

Basic Life Support VEMSES Psychomotor Examination Users Guide (V-PUG)

REVISION HISTORY

-1.0 – Published 7/1/12

- * Revised Practical Exam Users Guide (PUG) to reflect VEMSES Testing and changed title to V-PUG.
- * Revised information on stations and added specific notes to aid in grading with the new check sheets.
- * Revised check sheets and made them visually different to distinguish them from previous check sheets.

INTRODUCTION:

Welcome to the Virginia Office of EMS's Basic Life Support (BLS) VEMSES Psychomotor Examination Users Guide (V-PUG). This document will serve as the template for BLS psychomotor examinations and is designed to be used by Instructors to prepare their students for the psychomotor exam and by Test Site Evaluators at the test site.

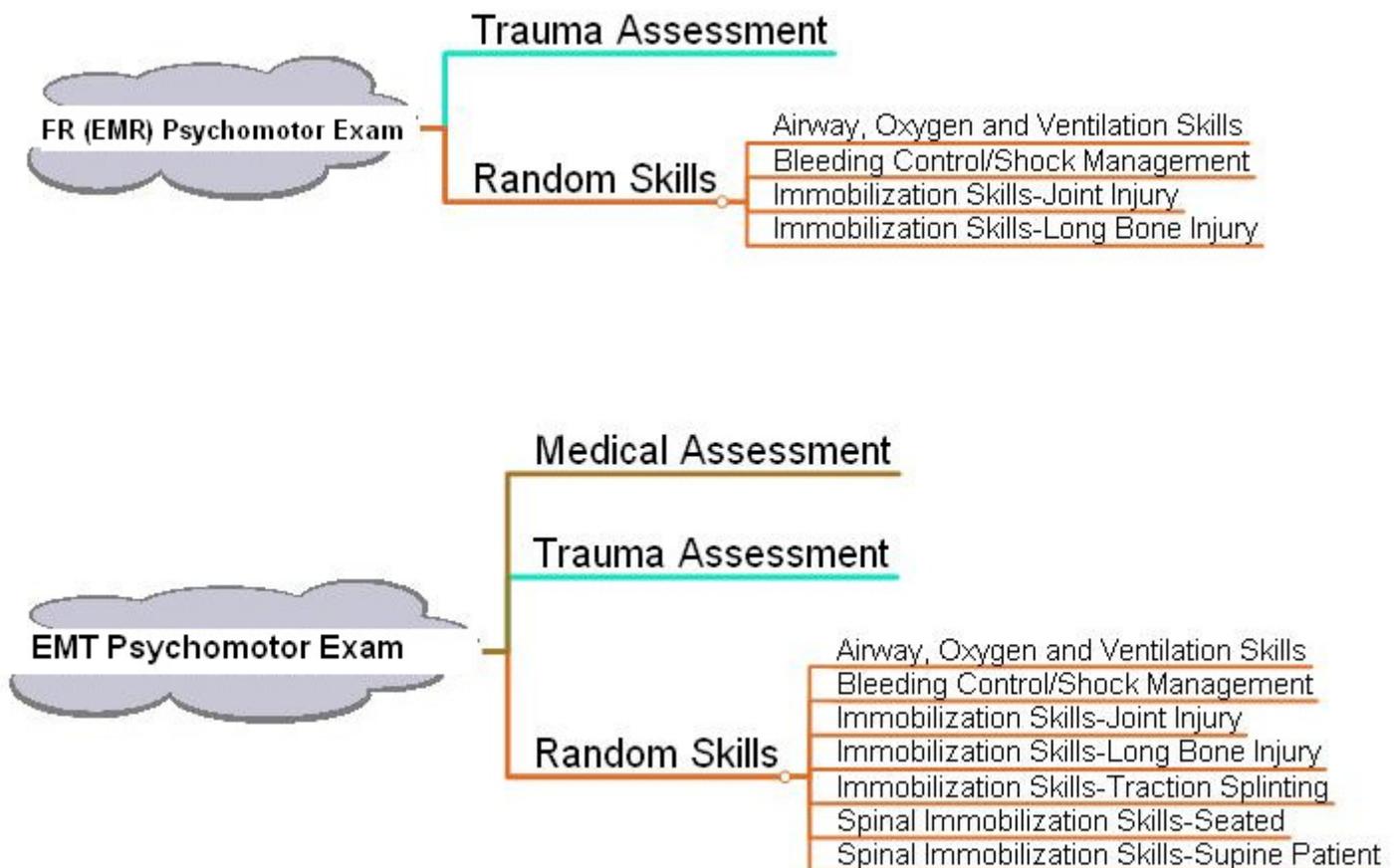
HISTORY:

On April 12, 2006, the Professional Development Committee (PDC), a standing committee of the State EMS Advisory Board, on recommendation of the BLS Accreditation Ad-hoc Committee, created the BLS Certification Test Ad-hoc Committee.

The Committee was chaired by Mr. Jeffrey Reynolds, PDC member/EMS Program Coordinator, Patrick Henry Community College and made up of: four EMT Instructors, one from each region of the state; one Regional EMS Council representative; one Virginia Association of Volunteer Rescue Squad (VAVRS) representative; one representative of an Accredited EMS training program; and one OEMS Program Representative. The ad-hoc committee was tasked with reviewing the current BLS Practical Exam process and making recommendations for change, if needed, to the PDC. After extensive discussion, the Committee recommended to PDC that the Practical exam be restructured and presented their design of the new practical exam. This recommendation was approved by PDC and by the state EMS Advisory Board. The committee worked on creating new check sheets and developed the Practical Exam Users Guide (PUG).

This original document was revised in 2012 in order to bring it in line with the Virginia EMS Education Standards (VEMSES).

THE STATIONS:



Each of the stations is 10 minutes in length.

The Medical and Trauma Assessment stations are designed to challenge the BLS candidate. In these stations, the candidate will be presented with a scenario and appropriately moulaged patient. They are expected to physically touch and assess the patient to determine the extent of injury or illness. The candidate is expected to verbally treat all life-threatening and minor injuries or illnesses. They have unlimited imaginary EMT assistants that will correctly perform all skills/interventions requested.

MEDICAL ASSESSMENT:

Only EMT candidates will be required to complete this station.

The candidate will need to interact with the patient and physically assess them to determine the nature of illness. All treatments will be verbalized. The candidate has unlimited imaginary EMT assistants to perform the verbalized treatments.

The scenarios utilized in this station may cover any of the medical emergencies covered in the EMT course, not strictly a situation that requires the administration of a medication. EMT students should be prepared to manage any medical scenario presented.

The candidate must physically obtain the first set of vitals but may verbalize any reassessment. They are not evaluated on the accuracy of the vitals obtained, but rather the technique. If the candidate could have obtained a set of vitals through their technique, they will receive credit.

If candidate determines the need to administer a medication, they must contact medical control and request permission after completing the required assessment. The evaluator will play the role of medical control and will always approve the request from the candidate, regardless of the appropriateness of the request.

The only equipment in the station will be a blood pressure cuff, stethoscope, penlight and a pair of scissors.

TRAUMA ASSESSMENT:

Both FR/EMR and EMT candidates will test the Trauma Assessment station.

Like the Medical Assessment station, the candidate will need to interact with the patient and physically assess them to determine the injuries, but all treatments will be verbalized. The candidate has unlimited imaginary EMT assistants to perform the verbalized treatments.

The candidate must physically obtain the first set of vitals but may verbalize any reassessment. They are not evaluated on the accuracy of the vitals obtained, but rather the technique. If the candidate could have obtained a set of vitals through their technique, they will receive credit.

Candidates should initially take c-spine control, if indicated and after establishing it, may turn it over to an imaginary EMT.

The only equipment in the station will be a blood pressure cuff, stethoscope, penlight and a pair of scissors.

Only EMT candidates must state that have initiated transport within the 10-minute timeframe, FR/EMR candidates will be given credit for this requirement since it is outside their scope of practice.

RANDOM BASIC SKILLS STATION

This station is designed to be a truly random skills station.

The candidate will randomly choose from the following skills based on their level of testing:

First Responder/EMR	EMT
➤ Airway	➤ Airway
➤ Bleeding & Shock Management	➤ Bleeding & Shock Management
➤ Immobilization Skills – Joint Injury	➤ Immobilization Skills – Joint Injury
➤ Immobilization Skills – Long Bone	➤ Immobilization Skills – Long Bone
	➤ Immobilization Skills – Traction Splint
	➤ Spinal Immobilization – Seated Patient
	➤ Spinal Immobilization – Supine Patient

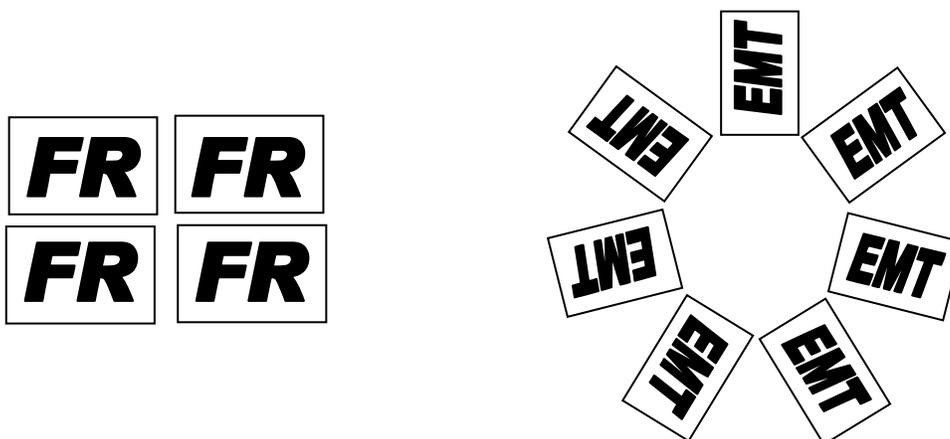
All of the required equipment to test each of the skills will be in one room. Depending on the size of the room, each skill could be set up around the room, or the equipment grouped together and after the skill is selected, the appropriate equipment set up. There should be a table near the door that is big enough to hold both sets of cards (or two separate tables, if needed.)

The candidate will enter the station with their dispatch card and, if they choose, a pair of gloves. No other equipment or papers should be brought into the room. The Evaluator will greet the candidate and determine the level being tested. The candidate will then point to a card from the appropriate arrangement and the examiner will turn it over. The evaluator, candidate, assistant EMT and patient will then go to the appropriate area in the room and test the skill chosen.

The Cards

There are seven (7) cards for the EMT candidate to choose from and four (4) for the FR candidate. The cards should clearly designate the level on the back and the skills on the front. Prior to testing the first candidate, the cards should be inspected. They should be uniform in appearance with no obvious difference on the back. If there are any differences on the cards, the entire set should be replaced before the start of the exam.

Before each candidate, the cards must be mixed up on the table and then arranged to ensure a truly random pick. The cards will be arranged in the following manner for every candidate:



Using the Evaluation Form and Scoring the Station:

The Evaluation Forms have been designed to allow the evaluator to quickly begin using them at the Consolidated Test Site. Although there may be a learning curve in applying them, this should be minimized by practice prior to the test site and a thorough review prior to the first candidate arriving to test.

Until the forms have been memorized, the evaluator may find it easier to turn the sheet over when the candidate begins and record every skill performed or verbalized in order. Once the candidate finishes and leaves, the evaluator can turn the sheet over and award points as appropriate. Experienced evaluators may find this method easier as well.

Prior to the candidate arriving to your station, complete the Evaluation Form with your Station #, date, test site location, scenario # and your name. For the individual Random Skills, make sure you check the location of the injury at the bottom of the sheet. Your scenario and injury locations will be provided by the Certification Examiner.

For the Medical and Trauma Assessment Stations, when the candidate arrives, collect the station and tracking cards. Request to see their ID and write their name on the Evaluation Form including their candidate number from the tracking card. Then read the station information to the candidate and lead them into the room.

For the Random Basic Skills Station, when the candidate arrives collect the station and tracking cards. Read the Introduction and allow them to point to a card. Do not allow the candidate to touch or pick up the card. Lift the card the candidate selected and read aloud the skill they have chosen. Then, depending on the size of the room, either lead them to the appropriate area set up for that skill or set up the skill in the space necessary and obtain the correct Evaluation Form. Request to see their ID and write their name on the Evaluation Form including their candidate number from the tracking card. Then read the station information to the candidate. You should allow the candidate to review the equipment and answer any general questions and if necessary demonstrate the operation of the equipment if they are unfamiliar with it.

After answering any questions, read the scenario information and begin the timer, placing the start time on the sheet.

Make sure you give the candidate your undivided attention during their performance. Score their performance fairly placing a 1 if a step is completed or a 0 if it is not (no partial points may be awarded). Pay special attention to statements you are required to read to the candidate and be sure to interact with the candidate as appropriate.

Once the candidate has finished, stop the timer and record the end time on the Evaluation Form. Initial the tracking card making sure to mark the skill chosen in the Random Skill Station. Thank the candidate, return the tracking and station cards to them, and send them back to the dispatch area.

Once the candidate leaves, record the total time, total the points, clearly mark any critical criteria and check pass or fail.

Reset the station and greet the next candidate.

Acknowledgements

Listed below are the members of the BLS Certification Test Ad-hoc Sub-committee that worked tirelessly from 2006 until 2008 on revising the BLS Practical Exam and recommended the 2009 BLS Practical to the Professional Development Committee:

Organization Represented	Primary Representative
Professional Development Committee-Chair	Jeffrey Reynolds
EMT Instructor-Eastern Region	Mel Losick
EMT Instructor-Central Region	Kathy Eubank
EMT Instructor-Northern Region	Tom Olander
EMT Instructor-Western Region	Steve Wade
EMS Regional Councils Representative	Debbie Akers
VAVRS Representative	Dreama Chandler
Accredited Programs Representative	Helen Nelson/Teresa Ashcraft
OEMS Program Representative	Paul Fleenor
OEMS Staff to Committee (non-voting)	Greg Neiman

Planning and implementation by September 1, 2009 could not have taken place without assistance from the following:

Scenario rewrites: S. Heather Phillips
Scenario review committee: Debbie Akers Jimmy Burch
Paul Fleenor S. Heather Phillips

2009 Evaluator Training and Practical Exam Training Video:

Virginia Tech Rescue Squad

Matt Johnson - Captain Allisa Nussman - Training Lt
John Boatner, Will Booker, David Bury, Bobby Dingus, Tyler Farrish, Allison Fluke, Ashley Frink, Ashley Keith, Jacqueline Kretzer, Michael Marlow, Nick Mattheison, Patrick McGuire, Michael McMahon, Joshua Richardson, Meghan Richardson, Elizabeth Rogers, Bryan Spear, Robert Stephens, Jason Stender, Katherine Walker
and
Joanna Stephens, Ashland Vol. Rescue Squad, Adam Stroop, Hanover Fire-EMS, Nathan Wolf, Tuckahoe Vol. Rescue Squad

A special thank you to everyone who reviewed and made recommendations to this document, including OEMS Staff, Regional Council Staff and all of the Virginia EMT-Instructors/ALS Coordinators.

The entire set of scenarios were re-evaluated, updated and transferred to the new pages in 2012 by S. Heather Phillips for the V-PUG.

MEDICAL ASSESSMENT

INSTRUCTIONS TO THE PRACTICAL SKILLS EVALUATOR PATIENT ASSESSMENT / MANAGEMENT MEDICAL

This station is designed to test the candidate's ability to use appropriate questioning techniques to assess a patient with a chief complaint of a medical nature and to physically accomplish, through a hands-on assessment, all steps listed on the evaluation document. This is a scenario-based station and will require extensive dialogue between the evaluator and the candidate. A simulated medical patient will answer the questions asked by the candidate based on the scenario being utilized. The candidate will be required to **physically** accomplish all assessment steps listed on the skill sheet. Any information pertaining to sight, sound, touch, or smell that cannot be determined but would be evident immediately in a real patient encounter, will be supplied by the evaluator as soon as the candidate exposes or assesses that area of the patient.

The skill station will provide enough information to enable the candidate to form a general impression of the patient's condition. Additionally, the patient in the scenario will be awake and able to talk. The medical condition of the patient will vary depending upon the scenario utilized in the station.

This skill station requires the presence of an appropriately moulaged medical patient. Neither you, nor the patient, will alter the patient information provided in the scenario. Patient information will only be provided after the candidate actually performs the steps necessary to gain such information. In order to verify that the patient is familiar with his/her role during the examination, you will ensure he/she reads the "Instructions to the Medical Patient" provided. You will also role play the selected scenario with him/her prior to the first candidate entering the skill station.

The scene size-up will be accomplished once the candidate enters the testing station. Brief questions such as "Is the scene safe?" may be asked by the candidate. When the candidate attempts to determine the nature of the illness, your response will depend on the scenario utilized.

For the purpose of this station, there will be only one patient and cervical spine stabilization is not indicated. The point for "Interventions" will be awarded based on the candidate's ability to verbally provide appropriate treatment for the medical emergency described in the scenario. For example, if the patient is complaining of breathing difficulty, the point for interventions will be awarded if the candidate verbalizes administration of oxygen to the patient.

Each candidate is required to complete a full hands-on patient assessment. The candidate choosing to transport the victim immediately after the primary assessment must be instructed to continue history taking and secondary assessment/vital signs as well as reassessment while enroute to the hospital.

The candidate will be required to physically obtain the first set of vital signs from the patient before being given the scenario vitals. The candidate may direct one of their imaginary EMT assistants to obtain any repeat patient vital signs. The evaluator must provide the candidate with the patient's pulse rate, respiratory rate and blood pressure when asked. The evaluator must give vital signs as indicated on the scenario furnished by the CTS examiner.

NOTES SPECIFIC TO NEW VEMSES CHECK SHEET

1. Takes or verbalizes standard precautions (BSI) *if appropriate based on patient scenario*
 - a. **Refer to scenario. If required and not utilized, 0 points are awarded but no critical failure is checked. If not required and is utilized by the candidate or is not, 1 point should be awarded.**
2. History of present illness (investigate chief complaint)
 - Onset (1 point) Provocation (1 point) Quality (1 point)
 - Radiation (1 point) Severity (1 point) Time (1 point)
 - Clarifying questions of associated signs and symptoms related to OPQRST (2 points)
 - a. **The candidate utilizes appropriate follow-up questions related to significant findings obtained during the assessment of the HPI.**
3. Assesses affected body part/system(s) (1 point for each required system – Maximum of 2 points)
 - Cardiovascular - Neurological - Integumentary - Reproductive
 - Pulmonary - Musculoskeletal - GI/GU - Psychological/Social
 - a. **The candidate must assess the affected body systems related to the chief complaint. Refer to the scenario. 1 point is awarded for each involved system assessed up to a maximum of 2 points. No further points are awarded over 2 if any additional system is assessed.**

REQUIRED EQUIPMENT

- 1 Blood Pressure Cuff
- 1 Adult Stethoscope
- 1 Penlight
- 1 Pair of scissors
- 1 Live appropriately moulaged patient

INSTRUCTIONS TO THE CANDIDATE PATIENT ASSESSMENT / MANAGEMENT MEDICAL

Meet the candidate outside the room where the station will be tested.

Hi. My name is: _____ and I will be your evaluator for the Medical Assessment/Management Station. May I see your Photo ID please?

Write their name legibly on the top of the evaluation form

This is the Medical Patient Assessment/Management Station. This station is designed to test your ability to perform a hands-on assessment of a patient with a chief complaint of a medical nature and verbally treat all conditions discovered. You must conduct your assessment as you would in the field, including communicating with your patient. You may remove the patient's clothing down to their shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you must state and demonstrate 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 must physically take the first set of vital signs but may verbalize any reassessment of vital signs. You may assume that you have EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have ten (10) minutes to complete this skill station. Do you have any questions?

Answer any general questions the candidate may have.

Enter the room and read the dispatch information provided with your scenario. Start 10-minute timer.



Patient Assessment/Management – Medical

Station #: _____

Scenario #: _____

LEVEL TESTED: EMT-B/EMT EMT-Inst/EC

Date: ____/____/____ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY		Points Possible	Points Awarded	
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>		1		
SCENE SIZE-UP				
Determines the scene is safe		1		
Determines the nature of illness		1		
Determines the number of patients		1		
Requests additional help if necessary		1		
Considers stabilization of spine		1		
PRIMARY ASSESSMENT				
Verbalizes general impression of the patient		1		
Determines responsiveness/level of consciousness (AVPU)		1		
Determines chief complaint/apparent life threats		1		
Assess airway and breathing	Assessment	1		
	Initiates appropriate oxygen therapy / appropriate adjunct	1		
	Assures adequate ventilation	1		
Assess circulation	Assesses/controls major bleeding if present	1		
	Assesses pulse	1		
	Assesses skin (either color, temperature, or condition)	1		
Identifies priority patients/makes transport decision/integrates treatments to preserve life		1		
HISTORY TAKING				
History of present illness (investigate chief complaint)		8		
<input type="checkbox"/> Onset (1 point)	<input type="checkbox"/> Provocation (1 point)			<input type="checkbox"/> Quality (1 point)
<input type="checkbox"/> Radiation (1 point)	<input type="checkbox"/> Severity (1 point)			<input type="checkbox"/> Time (1 point)
<input type="checkbox"/> Clarifying questions of associated signs and symptoms related to OPQRST (2 points)				
Past medical history				
<input type="checkbox"/> Allergies (1 point)	<input type="checkbox"/> Medications (1 point)	<input type="checkbox"/> Pertinent history (1 point)	5	
<input type="checkbox"/> Last oral intake (1 point)	<input type="checkbox"/> Events leading to present illness (1 point)			
SECONDARY ASSESSMENT AND VITAL SIGNS				
Assesses affected body part/system(s) <i>(1 point for each required system – Maximum of 2 points)</i>		2		
- Cardiovascular	- Neurological			- Integumentary
- Pulmonary	- Musculoskeletal	- GI/GU	- Psychological/Social	
Obtains vital signs <input type="checkbox"/> Pulse (1 pt) <input type="checkbox"/> Blood Pressure (1 pt) <input type="checkbox"/> Resp rate (1 pt) <input type="checkbox"/> Resp quality (1 pt)		4		
Interventions <i>(verbalizes proper intervention / treatment / contact medical control)</i>		1		
REASSESSMENT (verbalized)				
Repeats primary assessment		1		
Verbalizes reassessment of vital signs		1		
Repeats assessment regarding patient complaint/injuries and interventions		1		
TOTAL:		39		

Critical Criteria: *(You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)*

- 101- Did not determine scene safety
- 102- _____
- 103- Did not assess for and verbalize administration of appropriate concentration of oxygen, if indicated
- 104- Did not find, or manage, problems associated with airway, breathing, circulation or shock
- 105- Performs Secondary assessment before assessing/treating airway, breathing and circulation
- 106- Did not verbalize transporting patient within 10-minute time limit
- 107- Did not verbalize appropriate intervention/safe medication administration/contact medical control
- 108- Did not obtain 31 or more points

OP OF

OEMS Examiner Review

Initials: _____

Bubble B or 1 on Scanform if Failed

TRAUMA ASSESSMENT

Instructions to the Practical Skills Evaluator Patient Assessment/Management Trauma

This station is designed to test the candidate's ability to assess a patient with multisystem trauma and to physically accomplish, through a hands-on assessment, all steps listed on the evaluation document. This is a scenario-based station and will require extensive dialogue between the evaluator and the candidate. A simulated trauma patient may answer the questions asked by the candidate based on the scenario being utilized. The candidate will be required to **physically** accomplish all assessment steps listed on the skill sheet. Any information pertaining to sight, sound, touch, or smell that cannot be determined but would be evident immediately in a real patient encounter, will be supplied by the evaluator as soon as the candidate exposes or assesses that area of the patient.

The skill station will provide enough information to enable the candidate to form a general impression of the patient's condition. The injuries of the patient will vary depending upon the scenario utilized in the station.

This skill station requires the presence of an appropriately moulaged trauma patient. Neither you, nor the patient, will alter the patient information provided in the scenario. Patient information will only be provided after the candidate actually performs the steps necessary to gain such information. In order to verify that the patient is familiar with his/her role during the examination, you will ensure he/she reads the "Instructions to the Trauma Patient" provided. You will also role play the selected scenario with him/her prior to the first candidate entering the skill station.

The scene size-up will be accomplished once the candidate enters the testing station. Brief questions such as "Is the scene safe?" may be asked by the candidate. When the candidate attempts to determine the mechanism of injury, your response will depend on the scenario utilized.

For the purpose of this station, there will be only one patient. The points for "Interventions" will be awarded based on the candidate's ability to verbally provide appropriate treatment for the trauma emergency described in the scenario. For example, if the patient is complaining of breathing difficulty, the point for interventions will be awarded if the candidate verbalizes administration of oxygen to the patient.

Each candidate is required to complete a full hands-on patient assessment. The candidate choosing to transport the victim immediately after the primary assessment must be instructed to continue the history taking and secondary assessment/vital signs as well as reassessment enroute to the hospital.

The candidate will be required to physically obtain the first set of vital signs from the patient before being given the scenario vitals. The candidate may direct one of their imaginary EMT assistants to obtain any repeat patient vital signs. The evaluator must provide the candidate with the patient's pulse rate, respiratory rate and blood pressure when asked. The evaluator must give vital signs as indicated on the scenario furnished by the CTS examiner.

NOTES SPECIFIC TO NEW VEMSES CHECK SHEET

1. Takes or verbalizes standard precautions (BSI) *if appropriate based on patient scenario*
 - a. ***Refer to scenario. If required and not utilized, 0 points are awarded but no critical failure is checked. If not required and is utilized by the candidate or is not, 1 point should be awarded.***

REQUIRED EQUIPMENT

- 1 Blood Pressure Cuff
- 1 Stethoscope
- 1 Penlight
- 1 Pair of scissors
- 1 Live appropriately moulaged patient

INSTRUCTIONS TO THE CANDIDATE PATIENT ASSESSMENT/MANAGEMENT TRAUMA

Meet the candidate outside the room where the station will be tested.

Hi. My name is: _____ and I will be your evaluator for the Trauma Assessment/Management Station. May I see your Photo ID please?

Write their name legibly on the top of the evaluation form

What Level will you be testing today?

Check the appropriate box on the Evaluation Form.

This is the Trauma Patient Assessment/Management Station. This station is designed to test your ability to perform a hands-on assessment of a patient with multi-system trauma and verbally treat all conditions discovered. You must conduct your assessment as you would in the field, including communicating with your patient. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you must state and demonstrate 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 must physically take the first set of vital signs but may verbalize any reassessment of vital signs. You may assume that you have EMTs working with you and that they are correctly carrying out the verbal treatments you indicate. You have ten (10) minutes to complete this skill station. Do you have any questions?

Answer any general questions the candidate may have.

Use the appropriate scenario previously selected for the level the candidate will be testing.

Enter the room and read the dispatch information provided with your scenario. Start 10-minute timer.



Patient Assessment/Management – Trauma

LEVEL TESTED: FR/EMR EMT-B/EMT EMT-Inst/EC

Date: ___/___/___ Test Site Location: _____

Station #:

Scenario #:

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY		Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>		1	
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	
PRIMARY ASSESSMENT			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness (AVPU)		1	
Determines chief complaint/apparent life threats		1	
Airway	Opens and Assesses airway	1	
	Inserts adjunct as indicated	1	
Breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management that compromises airway/breathing	1	
Circulation	Assesses/controls major bleeding if present	1	
	Assesses pulse	1	
	Assesses skin (either color, temperature or condition)	1	
	Initiates shock management (proper position, conserve heat)	1	
Identifies priority patients/makes transport decision/integrates treatments to preserve life		1	
HISTORY TAKING			
Obtains S.A.M.P.L.E. history, if able		1	
SECONDARY ASSESSMENT AND VITAL SIGNS			
Obtains vital signs (must include Pulse, Respirations and BP)		1	
Assess the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes	1	
	Assesses the facial areas including oral and nasal areas	1	
Assess the neck	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assess the chest	Inspects	1	
	Palpates	1	
	Auscultates	1	
Assess the abdomen/pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assess the extremities	1 point for each extremity Includes inspection, palpation and assessment of motor sensory and circulatory function	4	
Assess the posterior	Assesses thorax	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately		1	
REASSESSMENT (verbalized)			
Verbalizes reassessment of the patient and interventions		1	
TOTAL:		42	

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- 111- Did not determine scene safety
- 112- Did not provide for spinal protection when indicated
- 113- Did not assess for and verbalize high concentration of oxygen, if indicated
- 114- Did not find, or manage, problems associated with airway, breathing, hemorrhage or shock
- 115- Did other assessment before assessing the airway, breathing and circulation
- 116- Did not verbalize appropriate intervention or verbalized inappropriate/unsafe treatment
- 117- Did not verbalize transporting patient within 10-minute time limit, if EMT candidate
- 118- Did not obtain 33 or more points

OP OF

OEMS Examiner
Review

Initials: _____

Bubble T or 2 on
Scanform if Failed

RANDOM SKILLS

**INSTRUCTIONS TO THE CANDIDATE
RANDOM BASIC SKILLS**

Greet the candidate when they enter the room.

Hi. My name is _____ and I will be your evaluator for the Random Basic Skills Station.

What Level will you be testing?

Direct the candidate to the table with the appropriate cards arranged as required.

Please choose a card to determine which skill you will need to perform.

The candidate should select and point to one card. The Evaluator will turn selected card over to display skill chosen.

You have chosen the _____ skill.

Please follow me to the skill station

Or

Please wait here while we set up the skill station.

AIRWAY

INSTRUCTIONS TO THE PRACTICAL SKILLS EVALUATOR AIRWAY, OXYGEN & VENTILATION SKILLS

This station is designed to test the candidate's ability to properly suction a patient's airway, measure and insert a nasopharyngeal airway, an oropharyngeal airway, and properly ventilate a patient using a BVM.

The equipment needed at this station includes various sizes of oropharyngeal and nasopharyngeal airways and a suction device (electric or battery operated device) and a hard-tip suction catheter with a thumb-port. Additionally, this station requires an airway mannequin that can accept the insertion of an oropharyngeal and nasopharyngeal airway and allow demonstration of proper ventilation using a complete BVM (oxygen tubing, reservoir, mask etc.). The patient may be an intubation head; however, it should be life size and have anatomically correct airway structures.

To determine proper suctioning technique, the candidate will insert the hard-tip catheter into the oral cavity without suction. The candidate will apply suction by occluding the thumb-port on the hard-tip catheter. If the candidate does not properly occlude the thumb-port, the evaluator must advise, "You do not see any return of secretions." The candidate must take corrective action, and if the problem is not identified, then the appropriate critical criteria must be checked. The candidate will suction for no more than 15 seconds at a time.

To determine proper nasopharyngeal placement, the candidate will select the proper length by measuring from the tip of the nose to the bottom of the earlobe. The candidate will lubricate the airway and insert it posteriorly. The bevel should be toward the base of the nose or toward the septum.

The technique for opening a patient's mouth and inserting an oropharyngeal airway varies from textbook to textbook. Since concern for spinal immobilization is not required at this station, the ultimate criteria for appropriately opening the patient's mouth and inserting the oropharyngeal airway should be that the tongue is not displaced posteriorly. The candidate will measure from the corner of the patient's lips to the bottom of the earlobe or angle of jaw, open the patient's mouth and insert the airway.

To evaluate the candidate's proper use of the BVM, the candidate will select correct mask size, place it on the patient and obtain a proper seal. The candidate will ventilate at rate consistent with the current AHA guidelines for adult ventilation on room air. The candidate will then connect the BVM to the oxygen regulator and set the flow-rate to 15 lpm or greater. The evaluator will indicate the arrival of a second EMT. The candidate will reopen the airway and create a proper mask-to-face seal. The candidate will instruct the assistant to ventilate at rate consistent with the current AHA guidelines for adult ventilation. If the candidate elects to ventilate initially with the BVM attached to oxygen, full credit must be awarded for those steps as long as the first ventilation is delivered within 30 seconds of being informed that the patient has become apneic. Please see the check sheet for the expected ventilatory rate.

In this station, the evaluator must correctly interact with the candidate at the appropriate time. Remember, you are not to indicate to the candidate if they have successfully completed one or all of the skills required in this station. When the candidate appears to have finished performing the skill, regardless of whether the skill was performed correctly, the evaluator must read the next required statement to allow the candidate to move forward. After you have observed the candidate ventilate the mannequin for 30 seconds, you should read the appropriate statement and direct the assistant to enter the station. When the second EMT enters, the candidate must instruct them to ventilate at the appropriate rate while the candidate maintains an effective mask seal.

NOTES SPECIFIC TO NEW VEMSES CHECK SHEET

1. Takes or verbalizes standard precautions (BSI) *if appropriate based on patient scenario*
 - a. ***Actual or verbalized standard precautions is required in this station and is a critical failure if not done by the candidate.***

REQUIRED EQUIPMENT

- 1 set of Oropharyngeal Airways of various sizes to include the appropriate sized for mannequin
- 1 set of Nasopharyngeal Airways of various sizes to include the appropriate sized for mannequin
- Water based lubricant for NP Airways
- 1 Tongue blade
- 1 Electric or battery operated suction device with tubing (does not need to operate)
- 1 Hard-tip suction catheter with a thumb port
- 1 Airway mannequin or life-size intubation head that allows insertion of OP and NP airways and proper ventilation with a BVM
- 1 Adult BVM with reservoir and O2 attachment tubing
- 1 O2 tank with regulator or OEMS approved alternative that will allow attachment of BVM tubing (prefer retired or empty tanks)
- 1 EMT Assistant

INSTRUCTIONS TO THE CANDIDATE AIRWAY, OXYGEN & VENTILATION SKILLS

Choose the AIRWAY, OXYGEN & VENTILATION SKILLS score sheet

May I see your Photo ID please?

Write the candidate's name legibly on the form along with yours.

This station is designed to test your ability to properly suction a patient's upper airway, measure, insert and remove a nasopharyngeal airway and then an oropharyngeal airway, and ventilate an apneic patient using a BVM. You may use any equipment supplied for this station. An EMT Assistant will enter at the appropriate time and will correctly follow your directions. You have ten (10) minutes to complete this station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*

“Please suction the patient’s airway.”



Airway, Oxygen & Ventilation Skills

Random Station #: _____

LEVEL TESTED: FR/EMR EMT-B/EMT EMT-Inst/EC

Scenario #: _____

Date: ___/___/___ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY

** If the candidate elects to ventilate initially with the BVM attached to oxygen, full credit must be awarded for those steps as long as the first ventilation is delivered within 30 seconds of being told to ventilate.

	Points Possible	Points Awarded
Note: The evaluator must advise the candidate, "Please suction the patient's airway."		
Takes or verbalizes standard precautions (BSI)	1	
Turns on/prepares suction device	1	
Assures presence of mechanical suction (may verbalize)	1	
Inserts the suction tip without occluding thumb-hole	1	
Applies suction to the oropharynx	1	
Note: The evaluator must advise the candidate, "Please insert a nasopharyngeal airway."		
Selects a nasopharyngeal airway	1	
Measures the nasopharyngeal airway	1	
Lubricates the nasopharyngeal airway	1	
Fully inserts the nasopharyngeal airway with the bevel facing towards the septum	1	
Note: The evaluator must advise the candidate, "Please remove the nasal airway and place an oral airway."		
Removes the nasopharyngeal airway	1	
Selects an oropharyngeal airway	1	
Measures the oropharyngeal airway	1	
Inserts oropharyngeal airway without displacing the tongue posteriorly	1	
Note: The evaluator must advise the candidate, "Please ventilate the patient with a bag-valve mask."		
Opens the airway using the head-tilt chin-lift	1	
Selects appropriate sized mask	1	
Creates a proper mask-to-face seal	1	
Ventilates patient at 10-12 times per minute and with adequate volume (The evaluator must witness for at least 30 seconds)	1	
Connects the BVM reservoir to oxygen regulator**	1	
Adjusts regulator liter flow to 15 liters/minute or greater**	1	
Note: The evaluator states, "An EMT assistant has arrived." The candidate must instruct the EMT assistant to ventilate the patient while the candidate controls the mask and airway.		
Candidate reopens the airway	1	
Candidate creates a proper mask-to-face seal	1	
Candidate instructs assistant to resume ventilation at 10-12 times per minute and adequate volume	1	
TOTAL:	22	

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- 121- Did not take or verbalize standard precautions (BSI)
- 122- Did not demonstrate an acceptable suction technique
- 123- Did not obtain a patent airway with the nasopharyngeal airway
- 124- Did not obtain a patent airway with the oropharyngeal airway
- 125- Inserted any adjunct in a manner dangerous to the patient
- 126- Did not initiate ventilations within 30 seconds of being instructed to do so
- 127- Interrupted ventilations for more than 30 seconds
- 128- Did not provide high concentration of oxygen
- 129- Did not provide, or direct assistant to provide, proper rate and adequate volume per breath
- 130- Did not receive at least 18 points

P F

OEMS Examiner Review

Initials: _____

Bubble M or 3 on Scanform if Failed

BLEEDING CONTROL / SHOCK MANAGEMENT

INSTRUCTIONS TO THE PRACTICAL SKILLS EVALUATOR BLEEDING CONTROL/SHOCK MANAGEMENT

This station is designed to test the candidate's ability to properly treat a wound with life threatening hemorrhage and subsequent shock. This station will require some dialogue between you and the candidate.

If the candidate chooses the Bleeding Control/Shock Management card, you should verbalize to the candidate where the wound is located (based upon the selection made by the Examiner at the test site.) The victim will present with an arterial bleed from a severe laceration of the extremity. You will prompt the actions of the candidate at predetermined intervals as indicated on the skill sheet. The candidate will be required to provide the appropriate intervention at each interval when the patient's condition changes. It is essential, due to the purpose of this station, that the patient's condition not deteriorate to a point where CPR would be initiated. This station is not designed to test CPR.

Once the bleeding is controlled, you will indicate to the candidate that, "The patient is now showing signs and symptoms indicative of shock."

This skill station requires the presence of a live patient.

NOTES SPECIFIC TO NEW VEMSES CHECK SHEET

1. Takes or verbalizes standard precautions (BSI) *if appropriate based on patient scenario*
 - a. **Actual or verbalized standard precautions is required in this station and is a critical failure if not done by the candidate.**

Due to the scenario format of this skill, you are required to supply information to the candidate at various times during the exam.

When the candidate initially applies direct pressure to the wound, you should inform the candidate that the wound continues to bleed.

If the candidate applies a pressure dressing and bandage, you should inform the candidate that the wound continues to bleed.

In accordance with recommendations by the American College of Surgeons, application of a tourniquet proximal to the injury is the reasonable next step if hemorrhage cannot be controlled with pressure.

If the candidate delays applying a tourniquet and applies additional dressings over the first, you should again inform him/her that the wound continues to bleed.

If the candidate attempts to elevate the extremity or apply pressure to the related arterial pressure point, you should inform the candidate that the wound continues to bleed.

There is no published evidence that supports controlling arterial hemorrhage from an extremity with elevation or pressure to an arterial pressure point.

If the candidate delays application of the tourniquet, you should check the related "Critical Criteria" statement and document his/her delay in treating the hemorrhage in a timely manner as required on the skill evaluation form.

After the candidate properly applies an arterial tourniquet, you should inform him/her that the bleeding is controlled.

REQUIRED EQUIPMENT

- 1 Tourniquet (Commercial/improvised or simulation)
- 6 4x4 dressings
- 6 4" rolls of kling
- 2 rolls of 1" or wider tape
- 1 O2 tank with regulator or OEMS approved alternative that will allow attachment of BVM tubing (prefer retired or empty tanks)
- 1 Adult NRB with tubing
- 1 Blanket
- 1 EMT Assistant
- 1 live non-moulaged patient

INSTRUCTIONS TO THE CANDIDATE BLEEDING CONTROL/SHOCK MANAGEMENT

Choose the BLEEDING CONTROL/SHOCK MANAGEMENT SKILL score sheet

May I see your Photo ID please?

Write the candidate's name legibly on the form along with yours.

Welcome to the Bleeding Control/Shock Management skill station. This station is designed to test your ability to control hemorrhage and hypoperfusion. This is a scenario based testing station. As you progress through the scenario, you will be given 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 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 equipment supplied for this station. You have ten (10) minutes to complete this skill station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*



Bleeding Control/Shock Management

LEVEL TESTED: FR/EMR EMT-B/EMT EMT-Inst/EC

Random Station #: _____
Scenario #: _____

Date: ___/___/___ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI)	1	
Applies direct pressure to wound with dressings	1	
Note: The evaluator must now inform the candidate, "The wound continues to bleed."		
Applies tourniquet	1	
Note: The evaluator must inform the candidate, "The bleeding is now controlled."		
Verbalizes dressing and bandaging the wound appropriately	1	
Note: The evaluator must inform the candidate, "The patient is now showing signs and symptoms indicative of shock."		
Properly positions the patient with body supine	1	
Applies high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation of the patient	1	
TOTAL:	8	

P F

OEMS Examiner
Review

Initials: _____

Bubble 4 AND Wound
Location on
Scanform if Failed

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- 131- Did not take or verbalize standard precautions (BSI)
- 132- Did not apply high concentration of oxygen.
- 134- Did not control hemorrhage.
- 135- Did not indicate a need for immediate transportation.
- 136- Did not receive 6 or more points.

Wound Location:

- 137- ARM 138- LEG

IMMOBILIZATION SKILLS – JOINT INJURY

INSTRUCTIONS TO THE PRACTICAL SKILLS EVALUATOR IMMOBILIZATION SKILLS – JOINT INJURY

This station is designed to test the candidate's ability to use various splints and splinting materials to properly immobilize a joint injury.

The candidate will be advised that a scene size-up and primary assessment have been completed and that during the assessment a joint injury is detected. The victim will present with **one** of the following: a shoulder, elbow, knee, ankle or wrist injury, the specific injury will be chosen by the CTS Examiner before the test. For the purpose of this station, the injury should be presented in a way that can be readily splinted.

The candidate will be required to treat only the specific joint injury. Primary assessment and reassessment of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to and after splinting.

This skill requires that an assistant EMT be present during testing. Candidates will be tested individually. All assisting EMT's will be told not to speak but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, points on the score sheet relating to that care will not be awarded. At no time will you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated victim.

REQUIRED EQUIPMENT

Assorted board splints including 2 short, medium, and long and/or Velcro splint pack
6 4" rolls of kling
2 rolls of 1" or wider tape
12 cravats
1 Pillow
1 EMT Assistant
1 live non-moulaged patient

INSTRUCTIONS TO THE CANDIDATE IMMOBILIZATION SKILLS - JOINT INJURY

Choose the IMMOBILIZATION SKILLS –JOINT INJURY score sheet

May I see your Photo ID please?

Write the candidate's name legibly on the form along with yours.

Welcome to the Immobilization Skills – Joint Injury station. This station is designed to test your ability to properly immobilize a non-complicated joint injury. You are required to treat only the specific, isolated injury to the joint. You will have an EMT assistant to help you in the application of the device by applying manual traction when you direct them to do so. The EMT assistant will perform correctly all instructions given by you, however, will not perform any procedure unless instructed to do so. The scene size-up and primary assessment have been completed and during the assessment, a _____ (shoulder, elbow, knee, ankle, and wrist) injury was detected. Reassessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment supplied for this station. You have (10) ten minutes to complete this skill station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*



Immobilization Skills – Joint Injury

Random Station #: _____

Scenario #: _____

LEVEL TESTED: FR/EMR EMT-B/EMT EMT-Inst/EC

Date: ___/___/___ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY		Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>		1	
Directs EMT Assistant to apply manual stabilization of the injury		1	
Assess motor, sensory and circulatory function in the injured extremity		1	
Note: The evaluator acknowledges, "The motor, sensory and circulatory function are present and normal."			
Selects proper splinting material		1	
Immobilizes the site of the injury		1	
Immobilizes the bone above the injured joint		1	
Immobilizes the bone below the injured joint		1	
Reassess motor, sensory and circulatory function in the injured extremity		1	
Note: The evaluator acknowledges, "The motor, sensory and circulatory function are present and normal."			
TOTAL:		8	

P F

OEMS Examiner Review

Initials: _____

Bubble 5 AND Wound Location on Scanform if Failed

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- 141- Did not support the joint so that it did not bear distal weight
- 142- Did not immobilize the bone above and below the injured joint
- 143- Did not assess/reassess motor, sensory and circulatory function in the injured extremity before and after splinting
- 144- Did not obtain 6 or more points

Injury Site:

- 145- Shoulder
- 146- Elbow
- 147- Wrist
- 148- Knee
- 149- Ankle

**IMMOBILIZATION
SKILLS –
LONG BONE**

INSTRUCTIONS TO THE PRACTICAL SKILLS EVALUATOR IMMOBILIZATION SKILLS – LONG BONE

This station is designed to test the candidate's ability to use various splints and splinting materials to properly immobilize long bone injury.

The candidate is tested on his/her ability to properly immobilize a swollen, deformed extremity using a rigid splint. The candidate will be advised that a scene size-up and primary assessment have been completed on the victim and that during the assessment a deformity of a long bone was detected. The victim will present with a non-angulated, closed, long bone injury of the upper or lower extremity - specifically an injury of the radius, ulna, humerus, tibia, fibula or clavicle.

The candidate will then be required to treat the specific, isolated extremity injury. Primary assessment and reassessment of the patient's airway, breathing and central circulation are not required at this testing station. The candidate will be required to assess motor, sensory and circulatory function in the injured extremity prior to and after splinting.

When splinting the upper extremity, the candidate is required to immobilize the hand in the position of function. A position that is to be avoided is the hand secured with the palm flattened and the fingers extended. A sling and swathe is required to secure entire injured extremity.

When splinting the lower extremity, the candidate is required to immobilize the foot in a neutral position. The use of long boards and cravats or a Velcro splint is required to secure entire injured extremity.

This skill requires that an assistant EMT be present during testing. Candidates will be tested individually. All assisting EMT's will be told not to speak but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, points on the score sheet relating to that care will not be awarded. At no time will you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated victim.

REQUIRED EQUIPMENT

Assorted board splints including 2 short, medium, and long and/or Velcro splint pack
6 4" rolls of kling
2 rolls of 1" or wider Tape
12 cravats
1 EMT Assistant
1 live non-moulaged patient

INSTRUCTIONS TO THE CANDIDATE IMMOBILIZATION SKILLS - LONG BONE

Choose the IMMOBILIZATION SKILLS – LONG BONE score sheet

May I see your Photo ID please?

Write the candidate's name legibly on the form along with yours.

Welcome to the Immobilization Skills – Long Bone station. This station is designed to test your ability to properly immobilize a closed, mid-shaft, non-angulated long bone injury. You will have an EMT assistant to help you in the application of the device by applying manual traction when you direct them to do so. The EMT assistant will perform correctly all instructions given by you; however, they will not perform any procedure unless instructed to do so. You are required to treat only the specific, isolated injury to the extremity. The scene size-up and primary assessment have been completed and during the assessment, a closed, non-angulated injury of the _____ (radius, ulna, humerus, tibia, fibula, and clavicle) was detected. Reassessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment supplied for this station. You have (10) ten minutes to complete this skill station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*



Immobilization Skills – Long Bone Injury

LEVEL TESTED: FR/EMR EMT-B/EMT EMT-Inst/EC

Date: ___/___/___ Test Site Location: _____

Random Station #: _____
Scenario #: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY		
	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>	1	
Directs EMT Assistant to apply manual stabilization of the injury	1	
Assess motor, sensory and circulatory function in the injured extremity	1	
Note: The evaluator acknowledges, "The motor, sensory and circulatory function are present and normal."		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassess motor, sensory and circulatory function in the injured extremity	1	
Note: The evaluator acknowledges, "The motor, sensory and circulatory function are present and normal."		
TOTAL:	10	

OP OF

OEMS Examiner
Review

Initials: _____

Bubble 6 AND Wound
Location on
Scanform if Failed

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- 151- Grossly moves the injured extremity
- 152- Did not immobilize the joint above and below the injury site
- 153- Did not assess/reassess motor, sensory and circulatory function in the injured extremity before and after splinting
- 154- Did not obtain 8 or more points

Injury Site:

- 155- Clavicle
- 156- Humerus
- 157- Radius/Ulna
- 158- Tibia/Fibula

**IMMOBILIZATION
SKILLS - TRACTION
SPLINTING**

IMMOBILIZATION SKILLS - TRACTION SPLINT

The candidate is tested on his/her ability to properly immobilize a mid-shaft femur injury using a traction splint. The candidate will be advised that the assessment has been completed and a mid-shaft femur injury was detected. The victim will present with a closed, non-angulated, mid-shaft femur injury. The victim will be supine with both legs fully extended. The femur deformity is an isolated, closed injury with no complicating factors that would concern or distract the candidate.

The candidate is required to treat only the specific, isolated femur injury. Continued assessments of the patient's airway breathing and central circulation are not required at this testing station. The candidate will be required to check motor, sensory and circulatory function in the injured extremity prior to and after completing the splinting process.

A bipolar traction splint (Hare type), is utilized for this testing station. Please be sure the candidate is familiar with the traction splint, otherwise, a brief overview of the device will be given.

An issue encountered in using traction splints is when to apply manual traction. When using a traction splint, elevation of the injured leg is required, therefore manual in-line traction must be applied prior to elevating the leg for splint application. While using the traction splint, stabilize the injury site while the leg is on the ground, apply the ankle hitch and then apply manual traction before elevating the leg to apply the splint. An alternate method is to apply manual traction immediately upon detection of a mid-shaft femur injury before application of the ankle hitch. These variations in applying manual traction while using a traction splint are equally acceptable and points should be awarded accordingly.

This skill requires that an assistant EMT be present during testing. Candidates will be tested individually. All assisting EMT's will be told not to speak but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, points on the score sheet relating to that care will not be awarded. At no time will you allow the candidate or assisting EMT to perform a procedure that would actually injure the simulated victim.

REQUIRED EQUIPMENT

- 1 Hare-type traction splint
- 12 cravats
- 1 EMT Assistant
- 1 live non-moulaged patient

INSTRUCTIONS TO THE CANDIDATE IMMOBILIZATION SKILLS - TRACTION SPLINTING

Choose the IMMOBILIZATION SKILLS –TRACTION SPLINTING score sheet

May I see your Photo ID please?

Write the candidate's name legibly on the form along with yours.

Welcome to the Immobilization Skills – Traction Splinting station. This station is designed to test your ability to properly immobilize a closed, non-displaced, mid-shaft femur injury with a traction splint. You will have an EMT assistant to help you in the application of the device by applying manual traction when you direct them to do so. The EMT assistant will perform correctly all instructions given by you; however, they will not perform any procedure unless instructed to do so. You are required to treat only the specific, isolated injury to the femur. All assessments have been accomplished on the victim and a mid-shaft femur deformity was detected. Continued assessments of the patient's airway, breathing, and central circulation are not necessary. You may use any equipment supplied for this station. You have (10) ten minutes to complete this skill station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*



Immobilization Skills – Traction Splint

LEVEL TESTED: EMT-B/EMT EMT-Inst/EC

Random Station #: <hr/>
Scenario #: <hr/>

Date: ___/___/___ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____
 Evaluator's Name: _____ Start Time: _____
 Total Time: _____

USE FOR VEMSES CANDIDATES ONLY	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>	1	
Candidate takes manual stabilization of the injured leg	1	
Directs assessment of motor, sensory and circulatory function of the injured extremity	1	
Note: The evaluator acknowledges "motor, sensory and circulatory function are present and normal"		
Directs application of the ankle hitch	1	
Directs the application of manual traction	1	
Candidate prepares/adjusts splint to proper length using uninjured leg	1	
Candidate positions the splint next to the injured leg	1	
Candidate applies splint and ischial strap	1	
Candidate applies mechanical traction	1	
Candidate secures the leg to the splint	1	
Candidate re-evaluates that ischial strap and ankle hitch are secure	1	
Candidate reassesses motor, sensory and circulatory function in the injured extremity	1	
Note: The evaluator acknowledges "motor, sensory and circulatory function are present and normal"		
Note: The evaluator must ask the candidate how he/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	
TOTAL:	14	

Critical Criteria: (You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)

- 161- Directs or causes a loss of traction at any point after it was applied
- 162- Did not assess motor, sensory and circulatory function in the injured extremity prior to and after splinting
- 163- The foot was excessively rotated or extended after splint was applied
- 164- Did not secure the ischial strap before applying mechanical traction
- 165- Final immobilization failed to support the femur or prevent rotation of the injured leg
- 166- Did not obtain 11 or more points



OEMS Examiner Review

Initials: _____

Bubble 7 on Scanform if Failed

**SPINAL
IMMOBILIZATION
SEATED PATIENT
(K.E.D.)**

INSTRUCTIONS TO THE PRACTICAL SKILLS EVALUATOR SPINAL IMMOBILIZATION – SEATED PATIENT (K.E.D.)

This station is designed to test the candidate's ability to provide spinal immobilization on a patient using a short spine immobilization (i.e. K.E.D.-type) device. The candidate will be advised that the scene size-up, and assessments have been completed and no condition requiring further resuscitation or urgent transportation are present. The patient will present seated in an armless chair, sitting upright with his/her back loosely touching the back of the chair. The patient will not present slumped forward as if he/she were slumped over the steering wheel. The position of the patient should be identical for all candidates.

The candidate will be required to treat the specific, isolated, problem of an unstable spine. Continued assessment of the patient's airway, breathing and central circulation are not required in this testing station. The candidate will be required to immediately take c-spine control and demonstrate proper in-line stabilization. The candidate must then turn c-spine control over to their EMT assistant. The candidate will be required to apply a properly sized c-collar. The candidate will be required to check motor, sensory and circulatory function in each extremity prior to and after immobilization. Once the candidate has immobilized the seated victim to the half spine device, ask the candidate to explain all key steps he/she would complete while moving the patient to the long backboard. If the candidate does not check, motor, sensory or circulatory function in all extremities after verbalizing that the patient is moved to a long backboard, zero points should be awarded.

While the specific order of placing and securing straps and buckles is not critical, it is imperative that the patient's head is secured to the short spine immobilization device only after the device has been secured to the torso and legs. This sequential order most defensibly minimizes potential cervical spine compromise and is the most widely accepted and defended order of application to date. Placement of an appropriately sized cervical collar is also required with the short spine immobilization device.

An EMT assistant will be present in the station to assist the candidate by applying manual in-line stabilization of the head and cervical spine only upon the candidate's command. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for directing the actions of the EMT assistant. When directed, the EMT assistant must maintain manual in-line immobilization as a trained EMT would in the field. No unnecessary movement of the head or other "tricks" should be tolerated and are not meant to be a part of this examination station. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example; if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual neutral in-line immobilization. You must check the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately inform the candidate that this action will not affect his/her evaluation. At no time should you allow the candidate or assistant EMT to perform a procedure that would actually injure the patient.

This skill station requires the presence of a patient. The patient will be briefed on his/her role in this station and act as a calm patient would if this were a real situation. You may use comments from the patient about spinal movement and overall care to assist you with the evaluation process after the candidate completes his/her performance and exits the testing station.

REQUIRED EQUIPMENT

- 1 K.E.D
- 12 cravats
- 1 set of c-collars to include 1 (ea) pediatric, regular, tall and no-neck
- 1 EMT Assistant
- 1 live non-moulaged patient

INSTRUCTIONS TO THE CANDIDATE SPINAL IMMOBILIZATION SKILLS – SEATED PATIENT

Choose the SPINAL IMMOBILIZATION SKILLS –SEATED PATIENT score sheet

May I see your Photo ID please?

Write the candidate's name legibly on the form along with yours.

Welcome to the Spinal Immobilization Skills – Seated Patient station. This station is designed to test your ability to provide spinal immobilization on a patient using a short spine immobilization device. For the purpose of this station, the patient's vital signs remain stable. You are required to treat the specific, isolated problem of an unstable spine using a half-spine immobilization device. You will be required to immediately take c-spine control and demonstrate proper in-line stabilization. You must then turn c-spine control over to your EMT assistant. You are responsible for the direction and subsequent actions of the EMT assistant. The EMT assistant will perform correctly all instructions given by you, however, will not perform any procedure unless instructed to do so. Transferring and immobilizing the patient to the long backboard will be accomplished verbally. You have (10) ten minutes to complete this skill station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*



Spinal Immobilization – Seated Patient

LEVEL TESTED: EMT-B/EMT EMT-Inst/EC

Random Station #:
Scenario #:

Date: ___/___/___ Test Site Location: _____

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY		Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>	1		
Candidate places/maintains head in the neutral in-line position	1		
Turns c-spine over and directs assistant to maintain manual immobilization of the head	1		
Assesses motor, sensory, and circulatory function in each extremity	1		
Applies appropriately sized cervical collar	1		
Positions the immobilization device behind the patient	1		
Secures the device to the patient's torso and legs	1		
Evaluates torso fixation and adjusts as necessary	1		
Evaluates and pads behind the patient's head as necessary	1		
Secures the patient's head to the device	1		
Reassesses motor, sensory and circulatory function in each extremity	1		
Verbalizes moving and immobilizing the patient to a long board and reassessment of motor, sensory, and circulatory function in each extremity	1		
TOTAL:	12		

OP OF

Critical Criteria: *(You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)*

- 171- Did not immediately take manual immobilization of the head
- 172- Released, or ordered release of, manual immobilization before head was secured to the device
- 173- Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- 174- Patient manipulated, or moved excessively, causing potential spinal compromise
- 175- Device moved excessively up, down, left or right on the patient's torso after securing.
- 176- Torso fixation inhibits chest rise resulting in respiratory compromise
- 177- Upon completion of immobilization, head is not in neutral position or head immobilization allows for excessive movement
- 178- Did not assess and reassess motor, sensory, and circulatory function in each extremity.
- 179- Immobilized head to the device before securing the torso
- 180- Did not receive 10 or more points

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**SPINAL
IMMOBILIZATION
SUPINE PATIENT
(BACKBOARDING)**

INSTRUCTIONS TO THE PRACTICAL SKILLS EVALUATOR SPINAL IMMOBILIZATION – SUPINE PATIENT (Backboarding)

This station is designed to test the candidate's ability to provide spinal immobilization on a patient using a long spine immobilization device. The candidate is tested on his/her ability to immediately protect and immobilize the patient's spine by using a rigid long spinal immobilization device. The candidate will be informed that a scene size-up, and assessment have been completed and no condition requiring further resuscitation exists. The patient will present lying on his/her back, arms straight down at his/her side, with feet together. Candidates will not have to be concerned with distracters such as limb realignment, prone position, or other positions not covered in the majority of EMT basic curricula. The position of the patient will be identical for all candidates.

The candidate will be required to treat the specific, isolated problem of an unstable spine. Assessment of airway, breathing, and circulation are not required at this testing station. The candidate will be required to immediately take c-spine control and demonstrate proper in-line stabilization. The candidate must then turn c-spine control over to their EMT assistant. The candidate will be required to check motor, sensory and circulatory function in each extremity at the prior to and following immobilization. If the candidate fails to check motor, sensory and circulatory function, a zero should be placed in the points awarded column for those items. The candidate will be required to correctly size and apply an appropriate c-collar.

The candidate must, with the help of an EMT assistant and the evaluator, move the patient from the ground onto a long spinal immobilization device. There are various acceptable ways to move a patient from the ground onto a long spinal immobilization device, (i.e. log roll, straddle slide, direct patient lift). You should not advocate one method over any others. All methods should be considered acceptable as long as spinal integrity is not compromised. Regardless of the method used, the EMT assistant should control the head and cervical spine while the candidate and evaluator move the patient when directed by the candidate.

Immobilization of the lower spine/pelvis in line with the torso is required. Lateral movement of the legs will cause angulation of the lower spine and must be avoided. Additionally, tilting the backboard when the pelvis and upper legs are not secured will ultimately cause movement of the legs and angulation of the spine. The patient will be secured to the backboard with appropriate straps. At no time will the head be secured to the backboard prior to securing the torso and legs. The head must be secured to the board prior to directing release of manual stabilization.

An EMT assistant will be present in the station to assist the candidate by applying manual in-line stabilization of the head and cervical spine only upon the candidate's command. The assistant must be briefed to follow only the commands of the candidate since the candidate is responsible for directing the actions of the EMT assistant. When directed, the EMT assistant must maintain manual in-line immobilization as a trained EMT would in the field. No unnecessary movement of the head or other "tricks" should be tolerated and are not meant to be a part of this examination station. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example, if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual neutral in-line immobilization. You must check the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately, inform the candidate that this action will not affect his/her evaluation. At no time will you allow the candidate or assistant EMT to perform a procedure that would actually injure the simulated patient.

This skill station requires the presence of a patient. The patient should be briefed on his/her role in this station and act as a calm patient would if this were a real situation. You may use comments from the patient about spinal movement and overall care to assist you with the evaluation process after the candidate completes their performance and exits the testing station.

REQUIRED EQUIPMENT

- 1 Long spine board that will accommodate the straps used
- 1 Spider Strap and/or set of Speed Clips
- 1 set of c-collars to include 1 (ea) pediatric, regular, tall and no-neck
- 1 C.I.D or Velcro Headblocks and base or disposable head immobilizer
- 2 rolls of 1" or greater Tape
- 12 cravats
- 1 EMT Assistant
- 1 live non-moulaged patient

INSTRUCTIONS TO THE CANDIDATE SPINAL IMMOBILIZATION – SUPINE PATIENT

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 EMT' assistant. For the purpose of this testing station, the patient's vital signs remain stable. You are required to treat the specific problem of an unstable spine using a long spine immobilization device. You must immediately take c-spine control and demonstrate proper in-line stabilization. You will then turn c-spine control over to your EMT assistant. When moving the patient to the device, you should use the help of the assistant EMT and the evaluator. The assistant EMT will control the head and cervical spine of the patient while you and the evaluator move the patient to the immobilization device. You are responsible for the direction and subsequent action of the EMT assistant. The EMT assistant will perform correctly all instructions given by you; however, they will not perform any procedure unless instructed to do so. You may use any equipment supplied for this station. You have ten (10) minutes to complete this skill station.

Please take a moment to look over the equipment.

Allow the candidate to review the equipment.

Do you have any questions regarding the equipment supplied?

Answer any questions they may have.

Do you have any other questions?

You may begin. *Start 10-minute timer.*



Spinal Immobilization – Supine Patient

LEVEL TESTED: EMT-B/EMT EMT-Inst/EC

Date: ___/___/___ Test Site Location: _____

Random Station #:
Scenario #:

Candidate's Name: _____ #: _____ End Time: _____

Evaluator's Name: _____ Start Time: _____

Total Time: _____

USE FOR VEMSES CANDIDATES ONLY	Points Possible	Points Awarded
Takes or verbalizes standard precautions (BSI) <i>if appropriate based on patient scenario</i>	1	
Candidate places/maintains head in the neutral in-line position	1	
Turns over c-spine and directs assistant to maintain manual stabilization of the head	1	
Assesses motor, sensory, and circulatory function in each extremity	1	
Applies an appropriately sized cervical collar	1	
Directs movement of the patient onto the board without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the board, as necessary	1	
Immobilizes the patient's torso to the long board	1	
Secures the patient's legs to the board	1	
Evaluates and pads behind the patient's head, as necessary	1	
Immobilizes the patient's head to the board	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
TOTAL:	12	

OP OF

Critical Criteria: *(You must thoroughly explain your reason for checking any critical criteria on the back of this sheet)*

- 181- Did not immediately take manual immobilization of the head
- 182- Released, or ordered release of, manual immobilization before head secured to backboard
- 183- Patient manipulated, or moved excessively, causing potential spinal compromise
- 184- Patient moves excessively up, down, left or right on the board after immobilization
- 185- Head immobilization allows for excessive movement
- 186- Upon completion of immobilization, head is not in neutral position
- 187- Did not assess motor, sensory, and circulatory function in each extremity before and after immobilization to the board
- 188- Immobilized head to the board before securing the torso and legs
- 189- Did not receive 10 or more points

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