# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>EMT Certifying Skills Examination Process</td>
<td>1</td>
</tr>
<tr>
<td>Skills Competency Verification Process</td>
<td>2</td>
</tr>
<tr>
<td>Organizing the Skills Evaluation</td>
<td>3</td>
</tr>
<tr>
<td>Training Environment</td>
<td>3</td>
</tr>
<tr>
<td>Equipment List</td>
<td>3</td>
</tr>
<tr>
<td>Examination Personnel Required</td>
<td>4</td>
</tr>
<tr>
<td>Responsibilities</td>
<td>4</td>
</tr>
<tr>
<td>Exam Coordinator</td>
<td>4</td>
</tr>
<tr>
<td>Skill Station Proctors</td>
<td>4</td>
</tr>
<tr>
<td>EMS Assistants</td>
<td>5</td>
</tr>
<tr>
<td>Simulated Patients</td>
<td>5</td>
</tr>
<tr>
<td>Skills</td>
<td>6</td>
</tr>
<tr>
<td>PSFA</td>
<td>7</td>
</tr>
<tr>
<td>EMR</td>
<td>7</td>
</tr>
<tr>
<td>EMT</td>
<td>7</td>
</tr>
<tr>
<td>Skill Station Management Guide</td>
<td>8</td>
</tr>
<tr>
<td>EMS Skills Exam Check List</td>
<td>33</td>
</tr>
<tr>
<td>Skill Sheets</td>
<td>34</td>
</tr>
<tr>
<td>Skill #1: Patient Assessment/Management – Trauma Skill Sheet</td>
<td>35</td>
</tr>
<tr>
<td>Skill #1: Patient Assessment/Management – Trauma Skill Sheet – Cont’d</td>
<td>36</td>
</tr>
<tr>
<td>Skill #2: Patient Assessment/Management – Medical Skill Sheet</td>
<td>37</td>
</tr>
<tr>
<td>Skill #2: Patient Assessment/Management – Medical Skill Sheet – Cont’d</td>
<td>38</td>
</tr>
<tr>
<td>Skill #3: Upper Airway Adjuncts and Suction Skill Sheet</td>
<td>39</td>
</tr>
<tr>
<td>Skill #4: Bag-Valve-Mask Apneic Patient Skill Sheet</td>
<td>40</td>
</tr>
<tr>
<td>Skill #5: Oxygen Administration Skill Sheet</td>
<td>41</td>
</tr>
<tr>
<td>Skill #6: Mouth-to-Mask with Supplemental Oxygen Skill Sheet</td>
<td>42</td>
</tr>
<tr>
<td>Skill #7: Cardiac Arrest Management/AED Skill Sheet</td>
<td>43</td>
</tr>
<tr>
<td>Skill #8: Bleeding Control/ Shock Management Skill Sheet</td>
<td>44</td>
</tr>
<tr>
<td>Skill #9: Spinal Immobilization, Supine Patient Skill Sheet</td>
<td>45</td>
</tr>
<tr>
<td>Skill #10: Spinal Immobilization Seated Patient Skill Sheet</td>
<td>46</td>
</tr>
<tr>
<td>Skill #11: Unattached Avulsion or Amputation Skill Sheet</td>
<td>47</td>
</tr>
<tr>
<td>Skill #12: Long Bone Immobilization Skill Sheet</td>
<td>48</td>
</tr>
<tr>
<td>Skill #13: Joint Injury Skill Sheet</td>
<td>49</td>
</tr>
<tr>
<td>Skill #14: Traction Splinting Skill Sheet</td>
<td>50</td>
</tr>
<tr>
<td>Skill #15: Pre-hospital Childbirth Skill Sheet</td>
<td>51</td>
</tr>
</tbody>
</table>
Introduction

The Emergency Medical Services (EMS) Skills Reference Guide assists California Department of Forestry and Fire Protection (CAL FIRE) EMS personnel and Unit/Program Emergency Medical Services (EMS)/EMS Coordinators with the EMS Skills examination and competency verification process.

There are two distinct methods utilized to evaluate EMS Skills and the Exam Coordinator must ensure the proper method is in use.

- Emergency Medical Technician (EMT) Certifying Skills Examination
- Skills Competency Verification

Testing is used to evaluate students completing the initial EMT course. Competency demonstration/verification is used for all other skills evaluations.

Skills proficiency testing and demonstration is an integral part of the evaluation process. Each sheet lists the critical criteria and specific steps to be completed for each skill. As such, these skill sheets serve as both a training guide and an evaluation instrument.

Each skill will require a careful demonstration by the instructor in conjunction with associated lecture and simulation during the course. After the demonstration, students should break into small groups and practice using their own skill sheets. Careful monitoring of the individual groups will ensure the procedures are fully understood by all students. The following is a guide to assist all personnel involved in the testing process.

EMT Certifying Skills Examination Process

The certifying skills examination must be passed with 80% accuracy. CAL FIRE’s certifying skills examination meets and exceeds the criteria presented in the National Registry of Emergency Medical Technicians (NREMT) Practical Examination Users Guide.

Additional Skills

Additional skills may be added based upon local scope of practice or Unit/Program-specific equipment. CAL FIRE has chosen to add two skills to the NREMT EMT certifying skills examination; skill #11 “unattached avulsion or amputation” and skill #15 “prehospital childbirth”.

Skill #11 and #15 are required by California for EMT recertification. For CAL FIRE EMS training consistency, these skills have been made a mandatory addition to the NREMT EMT certifying skills examination.
Process

The certifying skills examination must be completed before taking the final written exam. Students can fail no more than three skills during one examination session or any one skill no more than three times. Failure to pass the skills examination will result in course failure and the student will be required to take the course over again in order to be eligible for certification.

For every skill, the student must:

- Identify or utilize appropriate body substance isolation precautions.

For every skill, the student will be presented with a given scenario that requires a specific performance. As the student performs the skill, the proctor will observe their performance and note either successful completion or omission of each step. Many steps have additional components, which depending on their criticality to the scenario may be required in order to successfully complete the step. The student will be required to demonstrate proficiency for each component labeled as critical criteria, failure to do so is automatic failure of that skill.

Visitors are not allowed in the station while testing is being conducted. The examination coordinator, medical director, or proctor in training may audit the station if they are not disruptive to the testing.

It should be understood that the following skills are not a complete description of every skill that an EMS responder is expected to perform. No realistic test would provide this wide a spectrum of examination. However, these skills do provide a method to satisfactorily ensure that EMS personnel are able to perform at a prescribed standard in most pre-hospital medical emergencies.

Skills Competency Verification Process

Skills Competency Verification shall be utilized for EMT skills recertification, Emergency Medical Responder (EMR) skills and Public Safety First Aid (PSFA) skills. Skills competency shall by verified by direct observation of an actual or simulated patient contact. Skills competency shall be verified by an individual who meets the criteria set forth in the California Code of Regulations (CCR), Title 22, Division 9, Chapter 2, and designated by the Unit/Program EMS Coordinator and Training Officer. Skill proficiency must be demonstrated before taking the final written exam.
Organizing the Skills Evaluation

Training Environment

Stations for the EMT Certifying Skills Examination should be set up in such a way to prevent students from observing the testing process prior to the time of their testing. Every effort should be taken to limit distractions. The facility should have a waiting area to accommodate the number of students scheduled to test.

Equipment List

This is an approximate list of equipment needs for EMS skills testing. You may need more than one of each listed item. Refer to Attachment 1 - Skill Station Management Guide for equipment needs specific to each skill scenario.

- Personal protective equipment
- Watch
- Blood pressure cuff
- Stethoscope
- Penlight
- Tape
- Pen
- Note pad
- Table
- Chair
- Blanket or mat for patient
- Oxygen tank and regulator
- Nasopharyngeal airway set
- Oropharyngeal airway set
- Bag Valve Mask (BVM) with oxygen tubing
- Suction unit
- Airway mannequin
- Cardiopulmonary Resuscitation (CPR) mannequin
- Mannequin (optional for splinting)
- Obstetrics (OB) mannequin
- OB kit supplies (Scalpel, OB pad, chux, blanket, towels, gauze sponges, bulb syringe, umbilical clamps, plastic bags for placenta, towelettes)
- Oxygen tank and regulator
- Pocket mask with oxygen tubing
- Training automated external defibrillator (AED)
- BVM with oxygen
- Dressings and bandaging
- Cervical Collar (C-Collar) adjustable or assortment
- Backboard and matching straps
- Short board/or Kendrick Extrication Device (KED)
- Head bed or appropriate neck support
- Splinting material (cardboard, Structural Aluminum Malleable (SAM ©) splint, wire, other)
- Splinting material (Sager, Kendrick or other traction device)
Examination Personnel Required

Whenever possible, it is recommended to form a core group or regular examination personnel. This will help promote teamwork and consistency among the examination staff. Personnel needed to complete skills testing vary depending on the number of students involved and time parameters. NREMT recommends the following examination staff:

- One Examination Coordinator (can act as Exam Proctor)
- Six skill station proctors
- Three EMS assistants
- Four simulated patients

Responsibilities

Exam Coordinator

Coordinators should be currently certified or licensed to perform every aspect of the exam process. The exam coordinator is responsible for the overall planning, implementation, quality control and validation of the examination process. Specific duties include orientation of the students and documentation of the examination staff.

Skill Station Proctors

Emergency Medical Technician (EMT) Certifying Skills Examination

Proctors must have current certification or licensure to perform the skill they will be evaluating. A Skill Station Proctor is an observer and recorder of the student’s actions based on the criteria listed on the score sheet. The Skill Station Proctor must read and understand the orientation information before entering the assigned skill station. This is a formal examination and not a teaching situation. We discourage excessive dialogue between the examiner and the student.

Skills Competency Verification

Proctors should have current certification or licensure to perform the skill they will be evaluating. Skills Competency Verification method allows for some instruction or input on the part of the proctor. Skills competency shall be verified by direct observation of an actual or simulated patient contact.
EMS Assistants

Assistants should be currently certified or licensed to perform the skill they will be assisting with. Assistants are required to perform as a trained EMS professional would in an actual field situation. Students may be used if they have completed the testing in the station to which they are assigned. A CPR certified lay person could assist in the AED station.

Simulated Patients

Simulated patients should be currently certified or licensed to perform the skill they will be involved with. Simulated patient volunteers should be thoroughly briefed on the actions expected during the student's performance. This will help ensure that the scenario and skill station are identical for each student during the day of testing.
Skills

The numbered items are the individual skill sheets within each category.

- **PATIENT EXAMINATION, TRAUMA PATIENT**
  - #1: Patient Assessment/Management – Trauma (PSFA)

- **PATIENT EXAMINATION, MEDICAL PATIENT**
  - #2: Patient Assessment/Management – Medical

- **AIRWAY EMERGENCIES**
  - #3: Upper Airway Adjuncts and Suction

- **BREATHING EMERGENCIES**
  - #4: Bag-Valve-Mask Apneic Patient (PSFA)
  - #5: Oxygen Administration (PSFA)
  - #6: Mouth-to-Mask with Supplemental Oxygen (PSFA)

- **CPR AND AED**
  - #7: Cardiac Arrest Management/AED (PSFA)

- **CIRCULATORY EMERGENCIES**
  - #8: Bleeding Control/Shock Management (PSFA)

- **NEUROLOGICAL EMERGENCIES**
  - #9: Spinal Immobilization Supine Patient (PSFA)
  - #10: Spinal Immobilization Seated Patient

- **SOFT TISSUE INJURIES**
  - #11: Unattached Avulsion or Amputation (PSFA)

- **MUSCULOSKELETAL INJURIES**
  - #12: Long Bone Immobilization (PSFA)
  - #13: Joint Injury (PSFA)
  - #14: Traction Splinting

- **OBSTETRICAL EMERGENCIES**
  - #15: Prehospital Childbirth
Level of Care Requirements

PSFA

CAL FIRE requires 10 skills for PSFA certifying and recertification competency verification.

The ten skills are: Skills’ 1, 4, 5, 6, 7, 8, 9, 11, 12, and 13.

EMR

CAL FIRE requires all 15 skills, listed on page 7 of this guide, for EMR certifying and recertification competency verification.

EMT

CAL FIRE requires all 15 skills, listed on page 7 of this guide, for the NREMT EMT certifying skills exam and recertification competency verification.
SKILL STATION MANAGEMENT GUIDE
Skill #1, Patient Assessment Trauma

Personnel Requirements
- Proctor
- One simulated patient
- One assistant

Testing Equipment
- Personal protective equipment
- Blood pressure cuff
- Stethoscope
- Penlight
- Tape
- Watch
- Pen
- Note pad
- Blanket or mat for patient

Scenario

The patient will present with a minimum of:
- An airway, breathing, or circulatory problem
- One associated injury or wound.

The mechanism and location of the injury may vary, as long as the guidelines listed above are followed.

EMT Certifying Examination Timeline

The Student has 10 minutes to complete this skill station.

Proctor Responsibilities

The Proctor must ensure:
- Skills scenario remains consistent throughout testing
- Essential information is provided to the student throughout the examination process.
- Provide all information pertaining sight, sound, smell, or touch since a simulated patient is used
- Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypoperfusion, do not offer assessment findings that deteriorate the patient’s condition). The proctor should not offer information that overly improves or deteriorates a patient.
Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure.

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Simulated Patient Responsibilities

- Make every attempt to be consistent with every student in presenting symptoms.
- Respond in the situation as an actual patient would.
- Do not give the student any clues.
- Remember what areas have been assessed, treated, and what questions have been asked (a discussion of the student's performance will occur).

Student Instructions

This station is designed to test your ability to perform a patient assessment of a patient of multi-system trauma and "voice" treat all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you approach the patient, you should verbalize the scene is safe and BSI is in use. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have one EMS assistant working with you and that they are correctly carrying out the verbal treatments you indicate. Do you have any questions?
Skill #2, Patient Assessment Medical

Personnel Requirements

- Proctor
- One simulated patient (may be a mannequin)
- One assistant (optional)

Testing Equipment

- Personal protective equipment
- Blood pressure cuff
- Stethoscope
- Penlight
- Tape
- Watch
- Pen
- Note pad
- Blanket or mat for patient

Scenario

The patient will present with a minimum of:

- A respiratory, cardiac, altered Level of Consciousness (LOC), allergic reaction, poisoning/OD, obstetrics, or behavioral problem

For EMT Certifying Examination

Student has 10 minutes to complete this skill station.

Proctor Responsibilities

The Proctor must ensure:

- Skills scenario remains consistent throughout testing
- Essential information is provided to the student throughout the examination process.
- Provide all information pertaining sight, sound, smell, or touch since a simulated patient is used
- Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient's condition). The proctor should not offer information that overly improves or deteriorates a patient.
Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Simulated Patient Responsibilities

- Make every attempt to be consistent with every student in presenting symptoms.
- Respond in the situation as an actual patient would.
- Do not give the student any clues
- Remember what areas have been assessed, treated, and what questions have been asked (a discussion of the student's performance will occur)

Student Instructions

This station is designed to test your ability to perform an assessment of a patient with a chief complaint of a medical nature and "voice treat" all conditions discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you conduct your assessment, you should verbalize everything you are assessing. Clinical information not obtainable by visual or physical inspection will be given to you after you demonstrate how you would normally gain that information. You may assume that you have one EMS assistant working with you and that they are correctly carrying out the verbal treatments you indicate. Do you have any questions?
Skill #3, Upper Airway Adjuncts and Suction

Personnel Requirements
- Proctor

Testing Equipment
- Personal protective equipment
- Nasopharyngeal airway set
- Oropharyngeal airway set
- Suction unit
- Airway mannequin
- Table

Scenario

The mannequin will present with a minimum of an airway or breathing problem.

The proctor will ask the student to insert the appropriate airways into the mannequin and suction as required.

The proctor will continue to follow the “note” section on the skills sheet prompting the student through the required steps.

For EMT Certifying Examination

Student has five minutes to complete this skill station.

Proctor Responsibilities

The Proctor must ensure:
- Skills scenario remains consistent throughout testing
- Essential information is provided to the student throughout the examination process.
- Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient’s condition). The proctor should not offer information that overly improves or deteriorates a patient.
Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure.

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Student Instructions

This station is designed to test your ability to properly measure, insert, and remove an oropharyngeal and a nasopharyngeal airway as well as to suction a patient's upper airway. This is an isolated skills test comprised of three separate skills. You may use any equipment available in this station. Do you have any questions?
Skill #4, Bag-Valve-Mask Apneic Patient

Personnel Requirements
- Proctor
- One assistant

Testing Equipment
- Personal protective equipment
- Nasopharyngeal airway set
- Oral pharyngeal airway set
- Airway or CPR mannequin
- Oxygen tank and regulator
- BVM with oxygen tubing
- Table

Scenario
The mannequin will present with an airway or breathing problem. The student must:
- Insert an appropriate airway into the mannequin and provide rescue breathing utilizing a bag-valve-mask (BVM) for ventilation at a rate of 10-20 breaths per minute at a volume that is sufficient to make the mannequin’s chest rise.
- A second rescuer will arrive at scene (assistant) and should be instructed to ventilate while the student controls the mask and the airway.

The proctor must witness both one and two rescuer BVM rescue breathing for at least 30 seconds.

For EMT Certifying Examination
Student has 10 minutes to complete this skill station.

Proctor Responsibilities
The Proctor must ensure:
- Skills scenario remains consistent throughout testing
- Essential information is provided to the student throughout the examination process.
- Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient’s condition). The proctor should not offer information that overly improves or deteriorates a patient.
Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure.

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Student Instructions

This station is designed to test your ability to ventilate a patient using a bag-valve mask. As you enter the station, you will find an apneic patient with a palpable central pulse. There are no bystanders and artificial ventilation has not been initiated. The only patient intervention required is airway management and ventilatory support using a bag-valve mask. You must initially ventilate the patient for a minimum of 30 seconds. You will be evaluated on the appropriateness of ventilator volumes. I will inform you that a second rescuer has arrived and will instruct you that you must control the airway and the mask seal while the second rescuer provides ventilation. You may use only the equipment available in this station. Do you have any questions?
Skill #5, Oxygen Administration

Personnel Requirements
• Proctor

Testing Equipment
• Personal protective equipment
• Airway or CPR mannequin
• Oxygen tank and regulator
• Table

Scenario

The mannequin will present with an airway or breathing problem. The student must:
• assemble an oxygen regulator and tank without leaks
• Must set up a non-rebreather mask with supplemental oxygen and set the flow to 12 liters per minute or greater.

The proctor will advise the student that the patient is not tolerating the non-rebreather mask and they need to apply a nasal cannula.

For EMT Certifying Examination

Student has five minutes to complete this skill station.

Proctor Responsibilities

The Proctor must ensure:
• Skills scenario remains consistent throughout testing
• Essential information is provided to the student throughout the examination process.
• Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient’s condition). The proctor should not offer information that overly improves or deteriorates a patient.
Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure.

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Student Instructions

This station is designed to test your ability to correctly assemble the equipment needed to administer supplemental oxygen in the pre-hospital setting. You will be required to assemble an oxygen tank and regulator and administer oxygen to a patient using a non-rebreather mask. You will then be given instructions by the proctor to remove the rebreather mask and administer oxygen using a nasal cannula because the patient cannot tolerate the mask. You may use any equipment available in this station. Do you have any questions?
Skill #6, Mouth-to-Mask with Supplemental Oxygen

Personnel Requirements
• Proctor

Testing Equipment
• Personal protective equipment
• Nasopharyngeal airway set
• Oropharyngeal airway set
• Airway or CPR mannequin
• Oxygen tank and regulator
• Pocket mask with oxygen tubing
• Table

Scenario

The mannequin will present with an airway or breathing problem. The student must:
• Assemble a pocket mask and provide rescue breathing utilizing supplemental oxygen with a liter flow of at least 15 liters per minute. Ventilation must occur at a rate of 10-12 breaths per minute at a volume sufficient enough to make the mannequin’s chest rise.

The student may open the airway manually or with an airway adjunct.

The proctor must witness ventilations for at least 30 seconds

For EMT Certifying Examination

The Student has 10 minutes to complete this skill

Proctor Responsibilities

The Proctor must ensure:
• Skills scenario remains consistent throughout testing
• Essential information is provided to the student throughout the examination process.
• Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient's condition). The proctor should not offer information that overly improves or deteriorates a patient.
Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure.

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Student Instructions

This station is designed to test your ability to rescue breathing utilizing a pocket mask and supplemental oxygen. You will be advised that the patient has a pulse but is not breathing. The only patient management required is ventilator support using a mouth-to-mask technique. You must ventilate the patient for at least 30 seconds. You will be evaluated on the appropriateness of ventilatory volumes. You may use any equipment available in this station. Do you have any questions?
Skill #7, Cardiac Arrest Management / AED

Personnel Requirements
• Proctor
• One assistant

Testing Equipment
• Personal protective equipment
• Training automated external defibrillator (AED)
• CPR mannequin
• Oxygen tank and regulator
• BVM with oxygen tubing
• Table

Scenario
When the student arrives at scene, an EMS assistant will be performing one person CPR. The student will be given the opportunity to check the training AED prior to testing. The student’s assignment is to continue patient care with the additional utilization of an AED. The proctor will follow the prompts as noted on the skills sheet for this exam. The EMS assistant must only be allowed to perform tasks as instructed by the student.

For EMT Certifying Examination
The Student has 15 minutes to complete this skill station.

Proctor Responsibilities
The Proctor must ensure:
• Skills scenario remains consistent throughout testing
• Essential information is provided to the student throughout the examination process.
• Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion,
do not offer assessment findings that deteriorate the patient's condition). The proctor should not offer information that overly improves or deteriorates a patient.

Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Assistant Responsibilities

The assistant will be performing one person CPR on mannequin when student arrives.

After the arrival of the student, the assistant can only perform tasks as directed by student.

Student Instructions

This station is designed to test your ability to manage a pre-hospital cardiac arrest by integrating CPR skills, AED use, and patient/scene management skills. There will be an EMS assistant in this station performing one person CPR. The assistant will only follow your verbal commands. As you arrive on the scene, you must immediately establish control of the scene and begin resuscitation of the patient with an AED. You may use any of the supplies available in this station. Do you have any questions?
Skill #8, Bleeding Control / Shock Management

Personnel Requirements
- Proctor
- One simulated patient

Testing Equipment
- Personal protective equipment
- Dressings and bandaging
- Chair

Scenario

The patient will present with a minimum of:
- An extremity laceration

The Student must provide appropriate bleeding control/shock management treatment to a simulated patient with a bleeding extremity wound.

Patient may be moulaged. If patient is not moulaged; the proctor shall provide scenario details.

For example: You find a patient suffering from a four inch incision with heavy arterial bleeding on their right forearm, please provide the appropriate treatment.

For EMT Certifying Examination

The Student has ten 10 minutes to complete this skill station.

Proctor Responsibilities

The Proctor must ensure:
- Skills scenario remains consistent throughout testing
- Essential information is provided to the student throughout the examination process.
- Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient's condition). The proctor should not offer information that overly improves or deteriorates a patient.
Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure.

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Simulated Patient Responsibilities

- Make every attempt to be consistent with every student in presenting symptoms.
- Respond in the situation as an actual patient would.
- Do not give the student any clues.
- Remember what areas have been assessed, treated, and what questions have been asked (a discussion of the student's performance will occur)

Student Instructions

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be offered various signs and symptoms appropriate for the patient’s condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you; and you will be given an opportunity to ask clarifying questions about the scenario; however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this station. Do you have any questions?
Skill #9, Spinal Immobilization - Supine Patient

Personnel Requirements
- Proctor
- One assistant
- One simulated patient or mannequin

Testing Equipment
- Personal protective equipment
- Mannequin (optional)
- C-Collar adjustable or assortment
- Backboard and matching straps
- Head bed or appropriate neck support
- Tape

Scenario
The patient will be supine and present with a minimum of:
- A potential spinal injury

In this scenario, the patient has been assessed and treated.

It is the student responsibility to provide spinal immobilization for the simulated patient with the help of one assistant.

The assistant must only follow verbal commands issued by the student.

For EMT Certifying Examination
The Student has 10 minutes to complete this exam.

Proctor Responsibilities
The Proctor must ensure:
- Skills scenario remains consistent throughout testing
- Essential information is provided to the student throughout the examination process.
- Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient's condition). The proctor should not offer information that overly improves or deteriorates a patient.
Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure.

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Assistant Responsibilities

The assistant will perform tasks as directed by the student.

Simulated Patient Responsibilities

- Make every attempt to be consistent with every student in presenting symptoms.
- Respond in the situation as an actual patient would.
- Do not give the student any clues.
- Remember what areas have been assessed, treated, and what questions have been asked (a discussion of the student's performance will occur).

Student Instructions

This station is designed to test your ability to provide spinal immobilization on a patient using a long spine immobilization device. You arrive on the scene with an EMS assistant. The scene size-up and assessments are complete. As you begin the station, there are no airway, breathing, or circulatory problems. You are required to treat the specific, isolated problem of an unstable spine using a long spine immobilization device. When moving the patient to the device, you should use the help of the EMS assistant. You are responsible for the direction and subsequent action of the assistant. You may use any equipment available in this station. Do you have any questions?
Skill #10, Spinal Immobilization - Seated Patient

Personnel Requirements

• Proctor
• One assistant
• One simulated patient or mannequin

Testing Equipment

• Personal protective equipment
• Mannequin (optional)
• C-Collar adjustable or assortment
• Short board/or KED
• Long back board and matching straps
• Head bed or appropriate neck support
• Tape

Scenario

The patient will be supine and present with a minimum of:

• A potential spinal injury

In this scenario, the patient has been assessed and treated.

It is the responsibility of the student to provide spinal immobilization for the simulated patient with the help of one assistant.

The assistant must only follow verbal commands issued by the student.

For EMT Certifying Examination

The Student has 10 minutes to complete this exam.

Proctor Responsibilities

The Proctor must ensure:

• Skills scenario remains consistent throughout testing
• Essential information is provided to the student throughout the examination process.
• Information is given to the student when the area of the patient is exposed or assessed.
The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient's condition). The proctor should not offer information that overly improves or deteriorates a patient.

Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure.

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Assistant Responsibilities

The assistant will perform tasks as directed by the student.

Simulated Patient Responsibilities

- Make every attempt to be consistent with every student in presenting symptoms.
- Respond in the situation as an actual patient would.
- Do not give the student any clues.
- Remember what areas have been assessed, treated, and what questions have been asked (a discussion of the student's performance will occur).

Student Instructions

This station is designed to test your ability to provide spinal immobilization to a seated patient. You arrive on the scene with an EMS assistant. The scene size-up, and assessment has been completed. As you begin the station, there are no airway, breathing, or circulatory problems. You are required to treat the specific, isolated problem of an unstable spine to a seated patient. When moving the patient to the device, you should use the help of the EMS assistant(s). You are responsible for the direction and subsequent action of the assistant. You may use any equipment available in this station. Do you have any questions?
Skill #11, Unattached Avulsion or Amputation

Personnel Requirements
• Proctor
• One simulated patient

Testing Equipment
• Personal protective equipment
• Dressings and bandaging
• Chair

Scenario

The patient will present with a minimum of:
• An unattached avulsion or amputation

The Student must provide appropriate treatment to a simulated patient with an unattached avulsion or amputation.

Patient may be moulaged, if not moulaged; the proctor shall provide scenario details.

For example: You find a patient an amputated lower arm with little bleeding, please provide the appropriate treatment.

For EMT Certifying Examination

The Student has five minutes to complete this exam.

Proctor Responsibilities

The Proctor must ensure:
• Skills scenario remains consistent throughout testing
• Essential information is provided to the student throughout the examination process.
• Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient's condition). The proctor should not offer information that overly improves or deteriorates a patient.
Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure.

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Simulated Patient Responsibilities

- Make every attempt to be consistent with every student in presenting symptoms.
- Respond in the situation as an actual patient would.
- Do not give the student any clues.
- Remember what areas have been assessed, treated, and what questions have been asked (a discussion of the student's performance will occur).

Student Instructions

This station is designed to test your ability to provide appropriate treatment to a simulated patient with an unattached avulsion or amputation. You will need to control bleeding, immobilize injury, check PMS and care for avulsed/amputated tissue. You may use any of the supplies and equipment available in this station. Do you have any questions?
Skill #12, Long Bone Immobilization

Personnel Requirements
- Proctor
- One simulated patient

Testing Equipment
- Personal protective equipment
- Splinting material (cardboard, SAM splint, wire, other)
- Dressings and Bandages
- Tape

Scenario

In this scenario, an initial assessment of the simulated patient has already taken place.

The students are responsible for splinting a simulated long bone injury.

If moulage is not used, the proctor must provide appropriate information to the student.

For example: This patient fell from a bicycle and may have broken their lower leg. They have been assessed; your assignment is to provide splinting for their lower leg.

For EMT Certifying Examination

The Student has five minutes to complete this exam.

Proctor Responsibilities

The Proctor must ensure:
- Skills scenario remains consistent throughout testing
- Essential information is provided to the student throughout the examination process.
- Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient’s condition). The proctor should not offer information that overly improves or deteriorates a patient.
Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure.

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Simulated Patient Responsibilities

- Make every attempt to be consistent with every student in presenting symptoms.
- Respond in the situation as an actual patient would.
- Do not give the student any clues.
- Remember what areas have been assessed, treated, and what questions have been asked (a discussion of the student's performance will occur).

Student Instructions

This station is designed to test your ability to properly immobilize a closed, non-angulated long bone injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the (radius, ulna, tibia, fibula) was detected. Ongoing assessment of the patient’s airway, breathing and central circulation is not necessary. You may use any equipment available in this station. Do you have any questions?
Skill #13, Joint Injury

Personnel Requirements
- Proctor
- One simulated patient

Testing Equipment
- Personal protective equipment
- Splinting material (cardboard, SAM splint, wire, other)
- Dressings and Bandages
- Tape

Scenario

In this scenario, an initial assessment of the simulated patient has already taken place.

The student is responsible for splinting a simulated joint injury.

If moulage is not used, the proctor must provide appropriate information to the student.

For example: This patient fell from a bicycle and may have dislocated their elbow. They have been assessed; your assignment is to provide splinting for their arm.

For EMT Certifying Examination

The Student has five minutes to complete this exam.

Proctor Responsibilities

The Proctor must ensure:
- Skills scenario remains consistent throughout testing
- Essential information is provided to the student throughout the examination process.
- Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient’s condition). The proctor should not offer information that overly improves or deteriorates a patient.
Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure.

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Simulated Patient Responsibilities

- Make every attempt to be consistent with every student in presenting symptoms.
- Respond in the situation as an actual patient would.
- Do not give the student any clues.
- Remember what areas have been assessed, treated, and what questions have been asked (a discussion of the student's performance will occur).

Student Instructions

This station is designed to test your ability to properly immobilize a closed, joint injury. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, injury of the arm/shoulder was detected. Ongoing assessment of the patient’s airway, breathing and central circulation is not necessary. You may use any equipment available in this station. Do you have any questions?
Skill #14, Traction Splinting

Personnel Requirements

- Proctor
- One simulated patient

Testing Equipment

- Personal protective equipment
- Splinting material (Sager, Kendrick or other traction device)
- Dressings and Bandages
- Tape

Scenario

In this scenario, an initial assessment of the simulated patient has already taken place.

The student is responsible for splinting a simulated long bone injury.

If moulage is not used, the proctor must provide appropriate information to the student.

For example: This patient fell from a bicycle and may have broken their upper leg. They have been assessed; your assignment is to provide traction splinting for their lower leg.

For EMT Certifying Examination

The Student has 10 minutes to complete this exam.

Proctor Responsibilities

The Proctor must ensure:
- Skills scenario remains consistent throughout testing
- Essential information is provided to the student throughout the examination process.
- Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient's condition). The proctor should not offer information that overly improves or deteriorates a patient.
Proctor Examination Procedure

- The "Instructions to the Student" is read.
- Start the time clock and observe the student as he/she progresses through the procedure.

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.

Simulated Patient Responsibilities

- Make every attempt to be consistent with every student in presenting symptoms.
- Respond in the situation as an actual patient would.
- Do not give the student any clues.
- Remember what areas have been assessed, treated, and what questions have been asked (a discussion of the student's performance will occur).

Student Instructions

This station is designed to test your ability to apply a traction device to an injured upper leg. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and initial assessment have been completed and during the focused assessment a closed, non-angulated injury of the femur was detected. Ongoing assessment of the patient’s airway, breathing and central circulation is not necessary. You may use any equipment available in this station. Do you have any questions?
Skill #15, Prehospital Childbirth

Personnel Requirements
- Proctor
- One assistant (optional)

Testing Equipment
- Personal protective equipment
- OB mannequin
- OB kit supplies (Scalpel, OB pad, chux, blanket, towels, gauze sponges, bulb syringe, umbilical clamps, plastic bags for placenta, towelettes)
- Table

Scenario
The student will be presented with an OB manikin with signs of imminent prehospital delivery (crowning).

The student must ask the appropriate questions to determine imminent delivery.

The appropriate questions are listed below.

A memory aid (pneumonic) to assist students with the questions is: “Baby, Baby, Baby, Contract, Contract, Contract, Doctor, Doctor, Poo, and Water”

- **Baby** – When is the baby due?
- **Baby** – How many times have you been pregnant?
- **Baby** – How many babies have you had?
- **Contract (ions)** – When did the contractions begin?
- **Contract** – How far apart are the contractions?
- **Contract** – How long are each of the contractions lasting?
- **Doctor** – Are you under a doctor’s care?
- **Doctor** – Does your doctor expect complications?
- **Poo** – Do you feel the urge to bear down or move your bowels?
- **Water** – Has your water broken?

After the infant is delivered and suctioned, the proctor will state “the patient is not breathing”, the student will be required to provide timely and appropriate care.
For EMT Certifying Examination

The Student has 15 minutes to complete this exam.

Proctor Responsibilities

The Proctor must ensure:
• Skills scenario remains consistent throughout testing
• Essential information is provided to the student throughout the examination process.
• Information is given to the student when the area of the patient is exposed or assessed.

The Proctor must present assessment findings that are appropriate for the patient and the treatment that has been rendered (e.g. if a student has correctly treated for hypo perfusion, do not offer assessment findings that deteriorate the patient's condition). The proctor should not offer information that overly improves or deteriorates a patient.

Proctor Examination Procedure

• The "Instructions to the Student" is read.
• Start the time clock and observe the student as he/she progresses through the procedure

Each task is given a point value of one. If a task is not completed or is completed improperly, place a zero in the "points awarded" column. You must document in the comments section the reason you marked a mandatory failure item. At no time during the exam should you discuss the performance with the student.

The appropriate questions to be asked by student in this skill are:

• When is the baby due?
• How many times have you been pregnant?
• How many babies have you had?
• When did the contractions begin?
• How far apart are the contractions?
• How long is each of the contractions lasting?
• Are you under a doctor’s care?
• Does your doctor expect complications?
• Do you feel the urge to bear down or move your bowels?
• Has your water broken?

If the Proctor does not understand any part of these instructions, contact the Examination Coordinator for clarification.
Assistant Responsibilities (optional)

- Follow instructions given by Proctor for scenario

Student Instructions

This station is designed to test your ability to determine imminent delivery by asking the appropriate questions and to assist in pre-hospital normal delivery. You will also need to demonstrate care for the mother throughout the delivery process including the delivery of the afterbirth and timely care for the infant. As you progress through the scenario, you will be required to shift your focus of care between the mother and infant. You may use any equipment available in this station. Do you have any questions?
EMS Skills Exam Checklist

On the following page is a checklist that Examination Coordinators/Proctors may use to ensure consistency in the Skills Examination process. Should this checklist be used, it must remain with the course/examination records.
EMS SKILLS EXAM CHECK LIST

The purpose of this checklist is to help the examination coordinator establish a quality control process for the examination and to provide a means of helping assure standardization of skills examinations. To achieve this, the examination coordinator, or designee, must personally oversee or observe the various components of the examination as presented on the checklist.

Examination Site: __________________________ Examination Date: __________________________

A. ORGANIZATION OF EXAMINATIONS
   - Schedule an appropriate number of qualified skill station proctors
   - Assure eligibility of exam participants
   - Reviewed and documented qualification of skill station proctors prior to exam

B. FACILITIES
   - Skill stations have adequate room to conduct examinations
   - Equipment is in working order
   - Appropriate equipment is available for the exam

C. SKILL STATION EXAMINERS
   - Read and understand their role in the exam process
   - Remain objectives in recording each student’s performance
   - Read the instructions to the student to each individual tested
   - Do not show preference toward any individual

D. ORIENTATION OF CANDIDATES AND SKILL STATION PROCTORS
   - Read and understand the orientation completely
   - Allow adequate time for candidates to ask question concerning exam
   - Oriented programmed patients and assistants as required

E. CANDIDATES
   - Were instructed concerning the practical exam retest policy
   - Were instructed concerning process for filing an official complaint

F. SCORING THE PERFORMANCE
   - Use proper criteria for determining final grade
   - record the overall grade on the course completion record

By virtue of my signature and completion of this checklist, I attest to the fact that this examination was organized and administered according to standards established by CAL FIRE. Keep this checklist with course/examination records.

Signature Examination Coordinator: ____________________________________________
SKILL SHEETS
Skill #1: Patient Assessment/Management – Trauma Skill Sheet

Student’s Name: ________________________  Evaluator’s Name: ________________________

Date: ________________  Start Time: ________________  Stop Time: ________________

<table>
<thead>
<tr>
<th>Time Limit</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Minutes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Scene Size Up**
- Takes or verbalizes body substance isolation precautions: 1

**Initial Assessment**
- Scene Size Up
  - Determines the scene is safe: 1
  - Determines the mechanism of injury: 1
  - Determines the number of patients: 1
  - Requests additional help if necessary: 1
  - Considers stabilization of spine: 1

- Initiates assessment
  - Verbalizes general impression of the patient: 1
  - Determines responsiveness/level of consciousness: 1
  - Determines chief complaint/apparent life threats: 1

- Assess airway and breathing
  - Assesses/controls major bleeding: 1
  - Assesses pulse: 1
  - Assesses skin (color, temperature, and conditions): 1

- Assess circulation
  - Assesses/controls major bleeding: 1
  - Assesses pulse: 1
  - Assesses skin (color, temperature, and conditions): 1

- Identifies priority patient/makes transport decision: 1

**Focused History and Physical Exam/Rapid trauma assessment**
- Selects appropriate assessment (focused or rapid assessment): 1
- Obtains or directs assistance to obtain baseline vital signs: 1
- Obtains SAMPLE history: 1

**Detailed Physical Examination**
- Assesses the head
  - Inspects and palpates the scalp and ears: 1
  - Assesses the eyes: 1
  - Assesses the facial areas including oral and nasal areas: 1

- Assesses the neck
  - Inspects and palpates the neck: 1
  - Assesses for jugular vein distention: 1
  - Assesses for tracheal deviation: 1
## Skill #1: Patient Assessment/Management – Trauma Skill Sheet – Cont’d

<table>
<thead>
<tr>
<th>Subtask Description</th>
<th>Time Limit 10 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assesses the chest</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspects</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Palpates</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Auscultates</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Assesses the abdomen and pelvis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses the abdomen</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Assesses the pelvis</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Verbalizes assessment of genitalia/perineum as needed</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Assesses the extremities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 point for each extremity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Includes inspection, palpation and assessment of motor, sensory, and circulatory functions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assesses the posterior</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses thorax</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Assesses lumbar</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Manages secondary injuries and wounds (if present) appropriately</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Verbalizes re-assessment of the vital signs</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(80% = 32) Total</td>
<td></td>
<td>40</td>
<td></td>
</tr>
</tbody>
</table>

**Critical Criteria**

- Did not take or verbalize body substance isolation precautions
- Did not determine scene safety
- Did not assess for spinal protection
- Did not provide for spinal protection
- Did not provide high concentration of oxygen
- Did not find or manage problems associated with airway, breathing, hemorrhage, or shock (Hypoperfusion)
- Did not differentiate patient’s need for transportation versus continued assessment at the scene
- Did other detailed physical examination before assessing the airway, breathing, and circulation
- Did not transport patient within ten (10) minute time limit
Skill #2: Patient Assessment/Management – Medical Skill Sheet

Student’s Name: ___________________________ Evaluator’s Name: ___________________________

Date: ___________________________ Start Time: ___________________________ Stop Time: ___________________________

<table>
<thead>
<tr>
<th>Time Limit</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 Minutes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Scene Size-up**

- Takes or verbalizes body substance isolation precautions 1
- Determines the scene is safe 1
- Determines the mechanism of injury/nature of illness 1
- Determines the number of patients 1
- Requests additional help if necessary 1
- Considers stabilization of spine 1

**Initial Assessment**

- Verbalizes general impression of the patient 1
- Determines responsiveness/level of consciousness 1
- Determines chief complaint/apparent life threats 1

**Assess airway and breathing**

- Assessment 1
- Initiates appropriate oxygen therapy 1
- Assures adequate ventilation 1

**Assess circulation**

- Assesses/controls major bleeding 1
- Assesses pulse 1
- Assesses skin (color, temperature, and conditions) 1

**Focused History And Physical Exam/Rapid Trauma Assessment**

- Identifies priority patient/makes transport decision 1

**Respiratory**

|--------------------------|------------------|------------------|------------------|------------------|------------------|

**Cardiac**

|--------------------------|------------------|------------------|------------------|------------------|------------------|

**Altered Mental Status**

|----------------------------------|------------------|------------------|------------------|------------------|------------------|

**Allergic Reaction**

| History of Allergies? What were you exposed to? How were you exposed? Effects? Progression? Interventions? |
|------------------------------------------------|------------------|------------------|------------------|------------------|------------------|

**Poisoning/Overdose**

|--------------------------------------------------------------------------------------------------------------------------------||------------------|------------------|------------------|------------------|------------------|

**Environmental Emergency**

|----------------------------------|------------------|------------------|------------------|------------------|------------------|

<table>
<thead>
<tr>
<th>Obstetrics</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you Pg? How long have you been Pg? Pain or contractions? Bleeding or discharge? Do you feel the need to push? Last menstrual period?</td>
<td>How do you feel? Determine suicidal tendencies Is the patient a threat to self or others? Is there a medical problem? Interventions?</td>
</tr>
</tbody>
</table>
### Skill #2: Patient Assessment/Management – Medical Skill Sheet – Cont’d

<table>
<thead>
<tr>
<th>Task</th>
<th>Time Limit 10 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Past pertinent history</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Last oral intake</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Event leading to present illness (rule out trauma)</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Performs focused physical examination (assesses affected body part/system or, if indicated, completes rapid assessment)</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Vitals (obtains baseline vital signs)</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Interventions (obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment)</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Transport (re-evaluates the transport decision)</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Verbalizes the consideration for completing a detailed physical examination</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>On-going Assessment (Verbalized)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeats initial assessment</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Repeats vital signs</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Repeats focused assessment regarding patient complaint or injuries</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>(80%=24)</strong> Total:</td>
<td></td>
<td><strong>30</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Critical Criteria**
- Did not take or verbalize body substance isolation (BSI) precautions
- Did not determine scene safety
- Did not obtain medical direction or verbalize standing orders for medical interventions
- Did not provide high concentration of oxygen
- Did not find or manage problems associated with airway, breathing, hemorrhage, or shock (hypoperfusion)
- Did not differentiate patient’s need for transportation versus continued assessment at the scene
- Did detailed or focused history/physical examination before assessing the airway, breathing, and circulation
- Did not ask questions about the present illness
- Administered a dangerous or inappropriate intervention
Skill #3: Upper Airway Adjuncts and Suction Skill Sheet

<table>
<thead>
<tr>
<th>Time Limit</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Minutes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Oropharyngeal Airway**
- Takes or verbalizes body substance isolation precautions
  - 1
- Selects appropriately sized airway
  - 1
- Measures airway
  - 1
- Inserts airway without pushing the tongue posteriorly
  - 1

*Note: Proctor must advise the student that the patient is gagging and becoming conscious.*
- Removes the oropharyngeal airway
  - 1

**Suction**

*Note: Proctor must advise the student to suction the patient's airway.*
- Turns on/prepares suction device
  - 1
- Assures presence of mechanical suction
  - 1
- Inserts the suction tip without suction
  - 1
- Applies suction to the oropharynx/nasopharynx
  - 1

**Nasopharyngeal Airway**

*Note: Proctor must advise the student to insert a nasopharyngeal airway.*
- Selects appropriately sized airway
  - 1
- Measures airway
  - 1
- Verbalizes lubrication of the nasal airway
  - 1
- Fully inserts the airway with the bevel facing toward the septum
  - 1

(80% = 10) Total: 13

**Critical Criteria**
- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not obtain a patent airway with the oropharyngeal airway
- _____ Did not obtain a patent airway with the nasopharyngeal airway
- _____ Did not demonstrate an acceptable suction technique
- _____ Inserted any adjunct in a manner dangerous to the patient
Skill #4: Bag-Valve-Mask Apneic Patient Skill Sheet

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Time Limit 10 Minutes</th>
<th>Possible Points</th>
<th>Awarded Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes or verbalizes body substance isolation precautions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secure Airway</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opens the airway</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Inserts an airway adjunct</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Apply BVM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selects appropriately sized mask</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Creates a proper mask-to-face seal</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Ventilates patient sufficient to make the chest rise at proper rate</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Proctor must witness for at least 30 seconds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connects reservoir and oxygen</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Adjusts liter flow to 15 liters/minute or greater</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Arrival of Second Rescuer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: Proctor indicates arrival of a second responder. The second responder is</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>instructed to ventilate the patient while the student controls the mask and the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>airway.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-opens the airway</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Creates a proper mask-to-face seal</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Instructs assistant to resume ventilation at proper volume per breath</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Proctor must witness for at least 30 seconds</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(80%=9)</em> Total:</td>
<td></td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

**Critical Criteria**

Did not take or verbalize body substance isolation precautions
Did not immediately ventilate the patient
Interrupted ventilations for more than 20 seconds
Did not provide or direct assistant to provide proper volume/breath (More than two (2) ventilations per minute are below 800 ml)
Did not allow adequate exhalation
Skill #5: Oxygen Administration Skill Sheet

<table>
<thead>
<tr>
<th>Time Limit</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Minutes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Proctor must advise the student to assemble the oxygen system and apply a cannula.

- Takes or verbalizes body substance isolation precautions

Oxygen System Assembly
- Assembles the regulator to the tank
- Open the tank
- Check for leaks
- Check tank pressure

Non-Rebreather Mask
- Attaches non-rebreather mask to oxygen
- Pre-fills reservoir
- Adjusts liter flow to twelve (12) liters per minute or greater
- Applies and adjusts the mask to the patient's face

Note: Proctor must advise the student that the patient is not tolerating the non-rebreather mask, apply a nasal cannula.

Cannula
- Attaches nasal cannula to oxygen
- Adjusts liter flow to six (6) liters per minute or less
- Applies nasal cannula to the patient

Note: Proctor must advise the student that the patient has a pulse but is not breathing. The medical director has ordered you begin rescue breathing with a pocket mask.

Disassembly
Note: Proctor must advise the student to discontinue oxygen therapy.
- Remove cannula from the patient
- Relieves the pressure within the regulator
- Disassembles regulator

(80%=12) Total: 15

Critical Criteria
- Did not take or verbalize body substance isolation precautions
- Did not assemble the tank and regulator without leaks
- Did not pre-fill the reservoir bag
- Did not adjust the device to the correct liter flow for the non-rebreather mask
- Did not adjust the device to the correct liter flow for the nasal cannula
Skill #6: Mouth-to-Mask with Supplemental Oxygen Skill Sheet

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time Limit 5 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes or verbalizes body substance isolation precautions</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connects one-way valve to mask</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opens patient's airway or confirms patient's airway is open (manually or with adjunct)</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishes and maintains a proper mask to face seal</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ventilates the patient at the proper volume and rate</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connect Oxygen</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connects the mask to high concentration of oxygen</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adjusts flow rate to at least 15 liters per minute</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continues ventilation of the patient at the proper volume and rate</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note: The examiner must witness ventilations for at least 30 seconds.</td>
<td>(80% = 6) Total: 8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Critical Criteria**
- Did not take or verbalize body substance isolation precautions
- Did not adjust liter flow to at least 15 liters per minute
- Did not provide proper volume per breath (more than 2 ventilations per minute were below 800 ml)
- Did not ventilate the patient at a rate of 10-20 breaths per minute
- Did not allow for complete exhalation
Skill #7: Cardiac Arrest Management/AED Skill Sheet

<table>
<thead>
<tr>
<th>Time Limit</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Minutes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assessment**

- Takes or verbalizes body substance isolation precautions
- Briefly questions the rescuer about arrest events
- Turns on AED
- Attaches AED to the patient
- Directs rescuer to stop CPR and ensures the patient is “CLEAR”
- Initiates analysis of the rhythm
- Delivers shock
- Directs resumption of CPR

**Transition**

- Gathers additional information about the arrest event
- Confirms effectiveness of CPR (ventilation and compression)

**Integration**

- Verbalizes or directs insertion of a simple airway adjunct (OPA/NPA airway)
- Ventilates or directs ventilation of the patient
- Assures high concentration of oxygen is delivered to the patient
- Assures CPR continues without unnecessary/prolonged interruption
- Continues CPR for 2 minutes
- Directs rescuer to stop CPR and ensures the patient is “CLEAR”
- Initiates analysis of the rhythm
- Delivers shock
- Directs resumption of CPR

**Transportation**

- Verbalizes transportation of the patient

(80% = 16) Total: 20

**Critical Criteria**

- Did not take or verbalize body substance isolation precautions
- Did not evaluate the need for immediate use of the AED
- Did not direct initiation/resumption of ventilation/compressions at appropriate times
- Did not assure all individuals were clear of patient before delivering each shock
- Did not operate the AED properly (inability to deliver shock)
- Prevented the defibrillator from delivering indicated stacked shocks
# Skill #8: Bleeding Control/Shock Management Skill Sheet

<table>
<thead>
<tr>
<th></th>
<th>Time Limit 10 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes or verbalizes body substance isolation precautions</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Bleeding Control</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies direct pressure to the wound</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Note</strong>: Proctor informs student that the wound continues to bleed.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies tourniquet</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Shock Management</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Note</strong>: Proctor informs student the patient is now showing signs of hypoperfusion (shock).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Properly position the patient</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Applies high concentration oxygen</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Initiates steps to prevent heat loss from the patient</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Indicates the need for immediate transportation</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong>: (80% = 5) <strong>Total</strong>:</td>
<td></td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

**Critical Criteria**
- [ ] Did not take or verbalize body substance isolation precautions
- [ ] Did not apply high concentration oxygen
- [ ] Did not control hemorrhage using correct procedures in a timely manner
- [ ] Did not indicate a need for immediate transportation
Skill #9: Spinal Immobilization, Supine Patient Skill Sheet

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Evaluator's Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Start Time:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skill</th>
<th>Time Limit 10 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes or verbalizes, body substance isolation precautions</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Stabilize Patient**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Time Limit 10 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directs assistant to place/maintain head in the neutral in-line position</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Directs assistant to maintain manual immobilization of the head</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Reassesses motor, sensory and circulatory function in each extremity</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The examiner acknowledges, "Motor, sensory, and circulatory function are present and normal."

<table>
<thead>
<tr>
<th>Skill</th>
<th>Time Limit 10 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applies appropriately sized extrication collar</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Secure Patient**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Time Limit 10 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positions the backboard appropriately</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Directs movement of the patient onto the backboard without compromising the integrity of the spine</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Applies padding to voids between the torso and the board as necessary</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Immobilizes the patient torso to the device</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Evaluates and pads behind the patient's head as necessary</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Immobilizes the patient's head to the device</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Secures the patient's legs to the device</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Secures the patient's arms to the device</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Reassesses motor, sensory and circulatory function in each extremity</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Critical Criteria**

- Did not immediately direct or take manual immobilization of the head
- Released or ordered release of manual immobilization before it was maintained mechanically
- Patient manipulated or moved excessively causing potential spinal compromise
- Patient moves excessively up and down, left or right on the device
- Head immobilization allows for excessive movement
- Upon completion of immobilization, head is not in the neutral position
- Did not assess motor, sensory and circulatory function in each extremity after immobilization
- Immobilized head to the board before securing the torso

(80% = 11) Total: 14
Skill #10: Spinal Immobilization Seated Patient Skill Sheet

Student's Name: ____________________________  Evaluator's Name: ____________________________

Date: ____________________________  Start Time: ____________________________  Stop Time: ____________________________

<table>
<thead>
<tr>
<th></th>
<th>Time Limit</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes or verbalizes body substance isolation precautions</td>
<td>10 Minutes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Stabilizes Patient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directs assistant to place/maintain head in the neutral in-line position</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Directs assistant to maintain manual immobilization of the head</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Reassesses motor, sensory and circulatory function in each extremity</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Provides Immobilization</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies appropriately sized extrication collar</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Positions the immobilization device behind the patient</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Secures the device to the patient's torso</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Evaluates torso fixation and adjusts as necessary</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Evaluates and pads behind the patient's head as necessary</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Secure the patient's head to the device</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Verbalizes moving the patient to a long board</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Reassesses motor, sensory and circulatory function in each extremity</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>(80% = 9)</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

**Critical Criteria**

- Did not immediately direct, or take, manual immobilization of the head
- Released or ordered release of manual immobilization before it was maintained mechanically
- Patient manipulated or moved excessively, causing potential spinal compromise
- Device moved excessively up, down, left, or right on the patient's torso
- Head immobilization allows for excessive movement
- Torso fixation inhibits chest rise, resulting in respiratory compromise
- Upon completion of immobilization, head is not in the neutral position
- Did not assess motor, sensory and circulatory function in each extremity after voicing immobilization to the long board
- Immobilized head to the board before securing the torso
Skill #11: Unattached Avulsion or Amputation Skill Sheet

Student's Name: ___________________________  Evaluator's Name: ___________________________

Date: ___________________________  Start Time: ____________  Stop Time: ____________

<table>
<thead>
<tr>
<th></th>
<th>Time Limit</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes or verbalizes body substance isolation precautions</td>
<td>5 Minutes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Controls bleeding if present</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immobilizes in position of comfort and dresses the wound</td>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Assess Neurovascular Status – Avulsion Injury**

| Checks distal pulse                                             | 1          |                 |                |
| Checks movement distal to injury                                | 1          |                 |                |
| Checks sensation distal to injury                               | 1          |                 |                |
| Places avulsed tissue or amputated part in waterproof container | 1          |                 |                |
| Applies ice or cold pack to container                          | 1          |                 |                |
| Transports avulsed tissue or amputated part with patent         | 1          |                 |                |

(80% = 7) Total: 9

**Critical Criteria**

- Did not take or verbalize body substance isolation precautions
- Did not assess pulse, movement, or sensation distal to injury
- Did not place avulsed tissue or amputated part in waterproof container
- Did not apply ice or cold pack to container
- Did not state transporting avulsed tissue or amputated part with patient
Skill #12: Long Bone Immobilization Skill Sheet

<table>
<thead>
<tr>
<th></th>
<th>Time Limit</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes or verbalizes body substance isolation precautions</td>
<td>5 Minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stabilization</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directs application of manual stabilization of the injured leg</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses motor, sensory and circulatory function in the injured extremity</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> The examiner acknowledges, &quot;Motor, sensory, and circulatory function are present and normal.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Immobilization</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measures the splint</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies the splint</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immobilizes the joint above the injury site</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immobilizes the joint below the injury site</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Secures the entire injured extremity</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immobilized the hand/foot in the position of function</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reassesses motor, sensory and circulatory function in the injured extremity</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Note:</strong> The examiner acknowledges, &quot;Motor, sensory, and circulatory function are present and normal.&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>(80% = 8)</strong> Total:</td>
<td></td>
<td></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

**Critical Criteria**
- Did not take or verbalize body substance isolation precautions
- Grossly moves the injured extremity
- Did not immobilize the joint above and below the injury site
- Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting
Skill #13: Joint Injury Skill Sheet

Student's Name: ___________________________    Evaluator's Name: ___________________________

Date: ___________________    Start Time: _____________    Stop Time: _______________

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Time Limit</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes or verbalizes body substance isolation precautions</td>
<td>5 Minutes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Stabilizes Patient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directs application of manual stabilization of the shoulder injury</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Assesses motor, sensory and circulatory function in the injured extremity</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The examiner acknowledges, "Motor, sensory, and circulatory function are present and normal."

<table>
<thead>
<tr>
<th>Task Description</th>
<th>Time Limit</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides Immobilization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selects the proper splinting material</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Immobilizes the site of the injury</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Immobilizes the bone above the injury site</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Immobilizes the bone below the injury site</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Reassesses motor, sensory and circulatory function in the injured extremity</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The examiner acknowledges, "Motor, sensory, and circulatory function are present and normal."

\[(80\% = 6) \text{ Total: } 8\]

**Critical Criteria**

- _____ Did not take or verbalize body substance isolation precautions
- _____ Did not support the joint so that the joint did not bear distal weight
- _____ Did not immobilize the bone above and below the injury site
- _____ Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting
Skill #14: Traction Splinting Skill Sheet

Student's Name: ___________________________  Evaluator's Name: ___________________________

Date: ___________________________  Start Time: ___________________________  Stop Time: ___________________________

<table>
<thead>
<tr>
<th>Task</th>
<th>Time Limit 10 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Takes or verbalizes body substance isolation precautions</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Stabilizes Patient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Directs application of manual stabilization of the injured leg</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Directs the application of manual traction</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Assesses motor, sensory and circulatory function in the injured extremity</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
| Note: The examiner acknowledges, "Motor, sensory, and circulatory function is present and normal."
| **Im mobilizes Patient**                                           |                       |                 |                |
| Prepares/adjusts splint to the proper length                       |                       | 1               |                |
| Positions the splint next to the injured leg                       |                       | 1               |                |
| Applies the proximal securing device (e.g., ischial strap)         |                       | 1               |                |
| Applies the distal securing device (e.g., ankle hitch)             |                       | 1               |                |
| Applies mechanical traction                                        |                       | 1               |                |
| Positions/secures the support straps                               |                       | 1               |                |
| Re-evaluates the proximal/distal securing devices                 |                       | 1               |                |
| Reassesses motor, sensory and circulatory function in the injured extremity |                   | 1               |                |
| Note: The examiner acknowledges, "Motor, sensory, and circulatory function are present and normal."
| Note: The examiner must ask the student how he or she would prepare the patient for transportation. |
| Verbalizes securing the torso to the long board to immobilize the hip |                       | 1               |                |
| Verbalizes securing the splint to the long board to prevent movement of the splint |               | 1               |                |

(80% = 11) Total: 14

**Critical Criteria**

_____ Did not take or verbalize body substance isolation precautions
_____ Loss of traction at any point after it was applied
_____ Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting
_____ The foot was excessively rotated or extended after splint was applied
_____ Did not secure the ischial strap before taking traction
_____ Final immobilization failed to support the femur or prevent rotation of the injured leg
_____ Secured the leg to the splint before applying mechanical traction

Note: If the Sager splint or the KED is used without elevating the patient's leg, application of manual traction is not necessary. The student should be awarded one (1) point as if manual traction were applied.

Note: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.
Skill #15: Pre-hospital Childbirth Skill Sheet

Student's Name: ___________________________  Evaluator's Name: ___________________________

Date: ___________________________  Start Time: ___________________________  Stop Time: ___________________________

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Takes or verbalizes, body substance isolation precautions**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Obtain focused history, asks appropriate questions for pending delivery**

**Determine Delivery is Imminent**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Observe for crowning, crowning present**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Times contractions, 2-3 minutes apart**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Determines Mother has the urge to push**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Prepare for Impending Delivery**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Open OB kit (may simulate)**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Drapes patient**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Establish a sterile field, cleanses patient**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Positions hands for delivery**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Delivery/Provide Care for Baby**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Apply gentle pressure to infant's head**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Check for cord around infants neck**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**When head delivers, suctions infant's airway**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Deliver infant, holding with a firm but gentle grasp**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Suctions airway**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Note: The examiner states, "The patient (baby) is not breathing."**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Stimulates baby to breathe**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Dries and warms baby aggressively**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Clamps cord and cuts properly**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Places baby on the abdomen or to breast**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Does APGAR at 1 and 5 minutes**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Continue Mother Care**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Delivers placenta and places in a bag**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Externally messages fundus**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

**Places OB pad between the mothers legs**

<table>
<thead>
<tr>
<th>Time Limit 15 Minutes</th>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
</table>

(80% = 17) Total: 22

**Critical Criteria**

- Did not take or verbalize body substance isolation precautions
- Did not ask the appropriate questions of the mother
- Did not recognize impending delivery in a timely manner
- Did not establish the airway aggressively
- Did not cut the cord properly
- Did not warm patient aggressively
- Did not recognize or state checking for a cord around the neck
- Did not do the APGAR scale
- Did not control bleeding and message the fundus

7200 Handbook
Appendix 3
Attachment 2 – Skills Sheets
Skills Competency Verification

The Emergency Medical Services Authority (EMSA) form EMSA-SCV (08-10), EMT Skills Competency Verification form is the only form allowed for use when submitting application for certification or recertification. This form is available on the CAL FIRE intranet library.