style="list-style-type: none"> <input type="checkbox"/> How do you feel? <input type="checkbox"/> Determine if suicidal <ul style="list-style-type: none"> ▪ “Were you trying to hurt yourself?” ▪ “Have you been feeling that life is not worth living?” ▪ “Have you been feeling like killing yourself?” ▪ “Do you have a plan?” <input type="checkbox"/> Medical problem <input type="checkbox"/> Interventions <p>Obstetrics (4/6)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are you pregnant? <input type="checkbox"/> How long? <input type="checkbox"/> Pain or contraction <input type="checkbox"/> Bleeding or discharge <input type="checkbox"/> Do you want to push? <input type="checkbox"/> Last menstrual period

Critical Criteria:

- ___ Failure to determine scene safety.
- ___ Failure to initiate or call for transport of the patient within 15-minute time limit.
- ___ Failure to take or verbalize appropriate body substance isolation precautions.
- ___ 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.
- ___ Failure to manage the patient as a competent ETT.
- ___ Failure to provide accurate report to arriving EMS unit or receiving Facility
- ___ 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.

Neurological Assessment for the ETT

OBJECTIVE: The student will demonstrate the ability to adequately complete a neurological exam.

EQUIPMENT: PPE (Eye Protection/Gloves), pen light, patient.

COMPETENCY: The student will be able to correctly assess patient’s neurological state.

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<i>EVENT</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains the procedure to the patient.	1	
Assesses Level of Consciousness: <ul style="list-style-type: none"> • Alert - awake, eyes open; or, • Verbal – responds, appropriately or not, to verbal stimulus; or, • Pressure –does not respond to verbal commands, but responds to pressure; or, • Unresponsive – no response to verbal stimulus or pressure. 	1	
Assesses pupil equality, size, and reaction to light.	1	
Assesses motor and sensory function in all four extremities.	1	
Total:	5	

Critical Criteria:

- ___ Failure to complete neurological assessment as shown above.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Assessment of Blood Pressure, Pulse, Respirations, and Skin

OBJECTIVE: The student will demonstrate the ability to correctly obtain an accurate BP, heart rate, respiratory rate, and assess the skin.

EQUIPMENT: BP cuff, stethoscope (preferably dual training stethoscope), digital watch or watch with second hand, patient.

PERFORMANCE CRITERIA AND CONDITIONS: The student will measure the BP, pulse rate, and respiratory rate within the degree of accuracy specified within the applicable section of the skill sheet.

Notes: The BP, pulse, respirations, and skin assessment may be performed in any order.

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<i>For All Vital Signs</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions when indicated.	1	
Obtains consent to perform an assessment and explains procedure to the patient.	1	
<i>Blood Pressure - Auscultation</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Places the BP cuff around the patient's upper arm.	1	
Locates the brachial artery by palpation.	1	
Places the diaphragm of the stethoscope over the brachial artery.	1	
Inflates the cuff to approximately 30 mmHg above last pulse heard.	1	
Deflates the cuff slowly.	1	
Reports the obtained measurement (accuracy within 6 mm Hg of the measurement obtained by evaluator required).	1	
<i>Blood Pressure – Palpation</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Places the BP cuff around the patient's arm.	1	
Locates the radial artery.	1	
Palpates the artery.	1	
Inflates the cuff to approximately 30 mmHg above last pulse felt.	1	
Deflates the cuff slowly.	1	
Reports the obtained systolic measurement (accuracy within 6 mm of the measurement obtained by evaluator required).	1	
<i>Pulse Rate</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Locates peripheral pulse with at least two fingers.	1	
Counts pulse for at least 30 seconds.	1	
Calculates and reports rate (accuracy within 4 beats/minute of rate obtained by evaluator required).	1	
Reports quality (strength) and rhythm (regular, irregular) of pulse.	1	

Respiratory Rate	Possible Points	Awarded Points
Places hand lightly over patient's diaphragm, observes chest rise, or uses other technique to identify respirations.	1	
Counts respirations for at least 30 seconds.	1	
Calculates the rate per minute appropriately and states within 4 of rate observed by evaluator.	1	
Reports quality (normal, shallow, labored, noisy) rhythm (regular, irregular).	1	
Skin Assessment	Possible Points	Awarded Points
Observes skin color (normal, pale, cyanotic, jaundice, etc.).	1	
Feels skin temperature (normal, warm, cool, cold, hot).	1	
Feels for condition of skin (normal, dry, moist, tenting).	1	
Assesses capillary refill in infants and children.	1	
Reports skin color, temperature and condition.	1	
Total:	28	

Critical Criteria:

- ____ Failure to take standard precautions when indicated.
- ____ Failure to report obtained measurement within 6 mmHg of that measured by evaluator (BP), 4 beats per minute of that measured by evaluator (HR), 4 breaths per minute of that measured by evaluator (breathing rate) or appropriate skin color, temperature and condition (skin).
- ____ Failure to manage the patient as a competent ETT.
- ____ 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.

Airway, Oxygenation, and Ventilation

Oropharyngeal Airway Insertion (Adult)

OBJECTIVE: The student will demonstrate the ability to correctly measure and insert an oropharyngeal airway (OPA).

EQUIPMENT: PPE (Eye Protection/Gloves), intubation manikin, tongue blade, and a selection of oropharyngeal airways.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly demonstrate the sizing and insertion of an oropharyngeal airway.

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	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Maintains the head in a neutral position if a cervical spine injury is suspected.	1	
Determines the proper size airway by measuring it from the corner of the mouth to the tip of the ear lobe, or by measuring from the center of the mouth to the angle of the jaw.	1	
Opens the patient's mouth.	1	
Inserts the airway by either: <ul style="list-style-type: none"> • Inserting with the tip towards the hard palate and rotated 180° as the tip passes the soft palate into the pharynx; • Inserting sideways and rotated 90° as the tip passes the soft palate into the pharynx; or • Inserting after the tongue is displaced anteriorly with a tongue blade or equivalent device. (mandatory for infants and children) 	1	
Inserts the airway so that the flange is resting on the lips, gums, or teeth.	1	
TOTAL:	6	

Critical Criteria:

- ___ Failure to take standard precautions.
- ___ Failure to determine proper size airway.
- ___ Failure to control tongue during airway insertion by either using a tongue blade or using the 90° or 180° method.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Nasopharyngeal Airway Insertion

OBJECTIVE: The student will demonstrate the ability to correctly measure and insert a nasopharyngeal airway (NPA).

EQUIPMENT: PPE (Eye Protection/Gloves), intubation manikin, selection of nasopharyngeal airways, lubricant appropriate for the manikin.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly demonstrate the sizing and insertion of a nasopharyngeal airway.

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<i>Event</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Maintains the head in a neutral position if a cervical spine injury is suspected.	1	
Sizes the airway by selecting a nasopharyngeal airway that extends from the patient's nostril to the tip of the ear lobe or the angle of the jaw.	1	
Lubricates the NPA with the appropriate lubricant.	1	
Gently inserts the NPA with the bevel towards the nasal septum or floor of nose.	1	
If resistance is met, removes airway and reattempts insertion in other nostril.	1	
Inserts the airway until the flange rests on the nostril.	1	
TOTAL:	7	

Critical Criteria:

- ___ Failure to insert the NPA with bevel toward septum or floor of nose.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Bag Valve Mask Ventilation of an Apneic Patient

OBJECTIVE: The student will demonstrate the ability to correctly insert an OPA, and adequately ventilate a patient with BVM and oxygen. **Note:** The assembly of the oxygen tank and regulator is not a part of this evaluation.

EQUIPMENT: PPE (Eye Protection/Gloves), suction unit, correctly sized OPA, airway manikin, Bag-Valve-Mask (BVM), oxygen tank, regulator, oxygen tubing.

COMPETENCY: The student will be able to correctly ventilate a patient using a BVM.

REVISED: March 2021

Event		Possible Points	Awarded Points
Takes or verbalizes appropriate body substance isolation precautions.		1	
Checks responsiveness	NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner states, "The patient is unresponsive and apneic."	1	
Checks breathing		1	
Requests additional EMS assistance		1	
Checks pulse for at least 5 but no more than 10 seconds		1	
NOTE: The examiner states, "You palpate a weak carotid pulse at a rate of 60."			
Opens airway properly		1	
NOTE: The examiner states, "The mouth is full of secretions and vomit."			
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 states, "The mouth and oropharynx are clear."			
Opens the airway manually		1	
Inserts oropharyngeal airway		1	
NOTE: The examiner states, "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 of finishing suctioning.]		1	
NOTE: The examiner states that ventilation is being properly performed without difficulty.			
Re-checks pulse for at least 5 but 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 make chest rise (1 point) -Proper rate [10 – 12/minute but not to exceed 12/minute] (1 point)		2	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"			
Total:		17	

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 body substance isolation precautions.
- _____ Failure to suction airway **before** ventilating the patient.
- _____ Suctions the patient for an excessive and prolonged time.
- _____ Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds.
- _____ Failure to check and recheck pulse for at least 5 seconds but no more than 10 seconds.
- _____ Failure to voice and ultimately provide high oxygen concentration, if trained [at least 85%].
- _____ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute.
- _____ 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 ETT.
- _____ 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.

Oral Suctioning

OBJECTIVE: The student will demonstrate the ability to correctly suction a patient's oropharynx. This skill sheet assumes that the rescuer has manually cleared the oropharynx of large objects such as clots, etc.

EQUIPMENT: PPE (Eye Protection/Gloves), eye protection, and surgical type masks, suction devices, tonsil tip catheter, simulated patient, bag-valve-mask and/or flow restricted oxygen powered ventilation device, oxygen source with regulator.

PERFORMANCE CRITERIA AND CONDITIONS: The student will correctly provide oral suctioning when presented with a simulated patient who is unconscious, not breathing, and has no gag reflex. A first responder is present to provide rescue breathing.

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<i>Device Preparation Event</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Gathers and assembles the necessary equipment.	1	
<i>Device Use Event</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Maintains the head in a neutral position if a cervical spine injury is suspected.	1	
Tests suction device to ensure suction is being provided.	1	
Advances suction tip into mouth without applying suction.	1	
Provides suction to clear airway. OR Provides suction for no longer than 15 seconds for an adult; infants and children should be suctioned for a shorter time.	1	
Following suction: Breathing patient: places a non-rebreather mask on the patient. Apneic patient: ventilates the patient with oxygen.	1	
TOTAL:	7	

Critical Criteria:

- ___ Failure to take or verbalize appropriate body substance isolation precautions.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Administration of Supplemental Oxygen- (OPTIONAL)

OBJECTIVE: The student will demonstrate the ability to set up a free flow oxygen delivery system and deliver oxygen at a specified rate.

EQUIPMENT: PPE (Eye Protection/Gloves), oxygen cylinder with sufficient tank pressure, oxygen regulator for free-flow use, cylinder wrench, nasal cannula, non-rebreather mask, pulse oximetry (may be simulated), and patient or manikin.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly assemble the necessary equipment and deliver oxygen at an appropriate rate and with the appropriate delivery device for the condition specified by the proctor.

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<i>Device Preparation Event</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Gathers the necessary equipment.	1	
Confirms that the cylinder contains medical oxygen.	1	
Quickly opens and shuts the tank valve to eliminate foreign particles.	1	
Confirms that the gasket is in place.	1	
Connects the regulator to cylinder.	1	
Opens the tank valve.	1	
Confirms that adequate pressure exists in the tank and checks for leaks.	1	

<i>Device Use Event</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Select the appropriate oxygen delivery device for the patient's condition.	1	
Connects the selected device to the regulator.	1	
Explains the procedure to the patient.	1	
Initiates the appropriate flow of oxygen for patient's condition and delivery device. <ul style="list-style-type: none"> • In a non-rebreather mask set the flow to 10-15 lpm and pre-fill the reservoir. • In a nasal cannula set the flow to 2-6 lpm. 	1	
Correctly places the device on the patient's face (oxygen flow may be adjusted for patient condition. If using a non-rebreather/partial rebreather mask, oxygen flow may be adjusted so that reservoir bag does not completely deflate during inhalations).	1	
Uses pulse oximetry to guide oxygen delivery for suspected stroke or cardiac events or for a newborn.		
<i>ETT is told to discontinue oxygen delivery.</i>		
Removes the device from the patient's face.	1	
Shuts off flow from the regulator and closes the tank valve.	1	
Relieves pressure from system.	1	
Performs all steps without leaving the cylinder unsecured in a vertical position.	1	
TOTAL:	17	

Critical Criteria:

- ___ Failure to take or verbalize appropriate body substance isolation 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 use pulse oximetry to guide oxygen delivery for suspected stroke or cardiac events, or for a newborn.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Shock and Resuscitation

Cardiac Arrest Management/ AED

OBJECTIVE: The student will demonstrate the ability to adequately determine the need for and perform CPR and use an AED on a patient.

EQUIPMENT: PPE (Eye Protection/Gloves), Pocket Mask, AED, CPR manikin

COMPETENCY: The student will be able to correctly perform CPR and use an AED on an apneic and pulseless patient.

REVISED: March 2021

<i>EVENT</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Determines the scene/situation is safe.	1	
Attempts to question bystanders about arrest events.	1	
Checks patient responsiveness.	1	
NOTE: The examiner states, "The patient is unresponsive."		
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing. (gaspings or agonal respirations)].	1	
NOTE: The examiner states, "The patient is apneic," or, "The patient has gasping, agonal respirations."		
Checks carotid pulse. [no more than 10 seconds]	1	
NOTE: The examiner states, "The patient is pulseless."		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Requests additional EMS response if needed.	1	
Performs 2 minutes of high-quality, 1-rescuer adult CPR: <ul style="list-style-type: none"> • -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 less than 10 seconds throughout (1 point)* 	5	
NOTE: After 2 minutes (5 cycles), patient is assessed, & 2nd 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	
TOTAL:	18	

Critical Criteria:

- Failure to take or verbalize appropriate body substance isolation precautions.
- 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 assure that all individuals are clear of patient during rhythm analysis **and** before delivering shock .
- Failure to immediately resume compressions after shock delivered.
- Failure to manage the patient as a competent ETT.
- 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.

Bleeding Control and Shock Management

OBJECTIVE: The student will demonstrate the ability to adequately control hemorrhage and treat for signs of shock.

EQUIPMENT: PPE (Eye Protection/Gloves), gauze, tourniquet, oxygen tank with regulator, non-rebreather mask, blanket.

COMPETENCY: The student will be able to correctly stop uncontrolled hemorrhage and treat for shock.

REVISED: March 2021

<i>EVENT</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Applies direct pressure to the wound.	1	
Explains procedure to the patient and obtains consent as appropriate.	1	
Evaluates need for wound packing, dressing and bandaging, or both.	1	
<i>The examiner states that the wound continues to bleed.</i>		
Applies tourniquet.	1	
<i>The examiner states that the patient is exhibiting signs and symptoms of shock.</i>		
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	
Total:	9	

Critical Criteria:

- ___ Did not take or verbalize appropriate body substance isolation precautions.
- ___ Did not apply high concentration of oxygen.
- ___ Did not control hemorrhage using correct procedures in a timely manner.
- ___ Did not indicate the need for immediate transportation.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Tourniquet Application

OBJECTIVE: Demonstrate bleeding control using proper application of a commercially-available tourniquet in less than 60 seconds.

EQUIPMENT: PPE (Eye Protection/Gloves), gauze, moulage manikin/patient, Pressure Bandage or ACE Bandage, Tourniquet or Trainer

COMPETENCY: The student will demonstrate correct steps to stop hemorrhage using a tourniquet.

REVISED: March 2021

<i>EVENT</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains procedure, obtains consent, and applies direct pressure to the simulated wound.	1	
<i>The examiner states that the wound continues to bleed.</i>		
Slides the tourniquet over the wounded extremity or wraps around extremity.	1	
Positions the tourniquet above simulated wound site and over an arterial compression site; leaving at least 2 inches (if possible) of uninjured skin between the tourniquet and the wound site.	1	
Twists the windlass until the distal pulse is no longer palpable.	1	
Locks the rod in place with the windlass clip according to manufacturer’s instructions.	1	
Records on the windlass the date and time the tourniquet was applied.	1	
<i>The examiner states that the patient is exhibiting signs and symptoms of shock.</i>		
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	
Handoff report: ensures closed-loop communication with receiving facility on tourniquet placement.		
TOTAL:	12	

Critical Criteria:

- _ Failure to take or verbalize appropriate body substance isolation precautions.
- _ Failure to control hemorrhage using correct procedures in a timely manner.
- _ Failure to apply high concentration of oxygen, if trained.
- _ Failure to indicate the need for immediate transportation.
- _ Failure to manage the patient as a competent ETT.
- _ 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 for learner review. You may use the form found in this portfolio or another format as recommended by the course instructor.

Wound Packing/ Pressure Bandage

OBJECTIVE: The student will demonstrate the ability to adequately control hemorrhage.

EQUIPMENT: PPE (Eye Protection/Gloves), wound packing gauze, pressure bandage (elastic) or ACE bandage, oxygen tank with regulator, non-rebreather mask, blanket.

COMPETENCY: The student will be able to correctly stop uncontrolled hemorrhage and treat for shock.

REVISED: March 2021

<i>EVENT</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains procedure, obtains consent, and applies direct pressure to the wound.	1	
<i>The examiner states that the wound continues to bleed.</i>		
Exposes the injury	1	
Packs the gauze directly into the wound, focusing where the bleeding is the heaviest.	1	
Hold pressure on the bandage for 3 minutes.	1	
Properly positions the patient.	1	
Reassess the wound to ensure that bleeding has stopped; leaves the gauze in place if bleeding is controlled. Verbalizes that if there is continued bleeding, the gauze may be reconfigured in the wound or additional gauze may be used.	1	
Applies a pressure dressing over the bandage to secure it in place.	1	
TOTAL:	8	

Critical Criteria:

- Failure to take or verbalize appropriate body substance isolation precautions.
- Failure to control hemorrhage using correct procedures in a timely manner.
- Failure to manage the patient as a competent ETT.
- 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 for learner review. You may use the form found in this portfolio or another format as recommended by the course instructor.

Extrication, Splinting, and Packaging

Pelvic Immobilization - Sheet Wrap

OBJECTIVE: The student will demonstrate the ability to correctly apply a sheet binding to a patient with suspected pelvic instability.

EQUIPMENT: Cloth bed sheet, cable ties or towel clamps or other appropriate securing device, examination gloves, patient, 1 ETT/EMT trained assistant.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with an alert and oriented patient with pelvic instability. The candidate must splint the injury with the help of an assistant.

REVISED: March 2021

<i>Event</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains procedure to patient and obtains consent as appropriate.	1	
Checks circulation, motor and sensory function distal to injury.	1	
Directs assistant throughout procedure.	1	
Removes patient's clothing from pelvic area.	1	
Folds sheet lengthwise to width of pelvis.	1	
Centers sheet under patient's pelvis, maintaining neutral spinal alignment.	1	
Crosses sheet ends over pelvis and applies traction to both ends to apply circumferential pressure around pelvis.	1	
While maintaining traction, crosses sheet ends at least one full twist.	1	
Secures sheet ends to sheet with cable ties, towel clamps or other appropriate securing device.	1	
Ensures that effective compression is maintained.	1	
Reassesses circulation, motor and sensory function distal to injury.	1	
Indicates the need for shock management and rapid transport.	1	
Verbalizes the need to immobilize above and below the injury by securing patient to a vacuum mattress or long board.	1	
Monitors compression throughout care/ transport.	1	
TOTAL:	15	

Critical Criteria:

- ___ Grossly moves the injured pelvis.
- ___ Failure to reassess distal motor, sensory and circulatory functions before and after splinting.
- ___ Failure to indicate the need for shock management and immediate transport.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Long Bone Immobilization

OBJECTIVE: The student will demonstrate the ability to adequately immobilize a long bone.

EQUIPMENT: PPE (Eye Protection/Gloves), splinting material, patient.

COMPETENCY: The student will be able to correctly splint a long bone.

REVISED: March 2021

<i>EVENT</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains the procedure to the patient and obtains consent.	1	
Directs application of manual stabilization of the injury.	1	
Exposes the injured extremity.	1	
Removes jewelry from injured extremity	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity.	1	
NOTE: The examiner states, "Motor, sensory and circulatory functions are present and normal."		
If severe deformity is present, or if extremity is cyanotic or pulseless, applies gentle traction to align bone.	1	
Selects an appropriate splint and applied padding if necessary.	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 states, "Motor, sensory and circulatory functions are present and normal."		
Total:	13	

Critical Criteria:

- ___ Did not immediately stabilize the extremity manually.
- ___ Grossly moves the injured extremity.
- ___ Did not immobilize the joint above and the joint below the injury site.
- ___ Did not immobilize the hand or foot in a position of function.
- ___ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Joint Immobilization

OBJECTIVE: The student will demonstrate the ability to adequately assess and immobilize an unstable extremity.

EQUIPMENT: PPE (Eye Protection/Gloves), splinting material, patient, EMT/ETT trained assistant (optional).

COMPETENCY: The student will be able to correctly assess and immobilize an unstable extremity.

REVISED: March 2021

<i>EVENT</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains the procedure to the patient and obtains consent.	1	
Removes jewelry from the injured extremity	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity.	1	
NOTE: The examiner states, "Motor, sensory and circulatory functions are present and normal."		
Instructs the patient or assistant to hold the injured extremity in a position of comfort.	1	
Places the middle of the longest side of the triangular bandage under the hand with the ends over opposite shoulder.	1	
Ties the ends together behind the patient's neck.	1	
Brings the remaining point of the triangular bandage around the elbow and secures with a safety pin or knot.	1	
Secures the entire injured arm to the body by wrapping with roller bandage or triangular bandages. The injured arm should be immobilized against the thorax.	1	
Places padding as indicated to improve patient comfort.	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity.	1	
NOTE: The examiner states, "Motor, sensory and circulatory functions are present and normal."		
Total:	11	

Critical Criteria:

- ___ Failure to take or verbalize appropriate body substance isolation precautions.
- ___ Did not immediately stabilize the extremity manually.
- ___ Grossly moves the injured extremity.
- ___ Did not immobilize the bone above and below the injury site.
- ___ Did not reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Rapid Extrication

OBJECTIVE: The student will demonstrate the ability to rapidly extricate a patient without excessive movement of the spine.

EQUIPMENT: PPE (Eye Protection/Gloves), assorted cervical collars, backboard with straps, patient, 3 or more EMT/ETT trained assistants.

COMPETENCY: The student will be able to correctly extricate a patient without excessive movement of the spine.

REVISED: March 2021

<i>EVENT</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Directs an assistant to maintain stabilization of the patient's head in a neutral, in-line position from behind the seat in which the patient is located.	1	
Explains the procedure to the patient and obtains consent as appropriate.	1	
Correctly sizes and securely applies cervical stabilization device (soft collar preferred).	1	
Stabilizes and supports the torso/spine.	1	
Directs another assistant to free the patient's legs from the pedals and move the legs together without moving the pelvis or spine.	1	
Using short, coordinated moves, the patient is rotated as a unit.	1	
Backboard or other device positioned under patient in manner that does not compromise spinal or pelvic alignment.	1	
Lowers the patient, with minimal moving or twisting of the spinal column, onto the extrication device.	1	
Maintains or transfers stabilization of the patient's head as the patient is pivoted. Maintains alignment and stabilization until the patient's torso and head are secured to the extrication device.	1	
Slides the patient fully onto the extrication device without compromising patient's spinal or pelvic alignment.	1	
Safely moves patient away from vehicle.	1	
Immediately secures the patient onto the extrication device, or transfers patient to waiting gurney, vacuum mattress, or other device for transport.	1	
Total:	13	

Critical Criteria:

- ___ Failure to take or verbalize appropriate body substance isolation precautions.
- ___ Failure to maintain stabilization of the patient's head in a neutral, in-line position
- ___ Performs skill in a manner that is unsafe for patient or providers.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Spinal Protection: Long Backboard/ Extrication Board

OBJECTIVE: The student will demonstrate the ability to adequately assess and transfer a patient with a possible spinal injury to a long backboard for extrication purposes.

EQUIPMENT: PPE (Eye Protection/Gloves), assorted cervical collars, back board with straps, padding, patient, EMT/ETT trained assistants.

COMPETENCY: The student will be able to correctly secure a patient with possible spinal injury to a backboard.

REVISED: March 2021

<i>Event</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains procedure to the patient and obtains consent as appropriate.	1	
Directs assistant to place/maintain spine in the neutral, in-line position.	1	
Assesses motor, sensory and circulatory function in each extremity.	1	
Applies appropriately sized cervical stabilization device. Soft collar is preferred.	1	
Positions the cervical stabilization device appropriately, avoiding excessive movement, compromise to airway and circulation, and tension on neck.	1	
Directs movement of the patient onto the board without compromising the integrity of the spine.	1	
Applies padding to voids between the torso and adjusts the board as necessary.	1	
Secures the patient's torso to the board.	1	
Secures the patient's legs to the board.	1	
Secures the patient's head to the board.	1	
Secures the patient's arms to the board if needed.	1	
Reassesses motor, sensory and circulatory function in each extremity.	1	
Verbalizes need to transfer patient from extrication board to another surface for transport, if possible (vacuum mattress, gurney mattress, etc.)	1	
Total:	14	

Critical Criteria:

- ___ Failure to take or verbalize appropriate body substance isolation precautions.
- ___ Failure to direct or take manual stabilization of the head.
- ___ Failure to properly apply cervical stabilization.
- ___ Manipulated or moved the patient excessively causing potential for spinal compromise.
- ___ Failure to secure torso to the board **before** securing head.
- ___ Patient moves excessively up, down, left or right on the board.
- ___ Upon completion of immobilization, head is not secured in a neutral, in-line position.
- ___ Did not reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the board.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Spinal Protection: Vacuum Mattress – (OPTIONAL)

OBJECTIVE: The candidate will demonstrate the proper technique for positioning the patient on the vacuum mattress and securing the patient to the vacuum mattress.

EQUIPMENT: Vacuum mattress, vacuum pump or suction unit, straps, 2"-3" tape, patient, three EMT/ETT trained assistants.

PERFORMANCE CRITERIA AND CONDITIONS: The candidate will be presented with a patient with a suspected spinal injury. They should appropriately immobilize the patient using the correct equipment.

REVISED: March 2021

<i>EVENT</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Explains procedure to the patient and obtains consent as appropriate.	1	
Directs assistant to place/maintain head in the neutral, in-line position.	1	
Assesses motor, sensory and circulatory function in each extremity.	1	
Prepares and positions the vacuum mattress appropriately.	1	
Removes any sharp or bulky items from patient.	1	
Evenly distributes mattress filling, evacuates air from the device until it is semi-rigid.	1	
The patient's posterior is evaluated before securing to device.	1	
Positions vacuum device appropriately.	1	
While maintaining spinal alignment, directs assistants to log roll or beam raise the patient onto the vacuum mattress on command of the ETT/EMT maintaining the cervical spine.	1	
Centers the patient on the vacuum mattress as a unit, either supine or lying on the side.	1	
Opens the vacuum mattress valve and allows air to return to the device.	1	
Conforms the vacuum mattress around the contour of the patient, starting at the head.	1	
Secures the patient to the device with straps securing the chest, hips, and legs.	1	
Evacuates air from the vacuum mattress until it becomes rigid.	1	
Disconnects the vacuum pump and ensures the valve is closed or secured.	1	
Reassesses and adjusts straps around the chest, hips, and legs.	1	
The head is stabilized in a neutral position and secured to the vacuum mattress last.	1	
Reassesses motor, sensory and circulatory function in each extremity.	1	
The patient is secured to the vacuum mattress without excessive movement.	1	
Critical Criteria:	Total:	20

- Failure to take or verbalize appropriate body substance isolation precautions.
- Did not immediately direct or take manual stabilization of the head.
- Released or ordered release of manual stabilization before it was maintained mechanically.
- Manipulated or moved patient excessively causing potential spinal compromise.
- Upon completion of stabilization, head is not in a neutral, in-line position.
- Failure to reassess motor, sensory and circulatory functions in each extremity after securing patient to the device.
- Failure to manage the patient as a competent ETT.
- 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.

Traction Devices – (OPTIONAL)

OBJECTIVE: The student will demonstrate the proper method of applying a traction device to an isolated fracture of the femur.

EQUIPMENT: Hare traction, Sager, or similar device, cravats or foot strap, patient, and 1 EMT/ETT trained assistant.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be presented with a supine conscious patient with a fracture of the femur. Utilizing a trained assistant, the student must properly apply the traction device.

REVISED: March 2021

<i>Event</i>				<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.				1	
Explains the procedure to the patient and obtains consent.				1	
Directs the assistant to stabilize the injured leg.				1	
Exposes the injured extremity.				1	
Removes shoe and sock on injured leg.				1	
Checks the circulation, motor and sensory function distal to the injury before moving leg or applying traction.				1	
<i>Generic Traction Device</i>	<i>Sager Type Devices</i>	<i>Hare Type Devices</i>	<i>Hare Compact Device</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Measures and adjusts the device.	Places the device between patient’s legs, resting the cushion against the groin and applies the groin strap.	Positions the device parallel to the uninjured leg and adjusts the length to 10 inches beyond the foot.	Positions device between patient’s legs, resting the cushion against the groin. Extends device 1-2 inches beyond end of the foot of the injured leg.	1	
Applies the proximal anchor.	Folds the pads on the ankle hitch as needed to fit the patient. Applies and secures under the foot.	Spaces the straps to support the upper and lower leg.	Applies ankle strap around ankle with webbing on the inside between the ankle and the device.	1	
Applies ankle hitch or distal anchor.	Extends the device, providing approximately 10% of the patient’s body weight in axial traction. (Max 15 pounds for single leg or 25 pounds bilateral).	Applies the foot strap to the injured leg.	Slides the longest and widest strap under both legs and secures snugly as close to the groin pad as possible.	1	

Generic Traction Device	Sager Type Devices	Hare Type Devices	Hare Compact Device	Possible Points	Points Awarded
Applies traction to one of the following endpoints: <ul style="list-style-type: none"> • Reduction of angulation • Reduction of pain. 	Applies leg straps; one over the mid-thigh, one over the knee, and one over the lower leg	While supporting the fracture site, directs the assistant to elevate the injured leg while maintaining continuous traction.	Applies traction by turning ratchet knob until: <ul style="list-style-type: none"> • reduction of angulation • reduction of pain • ratchet cannot be easily turned 	1	
Secures the device without applying pressure to the fracture site.	Applies the foot strap or cravat around both feet to prevent rotation.	Positions the device under the injured leg with the top portion firmly against the ischium.	Secures remaining straps, one over both knees and one over both ankles.	1	
Continuation for Hare type devices				Possible Points	Points Awarded
Directs the assistant to lower the leg onto the device while maintaining traction.				1	
Secures the groin strap prior to application of mechanical traction.				1	
Attaches the foot strap rings to winch and twists knob to apply mechanical traction.				1	
Releases manual traction after the mechanical traction is applied.				1	
Secures the limb straps and mechanical traction device. Does not strap over the fracture site or knee.				1	
Continuation for all devices				Possible Points	Awarded Points
Rechecks the circulation, motor and sensory function distal to the injury.				1	
Splints the fracture without excessive motion of the leg.				1	
Immobilizes the patient's hip joint to backboard or equivalent, if spinal precautions not already in place.				1	
Re-assesses traction during transport.				1	
TOTAL:				20	

Critical Criteria:

- ___ Failure to take or verbalize appropriate body substance isolation precautions.
- ___ Failure to check circulation, sensation, and motor function distal to the injury before moving leg or applying traction.
- ___ Failure to recheck motor, sensory and circulatory function distal to the injury.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Special Populations

Oropharyngeal Airway Insertion (Infant/Child)

OBJECTIVE: The student will demonstrate the ability to correctly measure and insert an oropharyngeal airway (OPA) in an infant or child.

EQUIPMENT: PPE (Eye Protection/Gloves), pediatric intubation manikin, selection of oropharyngeal airways, and tongue blade.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be able to correctly demonstrate the sizing and insertion of an oropharyngeal airway.

REVISED: March 2021

<i>Event</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Maintains the head in a neutral position if a cervical spine injury is suspected.	1	
Determines the proper size airway by measuring it from the corner of the mouth to the tip of the ear lobe, or by measuring from the center of the mouth to the angle of the jaw.	1	
Opens the patient's mouth.	1	
Inserts the tongue blade in the mouth until its tip is at the base of the tongue. Depresses the tongue anteriorly with the tongue blade.	1	
Inserts the airway in its normal anatomic position until the flange is seated on the lips, gums, or teeth.	1	
TOTAL:	6	

Critical Criteria:

- ___ Failure to take standard precautions.
- ___ Failure to determine proper size airway.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.

Management of a Pediatric Patient with Respiratory Compromise- (OPTIONAL)

OBJECTIVE: The student will demonstrate the ability to correctly insert an OPA and adequately ventilate a pediatric patient with a BVM and oxygen.

Note: The assembly of the oxygen tank and regulator is not a part of this evaluation.

EQUIPMENT: PPE (Eye Protection/Gloves), suction unit, correctly sized OPA, pediatric airway manikin, Bag-Valve-Mask (BVM), oxygen tank, regulator, oxygen tubing.

COMPETENCY: The student will be able to correctly ventilate a pediatric patient using a BVM.

REVISED: April 2021

<i>EVENT</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Verbalizes general impression of patient from a distance before approaching or touching the patient.	1	
Determines level of consciousness.	1	
Obtains consent from parent or guardian, asks child’s name, and explains procedures and patient responses throughout treatment.	1	
Assesses the airway [looks for secretions and signs of foreign body airway obstruction; listens for audible noises and voice sounds].	1	
Assesses breathing [checks rate, rhythm, chest rise, audible noises].	1	
Attaches pulse oximeter and evaluates SpO2 reading.	1	
NOTE: Examiner now states, “Pulse oximeter shows a saturation of 82%.”		
Selects proper delivery device and attaches to oxygen.	1	
Administers oxygen at proper flow rate, if trained [blow-by oxygen, non-rebreather mask].	1	
Obtains baseline pulse and respiration rate.	1	
Evaluates perfusion [skin color, temperature, condition; capillary refill].	1	
NOTE: Examiner now states that patient begins to develop decreasing SpO2, decreasing pulse rate, see-saw respirations, head bobbing, drowsiness, etc.		
Places patient supine and pads appropriately to maintain a sniffing position.	1	
Manually opens airway and assesses for need to suction.	1	
Considers airway adjunct insertion based upon patient presentation [oropharyngeal or nasopharyngeal airway].	1	
NOTE: Examiner now states that no gag reflex is present and patient accepts airway adjunct. The patient’s respiratory rate is now 20/minute.		
Inserts airway adjunct properly and positions head and neck for ventilation.	1	
Selects appropriate BVM and attaches reservoir to oxygen flowing at 12 – 15 L/minute.	1	
Assures tight mask seal to face.	1	
Assists ventilations at a rate of 20--30/minute (1 ventilation every 2– 3 seconds) and with sufficient volume to cause just-visible chest rise, but no more.	1	
Ventilates at proper rate and volume while observing changes in pulse rate, level of responsiveness, pulse oximeter.	1	
NOTE: The examiner now asks the candidate, “How would you know if you are ventilating the patient properly?”		
Calls for immediate transport of patient and alerts receiving facility of sick pediatric patient.	1	
Total:	20	

Critical Criteria:

- Failure to take or verbalize appropriate PPE precautions within 30 seconds after identifying respiratory failure.
- Failure to recognize and treat respiratory failure in a timely manner.
- Failure to initiate oxygenation within 30 seconds of identifying respiratory compromise (if trained).
- Interrupts ventilations for greater than 30 seconds at any time.
- Failure to voice and ultimately provide high oxygen concentration [at least 85%].
- Failure to ventilate the patient at a rate of 20 – 30/minute (1 ventilation every 2 – 3 seconds).
- Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible].
- Insertion or use of any airway adjunct in a manner dangerous to the patient.
- Failure to manage the patient as a competent ETT.
- 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 Childbirth and Newborn Care- (OPTIONAL)

OBJECTIVE: The student will demonstrate the ability to correctly assist the mother in giving birth; and provide appropriate postnatal care.

EQUIPMENT: PPE (Eye Protection/Gloves), gown, OB manikin with neonate, OB kit (complete with towels, drapes, cord clamps or umbilical ties, scissors or scalpel, receiving blanket, bulb syringe, plastic bags, and OB pads), and an EMT/ETT trained assistant.

PERFORMANCE CRITERIA AND CONDITIONS: The student will be presented with an OB manikin simulation of a patient in the second stage of labor. The student will demonstrate appropriate assistance during delivery of the infant and appropriate care of the mother and infant afterward.

REVISED: March 2021

<i>Event</i>	<i>Possible Points</i>	<i>Awarded Points</i>
Takes or verbalizes appropriate body substance isolation precautions.	1	
Obtains the following information during patient history (if birth is imminent, focus on first four questions): <ul style="list-style-type: none"> ● How far along is the pregnancy? If less than 36 weeks, alert the receiving facility. ● Has the bag of waters broken, and what color was the fluid? ● How many babies are you expecting? ● Any other risk factors? ● Any bleeding or discharge? ● Have you taken medication or used drugs in the last 12 hours? ● How many times have you been pregnant and how many times have you given birth? ● Pain or contraction now? ● How long are your contractions? ● How far apart are they? ● Do you feel a need to push or move your bowels? 	11	
Explains the necessity of examining the patient for crowning and obtains consent.	1	
If time allows, drapes the patient for examination.	1	
Allow patient to choose position for delivery.	1	
Observes for crowning or any presenting part.	1	
Places a hand on the infant's head, without depressing the fontanel, to prevent explosive delivery.	1	
When the head presents, checks to see if cord is around the infant's neck. Slips cord over head if necessary.	1	
Securely supports the head and body as infant delivers.	1	
Places infant directly on maternal abdomen, skin to skin with mother.	1	
Dries and stimulates infant on maternal abdomen. Covers baby and mother with clean, dry, warm blanket.	1	
After cord pulsations cease or after at least one minute, clamps the cord at approximately 7 inches from the infant and places another clamp at approximately 10 inches from the infant.	1	
Cuts the cord with scissors between the clamps.	1	

<p>If infant is blue, limp, or not breathing:</p> <ul style="list-style-type: none"> ● Provides more drying, warming, stimulation, and suction as needed. If needed, clears the infant's airway by suctioning mouth and then the nose with a bulb syringe or other appropriate device. (Expels air from the syringe prior to insertion.) Evaluates respirations, heart rate, and color: ● If HR is greater than 100 and baby is pink, gives supportive care. ● If apneic or heart rate is less than 100, provides bag-valve-mask ventilations at the rate of 30 breaths per minute. ● After one minute of ventilations, assess heart rate. ● If heart rate is less than 60, provides chest compressions and bag-valve-mask ventilations. Give one breath after every three compressions. 	5	
Continues to maintain the infant's body temperature.	1	
Delivers the placenta without pulling the cord. Transports all placental tissue with the mother and baby.	1	
Massages the abdomen over the mother's uterus until it shrinks to a firm, hard consistency, or assists the mother with uterine massage. The mother should be encouraged to breastfeed her baby.	1	
Applies OB pad and provides assistance to the mother as needed.	1	
Records time of delivery.	1	
Monitors patients' vital signs throughout transport, paying close attention to maternal bleeding and infant breathing.	1	

TOTAL: 34

Critical Criteria:

- ___ Failure to take or verbalize appropriate body substance isolation precautions.
- ___ Failure to attempt removal of umbilical cord from around infant's neck.
- ___ Cuts cord in location not between clamps.
- ___ Failure to correctly evaluate respirations, heart rate, and color.
- ___ Failure to perform appropriate resuscitative measures.
- ___ Failure to manage the patient as a competent ETT.
- ___ 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.