

APPENDIX XVI: EMS Student Handbook Sample

**EMERGENCY MEDICAL TECHNICIAN - BASIC
TRAINING PROGRAM**

TABLE OF CONTENTS

1.	Mission Statement	3
2.	Introduction	4
3.	General Information	5
4.	Program Responsibilities	7
5.	Course Schedule	10
6.	Chapter Objectives	13
7.	Manipulative Skills	22
8.	Appendix	52

MISSION STATEMENT (Place here)

The Mission of the Fire Department is to:

- Protect the lives and property of the people of our area from fires, natural disasters, and hazardous materials incidents;
- Save lives by providing emergency medical services;
- Prevent fires through prevention and education programs; and,
- Provide a work environment that values cultural diversity and is free of harassment and discrimination.

Introduction

Welcome to the EMS Academy EMT-Basic Training Program. On July 1, 1997 the Fire Department assumed the role as the primary EMS provider in this city and county. The EMS Division was created to:

- Receive all 911 requests for emergency medical service;
- Initiate appropriate response of personnel and response;
- Treat and stabilize prehospital emergencies;
- Alleviate pain and suffering of the sick and injured; and,
- Transport the ill and wounded in a safe and expeditious manner to the appropriate medical facility.

When you complete this program, you will join the 70% of the Fire Department uniform rank that make up the cornerstone of the EMS Division - the Emergency Medical Technician - Basic. Of all of the calls for service the Fire Department handles annually, nearly 80% of them are for medical assistance. The EMT-B will respond to a large proportion of these calls, will provide the bulk of the initial field care, and will assist the EMT-Paramedic in providing further medical intervention.

As the EMS system evolves it will be likely that the role of the EMT will expand in both scope and responsibility. Therefore it is imperative that you become proficient in your skills and practice of prehospital medicine. The EMS Academy staff will support you in your education and practice; however they will not carry you! You must embrace this course as you would with all other courses at the Fire College. This is an intensive course, and you must avoid falling behind. Please read through these first few pages to determine what will be expected of you.

Finally, recognize that being an EMT-B fits in with the role of being a Firefighter: This program will help prepare you for a rewarding, life long profession of providing protection and service to our citizens and visitors.

General Information

Location

The EMS Academy EMT-Basic Program is (insert location here.)

Hours

The EMT-Basic Program will generally meet on Mondays, beginning May 18, 1998. The hours of the program will be from 0800 to 1730 hours. A mandatory CPR class will be held on Thursday May 14.

Lunch will be from 1230 to 1310 hours, unless scheduling mandates a change.

In general the classrooms and labs are open Monday through Friday, from 0730 to 1700 hours. Office hours for instructors will be listed.

Daily Schedule

The daily schedule will generally follow this format:

0700 - 0800	Remediation (makeup period for quizzes, skills)
0800 - 0830	Quiz
0845 - 0900	Pretest
0900 - 1230	Lectures
1230 - 1310	Lunch
1310 - 1700	Skills Lab
1700 - 1730	House chores

The program schedule may be found beginning on page 14. This schedule lists the reading assignments and exam schedule for the program.

Parking

You may park in the lot near the Log Cabin, found near the building. The US Parks Police Department has asked everyone to not park in the front or side of their building.

Attendance

This is a very intensive course, with large amounts of information and practice scheduled for each session. It is required by the state that each EMT-B student must attend 110 hours of instruction. Therefore it is imperative that you are punctual. Class will begin on time; if you arrive more than 1 minute late you will be marked as "tardy" for that day. If you arrive more than 30 minutes late you will be marked "Absent Without Leave - AWOL". You may not miss more than two (2) classes during the didactic (classroom) phase. Being marked absent from more than 2 sessions will result in being dropped from the program. You may not miss ANY sessions during the ride-a-long phase.

If you know that you will miss a class for the rare unforeseen emergency, i.e., "Rules for Recruit Members #18 - Injuries", you must contact the primary instructor prior to that class. All hours missed will need to be made up in the form of essays on the information presented that day. The test or exam must be made up during the remedial hour of the following week.

Smoking

Smoking is prohibited in the building.

Chemical Substance Use

If you are seen or suspected of drinking alcohol or using illicit drugs during program hours, you will be immediately suspended from the program, pending investigation. You will be reported to the DOT Captain in charge of Probationary Training. Refer to the Department Policy and Procedure Manual for further information.

Discrimination

It is the policy of the EMS Academy to provide equal opportunity for training and education regardless of race, gender, sexual orientation, religion, age or ethnicity.

Rules for Recruit Members

Other Division of Training Rules for Recruit Members will apply during the EMT-Basic training program.

Staff and Contact Numbers

(Your Program Contact information would be inserted here.)

Program Responsibilities

Performance Standards

Tests - **You must score 75% or better on each test to complete the program.** You will be able to remediate tests or exams as necessary. Remediation will be in the form of 1) a review session that identifies your weaknesses, and 2) a remediation test. Each remediation must occur within one (1) week of the original test. The remediation test or exam may not be presented in the same format as the original test.

Exams - **You must score 75% or better on the midterm and Final exam.** The remediation policy is as listed above.

If you do not achieve a 75% or better on the remediation quiz or exam, you will be recommended for termination through the Chief of the Department.

You may also be recommended for termination if after three (3) original (not remediation) consecutive weekly tests, a score of 100% on the next quiz would be insufficient to attain a 75% average.

Skills - **You must score a 75% or better on every manipulative skill.** If you fail to attain a passing grade on a given skill, you will be scheduled for re-evaluation. If, after two re-evaluations, you fail to attain a passing grade, you will be recommended for termination through the Chief of the Department.

You will accrue EMT deficiency points for skill scores below 75%. The schedule is similar to the Fire College schedule:

74% - 72%	One (1) EMT deficiency point
71% - 68%	Two (2) EMT deficiency points
67% - 64%	Three (3) EMT deficiency points
63% - 60%	Four (4) EMT deficiency points
59% - below	Five (5) EMT deficiency points

EMT deficiency points are cumulative throughout the recruit training period. You will be sent to the Deputy Chief of Administration for a conference when you accumulate a **total of ten (10) EMT deficiency points** in any combination derived from substandard performance in manipulative skills. If you accrue a total of **fifteen (15) EMT deficiency points or more**, you will be recommended for termination through the Chief of the Department.

Whenever an EMT deficiency point is assigned for substandard performance, a conference with the supervising Captains will be scheduled.

Textbook

The Program will be using the eighth edition of *Emergency Care*, by Brady Publishing. The Department will issue books before class begins. You are encouraged to purchase the book for your own reference. If you do not purchase the book, you must keep it in a neat and presentable condition. The textbook shall be returned to the Program upon completion of the course.

Ambulance Ridealong

You will be required to attend one (1) ambulance ridealongs during the Program. During the ridealong you will expected to participate in direct patient care activities. You will also be required to document at least two patient contacts per ridealong. These contacts will be documented on the Clinical Report Forms, which may be found in the appendix of this handbook.

The paramedic will review your activities during the ridealong, and document his/ her comments on the Student Evaluation form. Your hours of contact time must also be documented, on the Verification Form. This is also found in the appendix.

Emergency Department Rotation

Currently the program is not mandating observation time in the Emergency Department setting. However, if you would like to spend time in this setting, you may do so after completing the required immunizations and release forms. Please contact the Program staff if you are interested.

Dress Code

You are expected to wear your probationary firefighter uniform during the didactic phase of the Program; however you are permitted to wear your PT clothing during class. During the ride-a-long phase you will wear blue pants, a white shirt, and dark shoes.

Professional Conduct

It is the intent of all instructors to provide you with an environment that is conducive to learning. Conduct disrupting the classroom, or showing lack of respect for staff, guests, or other students will not be tolerated, and shall reported to the DOT Captain in charge of Probationary Training.

Building Maintenance

You are expected to clean the classrooms and common areas of the building at the end of each class. House chores will be done between 1700 - 1730 hours.

Successful Completion Criteria

Upon successful completion of this program, you will be eligible for the EMT-B certification process as provided by the County EMS Agency. Successful completion include all of the following:

1. Attending all sessions of the program, or makeup of hours as assigned.
2. Completing all assigned homework.
3. Achieving a score of 75% or better over a three weekly test average.
4. Achieving a score of 75% or better on the Midterm and Final exams.
5. Achieving a score of 75% or better on all skill exams.

You will be issued a course completion certificate that will permit you to apply for EMT certification in *(insert your city/state information here.)*

**EMERGENCY MEDICAL TECHNICIAN - BASIC
TRAINING PROGRAM**

SECTION 5: COURSE SCHEDULE

97th Class Course Schedule

Week and Date	Pretest will cover	Exam will cover	Reading Preparation	Materials Presented	Skill(s) Lab
1: May 14, 1998	BLS Healthcare Provider	BLS Healthcare Provider	AHA BLS Text Brady pp. 797 - 823	Introduction to course CPR	CPR
2: May 18	Week 2 reading	None	Chapters 1, 2, 3, 14, 15 Appendix B: Stress in EMS Medical terms pp. 842 - 849	Introduction to EMS Well Being of the EMT Ethical/Legal Issues Communications Documentation	Documentation Scenarios
3: May 28	Week 3 reading	Week 2	Chapters 4, 5, 7, 8, 9 pp. 826 - 837	Anatomy & Physiology Vital Signs and History Scene Size-up Intro Assessment	Vital Signs Lifting/moving Scene Assess Initial assessment
4: June 1	Week 4 reading	Week 3	Chapters 10, 11, 12, 13	Assessment - Trauma Assessment - Medical Assess.- pedi + geriatric	Assessments
5: June 8	Week 5 reading	Week 4	Chapter 6	Airway A&P Airway and Ventilation Adjuncts and Oxygen Intro Advanced Airway	Basic Airway Review Assess.
6a: June 15	Week 6a reading	Week 5	Chapters 25, 26	Trauma A& P Bleeding and Shock Soft Tissue Injuries	Bleeding Control Shock Mgt.
6b: June 18	Week 6b reading	Week 6a	Chapters 27, 28	Musculoskeletal Care Head and Spinal Injuries	c/spine supine c/spine seated splinting

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

Week and Date	Pretest will cover	Exam will cover	Reading Preparation	Materials Presented	Skill(s) Lab
7: June 22	Week 7 reading	Week 6b	Review 25 -28	Major Systems Trauma Review for Midterm	Skills Review Assessment Review
8: June 29	None	Midterm 1-6b		None	Skills Examination
9: July 6	Week 9 reading	Week 7b	Chapter 16, 17	General Pharmacology Respiratory A&P Respiratory Emergencies	Respiratory Scenarios
10: July 13	Week 10 reading	Week 9	Chapter 18	Cardiac A&P Cardiac Emergencies	Cardiac Scenarios
11: July 20	Week 11 reading	Week 10	Chapters 19, 20, 21	Diabetic A&P Diabetic Emergencies Allergies and Poisonings	Diabetic/ Allergies/ Poisoning Scenarios
12a: July 27	Week 12a reading	Week 11	Chapters 22, 23	Environmental Behavioral	Environmental/ Behavioral
12b: July 31	Week 12b reading	Week 12a	Chapter 24	OB/GYN	OB/GYN Scenarios
13: August 3	Week 14 reading	Week 12b	Chapter 29	Pediatric Emergencies	Peds Scenarios
14: August 10	Week 15 reading	Week 13	Chapters 30, 31, 32	Ambulance Operations Gaining Access Overviews (MCI, HazMat) Review for Final	MCI Drill Review
15: August 17	None	Final 1 -14	Review 1 -32	All	Skills Exam

**EMERGENCY MEDICAL TECHNICIAN - BASIC
TRAINING PROGRAM**

SECTION 6: CHAPTER OBJECTIVES

CHAPTER 1: INTRODUCTION TO EMERGENCY MEDICAL CARE

1. Describe the brief history of EMS development
2. Be able to explain the various components of the EMS system.
3. Describe the role and function of the Emergency Medical Technician - Basic.
4. Describe the responsibilities related to personal safety.
5. Describe the process of quality improvement.
6. Define the role of medical direction and medical control.

CHAPTER 2: THE WELL-BEING OF THE EMT - BASIC

1. Understand the reactions and changes that the EMT-Basic may feel when faced with stress.
2. Describe the different stages people may go through when dealing with death and dying.
3. Explain how the EMT might recognize and deal with stress from within as well as from outside factors.
4. Explain the importance of establishing scene safety.
5. Describe the concept of body substance isolation.
6. Describe the steps an EMT should take for personal protection from airborne and bloodborne pathogens.

CHAPTER 3: MEDICAL/LLEGAL AND ETHICAL ISSUES

1. Define and explain the following legal concepts: scope of practice, duty to act, negligence, and abandonment.
2. Define and describe the following legal concepts: various forms of consent, refusal of medical care, role of minors, Do Not Resuscitate orders.
3. Describe the difference between assault and battery, and their implications to the EMT.
4. Explain the importance of maintaining patient confidentiality.
5. Describe the steps an EMT should take when protecting a crime scene.
6. Explain when an EMT is required to make notifications to law enforcement or other agencies.

CHAPTER 4: THE HUMAN BODY

1. Identify various topographic terms.
2. Describe the difference between anatomy and physiology.
3. Describe the anatomy and physiology of the major body systems.

CHAPTER 5: LIFTING AND MOVING PATIENTS

1. Explain why knowledge of body mechanics protects the EMT.
2. Describe the safety precautions and guidelines as applied to lifting and moving techniques.
3. Explain when an emergency move of a patient may be necessary.
4. Explain the uses of various patient-carrying devices.

CHAPTER 6: AIRWAY MANAGEMENT

1. Describe the general anatomy of the respiratory system.
2. Describe the patient with the signs of respiratory distress.
3. Explain why aggressive airway management affects the survivability of the patient.
4. Explain why a mechanism of injury may affect the opening of an airway.
5. Describe the performance of a head tilt, chin lift.
6. Describe the performance of a jaw thrust.
7. Explain why suction is important in maintaining patency of an airway.
8. Describe the function of artificial ventilation.
9. Explain the various techniques of providing artificial ventilation.
10. Describe the importance and use of airway adjuncts.
11. Define the components of an oxygen delivery system.
12. Explain why increased concentrations of oxygen affect the survivability of the critical patient.
13. Contrast and compare the uses of the nasal cannula and nonrebreather mask.

CHAPTER 7: SCENE SIZE-UP

1. Describe the various hazards an EMT might encounter at a scene.
2. Explain how an EMT might survey the scene in a consistent manner.
3. Describe common mechanisms of injury.
4. Explain the importance of identifying the number of patients encountered.
5. Explain the reason for identifying the need for additional resources.

CHAPTER 8: THE INITIAL ASSESSMENT

1. Explain the importance of establishing an early general impression of the patient's condition.
2. Describe the steps in the initial or primary assessment.
3. Explain how the EMT would establish an early impression of the patient, based upon the findings of the initial assessment.
4. Explain how the EMT would identify and correct problems encountered in the initial assessment.
5. Explain how an EMT would prioritize a patient for transport, based upon findings from the initial assessment.

CHAPTER 9: BASELINE VITAL SIGNS AND SAMPLE HISTORY

1. Explain the importance of establishing baseline vital signs.
2. Describe how the various vital signs are ascertained and recorded: pulse, breathing, skin signs, pupillary reaction, and blood pressure.
3. Explain what blood pressure measures, and the meaning of systole and diastole.
4. Explain what SAMPLE is, and how it pertains to gathering history.
5. Describe the difference between a sign and a symptom.
6. Explain the importance of reassessing vital signs on a regular basis.

CHAPTER 10: THE FOCUSED HISTORY AND PHYSICAL EXAM: TRAUMA

CHAPTER 11: THE FOCUSED HISTORY AND PHYSICAL EXAM: MEDICAL

1. Compare and contrast the trauma and medical based focused history and examination approaches.
2. Explain why differences exist between trauma and medical histories.
3. Explain why differences exist between trauma and medical focused exams.
4. Explain why mechanism of injury is important to the assessment of the trauma patient.
5. Describe the steps necessary to complete a rapid trauma exam.
6. Identify the components of the detailed physical exam.
7. Explain the importance of the detailed physical exam in relationship to the focused assessment.
8. Describe the differences between the trauma and medical patient in the context of the detailed physical exam.
9. Describe how a medical history and assessment may be conducted on the unresponsive patient.
10. Explain the SAMPLE history mnemonic.
11. Explain why knowledge of past medical history affects the medical assessment and history taking.

CHAPTER 12: ONGOING ASSESSMENT

1. Discuss the reasons why assessments should be repeated during patient contact.
2. Identify and discuss the components of the ongoing assessment.

CHAPTER 13: PEDIATRIC, ADOLESCENT, AND GERIATRIC ASSESSMENT

1. Identify the developmental considerations for the following age groups: infants, toddlers, preschoolers, school age, and adolescents.
2. Describe differences in anatomy and physiology of the infant, child, and adult patients.
3. Differentiate the response of the ill or injured infant or child (age specific) from that of an adult.

CHAPTER 14: COMMUNICATIONS

1. Identify the order of patient information during a radio call.
2. Discuss the legal implications during communications.
3. Discuss the communication skills that are used between the EMT and patient, family, bystanders, and other health care providers.

CHAPTER 15: DOCUMENTATION

1. Identify the components of the written report.
2. Describe how patient information should be entered into the medical record.
3. Explain the legal aspects of accurate documentation of the patient record.

CHAPTER 16: GENERAL PHARMACOLOGY

1. Identify the medications that EMT's are able to deliver in the prehospital field.
2. Identify the prescribed medications that the EMT may be able to assist the patient in administration.
3. Describe the "four rights" of drug administration.
4. Identify methods of drug administration.
5. Describe the six most common categories of medication.

CHAPTER 17: RESPIRATORY EMERGENCIES

1. Describe the basic anatomy of the respiratory system.
2. Discuss the physiology of breathing.
3. Identify the signs and symptoms of respiratory distress.
4. Identify signs of inadequate gas exchange.
5. Discuss the difference between ventilation and oxygenation.
6. Describe the patient with COPD.
7. Describe the patient with asthma.
8. Describe the management of the patient in respiratory distress.

CHAPTER 18: CARDIAC EMERGENCIES

1. Describe the basic anatomy of the cardiac system.
2. Discuss the physiology of the cardiovascular system.
3. Describe the pathophysiology of CAD, angina, AMI, and CHF.
4. Describe the patient experiencing cardiac compromise.
5. Describe the management of the patient in cardiac distress.
6. Explain the concept of the "chain of survival".
7. Explain the importance of aggressive airway management and oxygenation in the cardiac arrest patient.
8. Explain the importance of early defibrillation in the cardiac arrest patient.
9. Describe the management of the patient in cardiac arrest.
10. Discuss the importance of solid interaction and coordination between EMS providers during a cardiac arrest.

CHAPTER 19: DIABETIC EMERGENCIES AND ALTERED MENTAL STATUS

1. Describe the basic components of the endocrine system.
2. Describe the pathophysiology of diabetes mellitus.
3. Identify the patient experiencing a diabetic emergency.
4. Describe the differences between diabetic coma and insulin shock.
5. Describe the management of the diabetic patient.
6. Describe the components of AEIOUTIPS.

CHAPTER 20: ALLERGIES

1. Describe the basic anatomy of the immune system.
2. Describe the pathophysiology of an allergic reaction.
3. Identify the patient with anaphylaxis.
4. Describe the management of an allergic reaction.

CHAPTER 21: POISONING AND OVERDOSE EMERGENCIES

1. Describe how poisons enter the body.
2. Identify the patient experiencing an overdose or poisoning.

3. Describe the management of the poisoned or overdosed patient.
4. Discuss the issues associated with substance and alcohol abuse.

CHAPTER 22: ENVIRONMENTAL EMERGENCIES

1. Explain the physiology of heat generation.
2. Describe the pathophysiology of excessive heat gain and loss.
3. Describe the patient with hyperthermia.
4. Describe the management of the hyperthermic patient.
5. Describe the patient with hypothermia.
6. Describe the management of the hypothermic patient.
7. Describe the management of the patient with a localized cold injury.
8. Discuss the management of the near-drowning patient.
9. Discuss the management of the patient experiencing a SCUBA emergency.
10. Discuss the management of the patient with bites and stings.

CHAPTER 23: BEHAVIORAL EMERGENCIES

1. Define the behavioral emergency.
2. Explain the physiological factors for behavioral emergencies.
3. Discuss the management of the patient experiencing an emotional or psychiatric emergency.
4. Discuss the special considerations associated with the suicidal patient.
5. Identify the patient displaying aggressive or hostile behavior.
6. Describe the management of the aggressive or hostile patient.

CHAPTER 24: OBSTETRICS AND GYNECOLOGY

1. Identify the basic anatomy of the obstetrical patient.
2. Discuss the differences between the pregnant and non-pregnant patient.
3. Describe the stages of labor.
4. Describe the management of normal childbirth.
5. Describe the assessment and management of the newborn.
6. Describe the assessment and management of the mother.
7. Identify the childbirth complications.
8. Describe the assessment of the complicated childbirth.
9. Identify predelivery emergencies.
10. Describe the management of the predelivery emergency.
11. Discuss the considerations associated with sexual assault.

CHAPTERS 25: BLEEDING AND SHOCK

1. Describe the condition of shock.
2. Identify the stages of shock.
3. Identify the types of shock.
4. Identify the differences between venous and arterial bleeding.
5. Identify the differences between internal and external bleeding.
6. Describe the management of the patient in shock.
7. Describe the management of the bleeding patient.

CHAPTER 26: SOFT TISSUE INJURIES

1. Identify the anatomy of the skin and soft tissue.
2. Identify the major functions of the skin.
3. Describe the differences between closed and open wounds.
4. Describe the different types of open wounds.
5. Describe the management of the patient with blunt and penetrating trauma.
6. Identify the steps in the management of an open neck wound.
7. Identify the steps in the management of the open chest wound.
8. Identify the steps in the management of the abdominal injury.
9. Identify the types of burns.
10. Describe the classification of burns.
11. Identify the steps in the management of burns.
12. Describe the management of electrical injuries.
13. Describe the general principles of bandaging and dressing.
14. Describe the patient with pneumothorax, tension pneumothorax, traumatic asphyxia, hemothorax, and cardiac tamponade.

CHAPTER 27: MUSCULOSKELETAL INJURIES

1. Identify the anatomy of the muscular and skeletal system.
2. Describe the mechanisms of injury associated with musculoskeletal injuries.
3. Describe the general principles of splinting.
4. Describe the considerations associated with a midshaft femur fracture.
5. Describe the management of the patient with a musculoskeletal injury.

CHAPTER 28: INJURIES TO THE SPINE AND HEAD

1. Identify the anatomy of the nervous system.
2. Identify the anatomy of the brain, skull and spine.
3. Describe the mechanisms of injury associated with injuries to the head, neck and spine.
4. Describe the patient with a brain injury.
5. Describe the patient with a spinal injury.
6. Describe the management of a patient with a head or spinal injury.

CHAPTER 29: INFANTS AND CHILDREN

1. Define the pediatric patient.
2. Describe the developmental characteristics of infants and children.
3. Discuss the differences between pediatric and adult patients.
4. Describe the general approach and management principles with pediatric patients.
5. Discuss the broad categories of pediatric emergencies.
6. Describe the considerations of pediatric patients and trauma.
7. Describe the considerations of pediatric patients and abuse.
8. Describe the considerations of SIDS.
9. Identify the pediatric patient with croup and epiglottitis.

CHAPTER 30: AMBULANCE OPERATIONS

1. Identify the phases of an ambulance call.
2. Discuss the operations of an emergency vehicle in the context of motor vehicle law.
3. Identify basic equipment that should be available in an ambulance.
4. Describe the methods used to clean and disinfect an ambulance and its equipment.

5. Explain the rationale for having an ambulance and its equipment for each response.

CHAPTER 31: GAINING ACCESS

1. Describe the purpose of extrication.
2. Identify personal safety equipment for emergency personnel during extrication.
3. Identify personal safety equipment for the patient during extrication.
4. Explain the importance of training for extrication.

CHAPTER 32: SPECIAL OPERATIONS

1. Describe the general management principles of a hazardous materials event.
2. Describe the general management principles of a multi-casualty incident.
3. Discuss the concept of triage.
4. Describe the incident command system and the role of the EMT.

**EMERGENCY MEDICAL TECHNICIAN - BASIC
TRAINING PROGRAM**

SECTION 7: MANIPULATIVE SKILLS

MANIPULATIVE SKILL: Airway Management

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to effectively manage a patient's airway using the appropriate equipment.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	5
OXYGEN ADMINISTRATION	25
1. "Cracks" full oxygen tank to clear valve outlet	2
2. Attaches regulator to oxygen tank. Ensures O-ring is in place Tightens regulator to tank securely with hand only Determines that regulator is in "Off" position	4
3. Opens main valve at least 1 turn Checks pressure on regulator Checks for leaks	3
4. Attaches oxygen adjuncts	5
Nasal cannula - places prongs in nose, tightens tubing around ears	
Nonrebreather mask - fills reservoir with oxygen, securely fits mask seal around mouth and nose	
5. Administers oxygen to patient	5
Nasal cannula - 4 - 6 liters per minute flow	
NRB mask - 10 - 15 lpm, allowing the reservoir to drain and fill with each respiration	
6. Reassess ventilatory status	3
7. Turns off regulator and drains pressure from system	3
BAG VALVE MASK	20
1. Opens airway with head tilt - chin lift or modified jaw thrust	5
2. Selects and inserts appropriate airway adjunct	2
3. Creates tight seal between mask and face	3
4. Ventilates patient by squeezing bag completely and steadily Observes for chest rise and fall Checks for gastric distention Checks for leaks	3
5. Hyperventilates patient with room air	2
6. Attaches BVM to oxygen tank	2
7. Sets regulator flow to at least 15 lpm	2
8. Ventilates patient at appropriate rate	1
ORAL PHARYNGEAL AIRWAY	15
1. Opens airway with head tilt - chin lift or modified jaw thrust	5
2. Determines correct size of OPA Measured from tip of earlobe to corner of mouth	4
3. Inserts OPA correctly Inserts with tip toward roof of mouth until it passes apex	4

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

of tongue, then rotates airway 180 degrees	
4. Reassesses ventilatory status	2
NASAL PHARYNGEAL AIRWAY	15
1. Opens airway with head tilt - chin lift or modified jaw thrust	5
2. Determines correct size of NPA Measured from tip of earlobe to tip of nose	2
3. Lubricates NPA with water soluble lubricant	2
4. Inserts NPA into right nares first, pushing straight down	4
5. Reassesses ventilatory status	2
FLEXIBLE (SOFT) SUCTION CATHETER	10
1. Prepares suctioning equipment Connects catheter and tubing to suction machine	2
2. Tests suction for vacuum	1
3. Determines depth of catheter insertion Nose - tip of earlobe to tip of ear Mouth - tip of earlobe to corner of mouth	1
4. Inserts catheter to measured depth	1
5. Creates vacuum	2
6. Suctions while withdrawing catheter, maximum 10 seconds	2
7. Reassesses ventilatory status	1
RIGID (HARD) SUCTION CATHETER	10
1. Prepares suctioning equipment Connects catheter and tubing to suction machine	2
2. Tests suction for vacuum	1
3. Determines depth of catheter insertion Mouth - tip of earlobe to corner of mouth	1
4. Inserts catheter to measured depth	1
5. Creates vacuum	2
6. Suctions while withdrawing catheter, maximum 10 seconds	2
7. Reassesses ventilatory status	1
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: Controlling profuse bleeding

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to effectively control profuse bleeding utilizing direct pressure, elevation, and pressure points. You will also be able to verbalize that the use of the tourniquet is a last resort measure to control a severe bleed.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	10
2. Applies direct pressure to site of bleeding a) Uses sterile dressings b) Bandages securely with roller gauze or tape	15
3. If bleeding continues, applies more dressings without removing original bandaging	15
4. If bleeding continues, elevates affected extremity while maintaining direct pressure.	15
5. If bleeding still continues, applies enough pressure to pressure points to stop bleeding a) Femoral or brachial artery sites b) Use of the heel of hand or fingers	15
6. As a last resort, applies tourniquet to stop bleeding a) Placed just above wound site b) Wide band c) Tighten band with lever until bleeding stops d) Note time when tourniquet applied	10
7. Applies high flow oxygen to the patient	10
8. Places patient in modified trendelenburg position, if possible	10
TOTAL	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: Cardiac Arrest

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to effectively manage a cardiac arrest with two other assistants. You will be able to competently demonstrate the operation of a Department semiautomatic defibrillator.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	10
2. Performs initial assessment of patient's A irway and B reathing	15
3. Instructs Assistant #1 to ventilate patient 2 times with BVM	15
4. Assesses patient's C irculation.	15
5. Begins chest compressions, with 5:1 ratio a) Assistant #1 inserts OPA b) Supplies BVM to 100% oxygen	15
6. Instructs Assistant #2 to apply defib pads to patient's chest a) Assistant #2 places pads "to sandwich the heart" - posterior chest wall below left scapula, anterior chest wall below left nipple b) Attaches cables to pads c) Turns defib on d) Advises other crew members to stop BVM and compressions e) Depresses "analyze" function	10
7. Crew waits for "analyze" function to complete a) If " <i>no shock indicated</i> ", EMT assesses for carotid pulse (-) pulse, (-) breathing: crew continues CPR for one minute, proceed to step 8 (+) pulse, (-) breathing: Assistant #1 continues BVM, Assistant #2 attempts blood pressure, EMT attempts SAMPLE history, proceed to step 8 (+) pulse, (+) breathing: Assistant #1 assesses adequacy of breathing, assistant #2 attempts blood pressure, EMT attempts SAMPLE , proceed to step 8 b) If " <i>shock indicated</i> " Assistant #2 assesses for crew safety Depresses "shock" function If condition 7(b) exists, delivers 2nd shock when prompted If condition 7(b) exists, delivers 3rd shock when prompted EMT assesses for carotid pulse, crew proceeds to 7(a)	10
8. Assistant #2 depresses "analyze" function a) If " <i>no shock indicated</i> ", repeat step 7(a) b) If " <i>shock indicated</i> ", Assistant #2 repeats 7(b)	10
9. No further shocks are delivered, unless stacked shocks are interrupted	
TOTAL	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS

AUGUST 2002

MANIPULATIVE SKILL: Application of EKG leads

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to assist the EMT-Paramedic in attaching the patient to EKG leads.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	10
2. Attaches cable end to monitor	10
3. Attaches electrodes to cable leads	15
4. Bears chest appropriately.	10
5. Attaches the white negative electrode to patient's right pectoris	15
6. Attaches the black ground electrode to patient's left pectoris	15
7. Attaches the red positive electrode to patient's left lateral chest wall at the level of T10	15
8. Turns monitor on	10
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS

AUGUST 2002

MANIPULATIVE SKILL: Emergency Childbirth

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to safely and effectively deliver a newborn infant in the prehospital setting.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	5
2. Determines if delivery is imminent a) Due date of baby (EDC) - premature, term, late b) Gravida/Para condition c) Prenatal care/ expected complications d) Waters break/ bloody show e) Timing of contractions f) Urge to bear down or move bowels g) Checks for crowning	10
3. Prepares equipment for delivery a) Drape area if possible b) Bulb suction c) Clamps d) Towels, blankets, cap	5
4. As head appears, applies gentle pressure to head to reduce tearing of perineum	5
5. Suctions mouth, then nose of newborn w/ bulb syringe	10
6. Checks for cord around newborns neck If present, attempts to loosen cord with one finger, if too tight, rapidly clamps cord in two places and cut	5
7. Assists in delivery of shoulders and torso	5
8. Rapidly stimulates, dries and warms the newborn	10
9. Assesses newborn: a) If baby does not begin crying or turning pink within 30 seconds, begin blow by oxygen b) If baby does not begin breathing or has respiratory rate < 30, begin BVM respirations c) If pulse rate is < 60, begin chest compressions a) If baby cries, turning pink, and has spontaneous movement, assess APGAR at 1 minute	10
10. Clamp cord a) First clamp 6 - 8 inches from baby b) Second clamp 2 - 3 inches away from first clamp	5
11. Cut cord with scalpel or scissors	5
12. Wrap baby in dry blanket, give to mother, attempt nursing	5
13. Deliver placenta, place into plastic bag for evaluation	5
14. Massage fundus to encourage bleeding control	5
15. Assess baby 5 minute APGAR score	5
16. Assesses mother's vital signs	5
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: BVM use with an endotracheal tube

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to effectively manage a patient's airway using a Bag Valve Mask with an ET tube previously inserted by the EMT-P.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	20
2. Attaches BVM to ET tube	20
3. Visually note depth of tube by markings on ET tube	20
4. Ventilates patient at appropriate rate	20
5. Observes adequacy of ventilation	20
a) Observes chest rise and fall	
b) Feels for compliance of BVM	
c) Observes color changes of end tidal CO2 cap	
d) Has assistant auscultate lung sounds and gastric sounds	
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS

AUGUST 2002

MANIPULATIVE SKILL: Long bone extremity injury

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to effectively manage a suspected extremity injury with the appropriate technique and equipment.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	10
2. Directs assistant to support affected extremity	10
3. Exposes injury site	10
4. Assesses patient's CSM function in extremity Circulation - presence of pulse, equal to unaffected side May also check nail blanching If pulse or blanching is absent, and extremity is cold to touch, attempt to straighten extremity once to restore circulation. Sensory - patient feels physical stimulus applied to fingers or toes Motor - patient able to move fingers or toes	20
5. If open injury is noted, applies sterile dressing to site	5
6. If closed injury is noted, applies ice to site	5
7. Applies appropriate sized splint to extremity	5
8. Pads voids	5
9. Immobilizes extremity above and below injury	10
10. Immobilizes joints above and below injury a) Utilize sling and swath for upper extremity injuries, including shoulder b) Elevate lower extremity after splinting	10
11. Reassesses patient's CSM function	10
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: Helmet Removal

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to effectively remove a helmet from a patient's head while maintaining manual cervical spine stabilization.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	10
2. Directs assistant to maintain cervical spine stabilization by reaching under the helmet and grasping mandible and occipital head	20
3. Releases helmet strap	10
4. Begins to remove helmet by expanding sides of helmet	15
5. Tilts helmet backward to clear tip of nose	15
6. Slowly rocks helmet from behind head	10
7. Exchanges manual stabilization with assistant	10
8. Maintains manual stabilization until spinal immobilization is complete.	10
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: Impaled Object

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to effectively stabilize an impaled object, with emphasis on a penetrating eye injury.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	10
2. If possible, places patient in supine position on backboard	10
3. Controls profuse bleeding if present	10
4. Stabilizes impaled object a) Cuts a stack of 4 x 4 gauze pads b) Places pads around object c) Tapes pads into place	10
5. Treats patient for shock with positioning and high flow oxygen	10
If the additional conditions are encountered:	
PENETRATING EYE INJURY	25
1. Covers patient's uninjured eye -Explains to patient	6
2. Stabilizes penetrating injury, or damaged globe	7
3. Covers injured eye -Uses paper cup or cone if possible	6
4. Secures covering	6
IMPALED OBJECT COMPROMISING ORAL AIRWAY	25
1. Inspects oropharynx for depth of penetration	6
2. If both ends of object are seen, removes the object by pulling it out in the direction that it entered the cheek.	7
3. If the tip of the object is impaled, or cannot be seen, object is stabilized in place	6
4. Suctions airway a necessary to maintain patent airway	6
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: Intravenous setup

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to assist the EMT-P in setting up an intravenous (IV) infusion.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	10
2. Receives IV solution from EMT-Paramedic	5
3. Confirms that the solution is appropriate, clear, non-expired	10
4. Attaches an extension set to an appropriate administration set	10
5. Closes roller clamp	5
6. Pulls protective caps off the IV solution bag and IV tubing	10
7. Inserts IV tubing into bag using aseptic technique	10
8. Squeezes drip chamber until half full with solution	10
9. Opens roller clamp	5
10. Allows fluid to run through tubing, expelling all air	10
11. Closes roller clamp	5
12. Maintains aseptic technique throughout procedure	10
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS

AUGUST 2002

MANIPULATIVE SKILL: Auscultation of Breath Sounds

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to auscultate and describe breath sounds using appropriate technique and equipment.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	10
2. Exposes chest appropriately	10
3. <i>Medical</i> : Places bell of stethoscope against area of right lung apex, posterior chest wall	5
4. Asks patient to take a deep breath	5
5. Notes lung sound Full or diminished Clear or crackling, wheezing	5
6. Repeats steps 3 - 5 in the following locations Left lung apex Left lung base Right lung base	20
7. Compares equality of lung sounds	5
8. Repeats steps 3 - 7 on the anterior chest wall	25
9. <i>Trauma</i> : Places bell of stethoscope against left lateral aspect of lung field, asks patient to take a deep breath, notes lung sound; repeats over right lateral aspect of lung field	15
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: Oral Glucose Administration

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to effectively administer oral glucose to a conscious patient with altered mental status.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	10
2. Determines patient's past medical history <ol style="list-style-type: none">a) Patient states diabetic historyb) Medic alert tagc) Oral hypoglycemicsd) Insulin in refrigerator, syringes	20
3. Determines that patient is awake and cooperative sufficiently to self administer oral glucose paste	20
4. Opens glucose tube, or mixes sugar into a liquid	10
5. Directs patient to take tube or glass from hand	10
6. Observes patient self administer glucose or liquid	10
7. Encourages patient to continue self administration	10
8. Assesses patient mental status over next several minutes	10
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: Patient Assessment

OBJECTIVE: Upon completion of this skill, you will have demonstrated a logical, concise and complete assessment on any patient.

MANIPULATIVE STEPS:

SCENE SIZE-UP	15
1. Puts on appropriate body substance precautions	5
2. Checks for scene safety	3
3. Determines nature of illness/mechanism of injury	3
4. Determines number of patients	1
5. Determines need for additional resources	1
6. Takes c/spine precautions as necessary	2
INITIAL ASSESSMENT	30
1. Determines level of consciousness (LOC)	5
AVPU: Is the patient A lert, or responds to stimulus, or is U nresponsive	Verbal/ P ainful
2. Determines chief complaint/life threats/mechanism of injury	4
3. Assesses ABCDE's and takes appropriate steps to correct life threats	
A irway: patent (speaking) or compromised	5
B reathing: non-labored, labored, shallow, absent	5
C irculation: strength, rate, location of pulse	5
Life threatening bleeding	
Skin signs	
D isability: AVPU	3
E xpose: removes clothing as necessary	3
CONDUCTS APPROPRIATE FOCUSED HISTORY AND PHYSICAL EXAM	50
PERFORMS ONGOING ASSESSMENT	5
TOTAL SCORE	

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

FOCUSED HISTORY AND PHYSICAL EXAM - Responsive medical	50
1. Assesses History of Present Illness/Injury (HPI)	10
<ul style="list-style-type: none"> Onset of signs/symptoms Provocation Quality Region/radiation Severity Time 	
2. Assesses medical condition	10
<ul style="list-style-type: none"> Signs/symptoms Allergies to medicine Medications currently taking Past medical history Last oral intake Event leading to present illness/injury 	
3. Performs focused physical exam	10
<ul style="list-style-type: none"> Assesses affected body system 	
4. Assesses vital signs	10
<ul style="list-style-type: none"> Respiratory rate and quality Pulse rate and quality Blood pressure Skin signs Pupil status (PERRL) 	
5. Initiates appropriate interventions	5
6. Determines transport mechanism	5
ONGOING ASSESSMENT	5
1. Repeats initial assessment	2
2. Repeats vital signs	2
3. Repeats focused assessment	1
TOTAL POINTS	

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

FOCUSED HISTORY AND PHYSICAL EXAM - Unresponsive medical		50
1. Performs rapid physical exam		15
Head	Deformities Burns Contusions Tenderness Abrasions Lacerations Penetrations Swelling	4
Neck	DCAP-BTLS, stoma, medic alert, JVD Accessory muscle use	1
Chest	DCAP-BTLS, chest rise, paradoxical movement, retractions, lung sounds, scars	3
Abdomen	DCAP-BTLS, distention, masses, scars	2
Pelvis	DCAP-BTLS, incontinence, pregnancy	2
Legs	DCAP-BTLS, CSM, medic alert, track marks	1
Arms	DCAP-BTLS, CSM, medic alert, track marks	1
Back	DCAP-BTLS, scars	1
2. Assesses History of Present Illness/Injury (Family/bystanders)		10
	Onset of signs/symptoms Provocation Quality Region/radiation Severity Time	
3. Assesses medical condition (Family/bystanders)		10
	Signs/symptoms Allergies to medicine Medications currently taking Past medical history Last oral intake Event leading to present illness/injury	2
4. Assesses vital signs		5
	Respiratory rate and quality Pulse rate and quality Blood pressure Skin signs	

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

Pupil status	
5. Initiates appropriate interventions	5
6. Determines transport mechanism	5
ONGOING ASSESSMENT	5
1. Repeats initial assessment	2
2. Repeats vital signs	2
3. Repeats focused assessment	1
TOTAL POINTS	100

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

FOCUSED HISTORY AND PHYSICAL EXAM - Significant Trauma		50
1. Performs rapid physical exam		15
Head	Deformities Burns Contusions Tenderness Abrasions Lacerations Penetrations Swelling	4
Neck	DCAP-BTLS, stoma, medic alert, JVD Accessory muscle use	1
Chest	DCAP-BTLS, chest rise, paradoxical movement, retractions, lung sounds, scars	3
Abdomen	DCAP-BTLS, distention, masses, scars	2
Pelvis	DCAP-BTLS, incontinence, pregnancy	2
Legs	DCAP-BTLS, CSM, medic alert, track marks	1
Arms	DCAP-BTLS, CSM, medic alert, track marks	1
Back	DCAP-BTLS, scars	1
2. Assesses vital signs Respiratory rate and quality Pulse rate and quality Blood pressure Skin signs Pupil status		15
3. Assesses patient history Signs/symptoms Allergies to medicine Medications currently taking Past medical history Last oral intake Event leading to present illness/injury		10
4. Initiates appropriate interventions		5
5. Determines transport mechanism, initiates transport		5
6. Performs detailed physical exam if possible		

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

7. Determines need for detailed physical exam		
Head	D eformities C ontusions A brasions P enetrations	B urns T enderness L acerations S welling
Face	DCAP BTLS	
Eyes	PERRL, conjunctiva, conjugate gaze	
Nose	Nasal flaring, drainage	
Mouth	Teeth, drainage, tongue	
Neck	DCAP-BTLS, stoma, medic alert, JVD Accessory muscle use	
Chest	DCAP-BTLS, chest rise, paradoxical movement, retractions, lung sounds, scars	
Abdomen	DCAP-BTLS, distention, masses, scars	
Pelvis	DCAP-BTLS, incontinence, pregnancy	
Legs	DCAP-BTLS, CSM, medic alert, track marks	
Arms	DCAP-BTLS, CSM, medic alert, track marks	
Back	DCAP-BTLS, scars	
ONGOING ASSESSMENT		5
1. Repeats initial assessment		2
2. Repeats vital signs		2
3. Repeats focused assessment		1
TOTAL POINTS		100

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

FOCUSED HISTORY AND PHYSICAL EXAM - No significant trauma	50
1. Performs focused physical exam Assesses affected body system (DCAP-BTLS) Reassesses mechanism of injury	15
2. Assesses vital signs Respiratory rate and quality Pulse rate and quality Blood pressure Skin signs Pupil status	10
3. Assesses patient history Signs/symptoms Allergies to medicine Medications currently taking Past medical history Last oral intake Event leading to present illness/injury	10
4. Initiates appropriate interventions	5
4. Determines transport mechanism, initiates transport	5
ONGOING ASSESSMENT	5
1. Repeats initial assessment	2
2. Repeats vital signs	2
3. Repeats focused assessment	1
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: Sitting Immobilization

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to effectively immobilize a sitting patient whom you suspect may have a potential cervical spine injury.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	5
2. Directs assistant to maintain manual cervical spine immobilization	10
3. Assesses patient's CSM function C irculation - presence of pulses S ensory - patient feels physical stimulus applied to fingers and toes M otor - patient able to grip hands and move feet	10
4. Applies appropriately sized cervical collar a) Measures first b) Applies from the front of patient's neck	10
5. Places vest type device between patient and assistant, with "wings" of vest placed directly under patient's axillae	10
6. Applies torso straps first In order: middle - bottom - top	10
7. Applies leg straps	5
8. Immobilizes head and neck to vest Fills void between head and vest	10
9. Reassesses patient's CSM function	8
10. Moves patient to supine position on backboard Supports legs while positioning patient	5
11. Releases leg straps	5
12. Secures patient to backboard	5
13. Reassesses patient's CSM function	2
14. Directs assistant to release manual stabilization	5
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: Spinal Immobilization

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to effectively immobilize a patient whom you suspect has a potential cervical spine injury.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	5
2. Directs assistant to maintain manual cervical spine immobilization	10
3. Assesses patient's CSM function C irculation - presence of pulses S ensory - patient feels physical stimulus applied to fingers and toes M otor - patient able to grip hands and move feet	10
4. Applies appropriately sized cervical collar a) Measures first b) Applies from the front of patient's neck	10
5. If necessary places patient arms besides body	5
6. Places backboard besides patient, with top of board located approximately 3 inches above top of head	5
7. Log rolls patient onto side toward rescuers a) Directs second assistant to support hips and legs b) Directs first assistant to coordinate log roll c) Controls patient's torso and hips	10
8. Sweeps the patient's back for injury or bleeding	5
9. Has first assistant direct log roll onto backboard	5
10. Secures body to backboard using appropriate straps a) Pads all voids b) Secures hips and shoulders	10
11. Immobilizes head and neck to backboard	10
12. Asks first assistant to release manual stabilization	5
13. Evaluates patient's CSM function	10
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: Sucking chest wound

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to effectively manage a sucking chest wound utilizing appropriate technique and equipment.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	
2. Checks patient's ventilatory status	
3. Inspects chest wound for sounds and bubbling	
4. Applies a nonporous dressing to site a) If possible, ask patient to exhale completely b) Applies dressing with palm of hand c) Tapes securely on three sides	
5. Applies high flow oxygen using nonrebreather mask	
6. Reassess patient's ventilatory status Auscultate lung sounds for equality and depth	
7. Assesses for developing signs of tension pneumothorax Releases dressing if signs develop	
8. Places patient in high fowler's position if possible or onto affected side if patient is in shock	
9. Reassess patient's ventilatory status continuously	
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: Traction Splinting

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to effectively manage a mid-shaft femur fracture using appropriate technique and equipment.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	10
2. Exposes injury site on femur	10
3. Determines this injury to be located mid-shaft	10
4. Assesses patient's CSM function in extremity Circulation - presence of pulse, equal to unaffected side May also check nail blanching If pulse or blanching is absent, and extremity is cold to touch, attempt to straighten extremity once to restore circulation Sensory - patient feels physical stimulus applied to fingers or toes Motor - patient able to move fingers or toes	10
5. Directs assistant to apply manual traction May apply ankle hitch prior to applying traction	10
6. Measures traction splint against good leg, extending splint 6 to 8 inches beyond foot	10
7. Applies appropriate sized splint to affected extremity	5
8. Applies groin strap	5
9. Applies ankle strap Tighten ankle hitch until patient feels relief Direct assistant to release manual traction	10
10. Immobilizes extremity above and below injury Distribute straps above and below joints	5
11. Reassesses patient's CSM function	10
12. Position patient onto backboard	5
TOTAL POINTS	100

COMMENTS:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

MANIPULATIVE SKILL: Vital Signs

OBJECTIVE: At the end of this skill, you will have demonstrated that you are able to correctly ascertain a patient's vital signs using the appropriate equipment and techniques.

MANIPULATIVE STEPS:

1. Takes or verbalizes appropriate body substance isolation precautions	5
PULSE	
	25
1. Selects pulse site Adult - radial, then brachial, carotid, femoral Pedi - brachial, then carotid, femoral, apical	6
2. Palpates pulse	6
3. Determines pulse rate Counts number of beats in 15 seconds and multiplies by 4	7
4. Determines quality of pulse a) Regularity - regular or irregular b) Strength - full or weak, thready	6
RESPIRATIONS	
	25
1. Observes or feels rise and fall of chest	8
2. Determines rate of respirations Counts number or breaths in 15 seconds and multiplies by 4	9
3. Determines quality of respirations a) Regularity - regular or irregular b) Effort - non-labored, labored	8
BLOOD PRESSURE	
	25
1. Applies cuff to proximal arm a) Just above elbow bend b) Snug fitting c) Center of bladder over artery d) Bare skin	4
2. Locates brachial arterial pulse	4
3. Places diaphragm of stethoscope over site	4
4. Inflates cuff until sphygmomanometer reads 170 mm Hg	4
5. Positions ear pieces	4
6. Deflates cuff slowly a) Notes when heartbeat is first heard (systolic) b) Notes when heartbeat is no longer heard (diastolic) c) Accuracy to within 10 mm Hg	5
PUPILLARY ASSESSMENT	
	20
1. Examines eyes for pupil size Equal/unequal	5
2. Examines pupils for shape Round/misshapen	5
3. Examines pupils for reactivity	5

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

a) Brisk, sluggish, fixed b) Equal, unequal reaction	
4. Examines pupils for light accommodation	5
5. Checks eyes for symmetry Conjugate, disconjugate, doll's eyes	5
TOTAL POINTS	100

COMMENTS:

**EMERGENCY MEDICAL TECHNICIAN - BASIC
TRAINING PROGRAM**

SECTION 8: APPENDIX

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS

AUGUST 2002

EMS ACADEMY
EMT STUDENT CLINICAL REPORT FORM

Student Name: _____

Date / Time: _____

Evaluator Name: _____

Rescue #: _____

This form is required for each patient contact. The form must be typed or neatly printed.

Patient: Age: Sex: Wt (kg): CMED # _____

Chief Complaint: *Include all pertinent information about chief complaint, PQRST, signs & symptoms, etc.*

Vitals Signs: Resp: Pulse: B/P:

Pertinent Medical History:

Physical Assessment Findings:

Treatment / Response:

Suspected Diagnosis:

Explain Diagnosis:

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

EMS ACADEMY
EMT STUDENT VERIFICATION FORM

On _____ student _____ performed
Date **Print Student's name**

his/her field observation on Ambulance _____
Unit #

from _____ hrs to _____ hrs. **Starting time**
Ending time

Student: _____
Print name **Signature**

Preceptor: _____
Print name **Signature**

Training officer: _____
Name **Signature**

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

**EMS ACADEMY
EMT STUDENT FIELD PERFORMANCE EVALUATION**

Student's Name: _____ Evaluator: _____ Date: _____

SKILLS EVALUATION:

4 = Superior 3 = Satisfactory 2 = Marginal / Inconsistent 1 = Unsatisfactory N/O = Not observed

1. Assessment / Vitals	4	3	2	1	N/O	6. Child Birth	4	3	2	1	N/O
2. Airway Management	4	3	2	1	N/O	7. Back Boarding	4	3	2	1	N/O
3. CPR	4	3	2	1	N/O	8. MAST	4	3	2	1	N/O
4. Bleeding Control	4	3	2	1	N/O	9. ALS Interaction	4	3	2	1	N/O
5. Splinting	4	3	2	1	N/O	10. KED	4	3	2	1	N/O

OVERALL EVALUATION:

4 = Superior 3 = Satisfactory 2 = Marginal / Inconsistent 1 = Unsatisfactory N/O = Not observed

1. Student / Patient Interaction	4	3	2	1	N/O
2. Identification of Patient care priorities	4	3	2	1	N/O
3. Leadership skills / Professional demeanor	4	3	2	1	N/O
4. Relates to Ambulance personnel	4	3	2	1	N/O
5. Remains calm	4	3	2	1	N/O
6. Accept advice and constructive criticisms	4	3	2	1	N/O
7. Overall impression of students performance	4	3	2	1	N/O

COMMENTS:

Evaluation discussed with student? Yes No

Student Signature: _____ Date: _____

NATIONAL GUIDELINES FOR EDUCATING EMS INSTRUCTORS
AUGUST 2002

Paramedic Evaluator Signature: _____

Date: _____