



Enhanced Testing Manual

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1 Patient Assessment - Trauma

This is the Patient Assessment – Trauma essay for use by skill examiner’s at today’s examination. Before you read the specific essay for the skill you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate’s performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the “Instructions to the Practical Skills Candidate” exactly as printed in the material provided by the State. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the State Representative

This skill is designed to evaluate the candidate’s ability to integrate patient assessment and management skills on a moulaged patient with multiple systems trauma. Since this is a scenario-based skill, it will require dialogue between the Skill Examiner and the candidate. The candidate will be required to physically perform all assessment steps listed on the evaluation instrument. However, all interventions should be verbalized instead of physically performed.

As you welcome a candidate into the room and read the “Instructions to the Practical Skills Candidate” and scenario information, be sure to do this in such a manner which does not permit

the candidate to view the Simulated Patient. Other candidates waiting to test the skill must not be able to overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information is read, the time limit would start when the candidate turns around and begins to approach the Simulated Patient.

Today you could be evaluating candidates who were trained over several different curricula and have different scopes of practice. You should determine the level at which each candidate is testing before beginning his/her actual evaluation so that you do not mistakenly hold a candidate responsible for a level of care which he/she may not have been trained. The instructions you read to the candidate will assist you in determining his/her level of training.

Candidates are required to perform a scene size-up just as he/she would in a field setting. When asked about the safety of the scene, you must indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step, "Determines the scene/situation is safe" and the related "Critical Criteria" statement must be checked and documented as required. Because of the limitations of moulage, you must establish a dialogue with the candidate throughout this skill. If a candidate quickly inspects, assesses or touches the Simulated Patient in a manner in which you are uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain his/her actions. For example, if the candidate stares at the Simulated Patient's face, you must ask what he/she is checking to precisely determine if he/she was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically moulaged but would be immediately evident in a real patient (sucking chest wound, paradoxical chest movement, etc.) must be supplied by the Skill Examiner as soon as the candidate exposes or examines that area of the Simulated Patient. Your responses must not be leading but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, upon exposure of a sucking chest wound, your response should immediately be, "You see frothy blood bubbling from that wound and you hear noises coming from the wound site." You have provided an accurate and immediate description of the exposed wound by supplying the visual and auditory information normally present with this type of injury. An unacceptable response would be merely stating, "The injury you just exposed is a sucking chest wound."

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the Simulated Patient's condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure or breath sounds, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The vital signs listed with the scenario have been provided as a sample of acceptable changes in the

Simulated Patient's vital signs based upon the candidate's treatment. They are not comprehensive and we depend upon your expertise in presenting vital information that would reflect an appropriate response, either positive or negative, to the treatment(s) provided. The step "Obtains, or directs assistant to obtain, baseline vital signs" has been placed in the "Focused History and Physical Examination/Rapid Trauma Assessment" section of the skill sheet. This should not be construed as the only place that vital signs may be assessed. It is merely the earliest point in the out-of-hospital assessment where vital, signs may be accomplished. It is acceptable for the candidate to call for immediate evacuation of the Simulated Patient based upon the absence of distal pulses without obtaining an accurate BP. measurement by sphygmomanometer. If this occurs, please direct the candidate to complete his/her assessment and treatment enroute. All vital signs should be periodically reassessed and an accurate BP could be obtained by sphygmomanometer during transport of the Simulated Patient.

You should continue providing a clinical presentation of shock (hypotension, tachycardia, delayed capillary refill, etc.) until the candidate initiates appropriate shock management. It is essential that you do not present a "physiological miracle" by improving the Simulated Patient too much at too early a step. If on the other hand no treatments or inappropriate treatments are rendered, you should supply clinical information representing a deteriorating patient. However, do not deteriorate the Simulated Patient to the point where the candidate elects to initiate CPR.

Currently, there are many appropriate and acceptable out-of-hospital treatment protocols for hypovolemic shock. There is still debate about fluid resuscitation and the use of the pneumatic anti-shock garment (PASG). In general, the PASG should be applied and inflated to stabilize the pelvis. Fluid resuscitation should not delay transport of the patient to the nearest appropriate facility. Generally, out-of-hospital treatment for hypovolemia is initiated with one (1) large-bore IV and a fluid bolus of 10-20 mL/kg of isotonic crystalloid solution. The patient's vital signs should be rechecked every five (5) minutes and additional boluses of fluid might be administered based upon the patient's response. Aggressive out-of-hospital resuscitation of patients with intrathoracic pathologies may be detrimental. You must be mindful of these variations when awarding the point for "Initiates shock management" and reviewing the critical statement, "Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)."

Because all treatments are voiced, a candidate may forget what he/she has already done to the Simulated Patient. This may result in the candidate attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a candidate may attempt to assess the posterior thorax of the Simulated Patient after the Simulated Patient was log rolled and secured to a long backboard. Your appropriate response in this instance would be, "You have secured the Simulated Patient to the long backboard. How would you assess the posterior thorax?" This also points out the need for you to ensure the Simulated Patient is

actually rolling or moving as the candidate conducts his/her assessment just like a real patient would be moved during an actual assessment.

The evaluation form should be reviewed prior to testing any candidate. You should direct any specific questions to the State Representative for clarification prior to beginning any evaluation. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes four distinct categories of assessment, namely the “Scene Size-Up,” “Initial Assessment/Resuscitation,” “Focused History and Physical Examination/Rapid Trauma Assessment,” and “Detailed Physical Examination.” However, as you will recall, the goal of appropriate out-of-hospital trauma care is the rapid and sequential assessment, evaluation, and treatment of life-threatening conditions to the airway, breathing, and circulation (ABCs) of the patient with rapid transport to proper definitive care. For this reason, perhaps the most appropriate assessment occurs when the candidate integrates portions of the “Detailed Physical Examination” when appropriate within the sequence of the “Initial Assessment/Resuscitation.” For example, it is acceptable for the candidate who, after appropriately opening and evaluating the Simulated Patient’s airway, assesses breathing by exposing, palpating, and auscultating the chest and quickly checks for tracheal deviation. With this in mind, you can see how it is acceptable to integrate assessment of the neck, chest, abdomen/pelvis, lower extremities, and posterior thorax/lumbar area into the “Initial Assessment/Resuscitation” portion as outlined on the evaluation form. This integration should not occur in a haphazard manner but must fall in the appropriate sequence and category of airway, breathing, or circulatory assessment of the “Initial Assessment.” However, if the mechanism of injury suggests potential spinal compromise, cervical spine precautions may not be disregarded at any point. If this action occurs, deduct the point for the step, “Considers stabilization of spine,” mark the appropriate statement under “Critical Criteria” and document your rationale as required.

We strongly recommend that you concisely document the entire performance on the backside of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate’s assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions should arise later.

Immediately upon determining the severity of the Simulated Patient’s injuries, the candidate should call for immediate packaging and transport of the Simulated Patient. Transport to the nearest appropriate facility should not be delayed for establishment of peripheral IVs or detailed physical examination if prolonged extrication is not a consideration. You must inform the candidate to continue his/her assessment and treatment while transporting the Simulated Patient. Be sure to remind the candidate that both “partners” are available during transport. You must stop the candidate promptly when the ten (10) minute time limit has elapsed. Some

candidates may finish early and have been instructed to inform you when he/she completes the skill. If the candidate has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under “Critical Criteria” on the evaluation form and document this omission.

You should review the scenario and instructions with your Simulated Patient to assist in his/her role as a programmed patient. **Manikins may not be substituted for live Simulated Patients in this skill. You and the Simulated Patient are not permitted to alter any patient information provided in the scenario other than age and gender to coincide with today’s Simulated Patient.** Be sure to program your Simulated Patient to respond as a real patient would given all injuries listed in the scenario. Also make sure the Simulated Patient logrolls, moves, or responds appropriately given the scenario just as a real patient would. All Simulated Patients must be adults or adolescents who are greater than sixteen (16) years of age. All Simulated Patients must also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. All Simulated Patients must wear shorts or a swimsuit, as he/she will be exposed down to the shorts or swimsuit. Outer garments must be provided which the candidate should remove to expose the Simulated Patient. If prepared garments are not available, you must pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated Patient. Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, artificial blood should be soaked into the garments worn over any soft tissue injury that would normally bleed in the field. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the candidates. Please be conscientious of your Simulated Patient’s fatigue throughout the examination. Give him/her appropriate breaks and be certain to wrap a blanket around your Simulated Patient to cover any moulaged injuries before dismissing him/her for a break. Also keep in mind that your Simulated Patient may become uncomfortably cold during the examination from laying on the floor and being disrobed throughout the day. A blanket is required equipment in this skill to help keep your Simulated Patient warm throughout the examination.

Information for the Simulated Patient

Thank you for serving as the Simulated Patient at today’s examination. Please be consistent in presenting this scenario to every candidate who tests in your room today. It is important to respond as a real patient of a similar multiple trauma situation would. The Skill Examiner will help you understand your appropriate responses for today’s scenario. For example, the level of respiratory distress that you must act out and the degree of pain that you exhibit as the candidate palpates those areas must be consistent throughout the examination. As each candidate progresses through the skill, please be aware of any time that he/she touches you in

such a way that would cause a painful response in the real patient. If the scenario indicates you are to respond to deep, painful stimuli and the candidate only lightly touches the area, do not respond. Do not give the candidate any clues while you are acting as a Simulated Patient. It is inappropriate to moan that your wrist hurts after you become aware that the candidate has missed that injury. Be sure to move with the candidate as he/she moves you to assess various areas of your body. For example, after the candidate calls for you to be log rolled, please log roll towards the candidate unless he/she orders you to be moved in a different direction. Please remember what areas have been assessed and treated because you and the Skill Examiner may need to discuss the candidate's performance after he/she leaves the room.

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your moulaged injuries. A blanket will be provided for you to keep warm throughout the examination. We suggest you wrap the blanket around you to conserve body heat while the Skill Examiner completing the evaluation form.

Equipment List

Do not open this skill for testing until the State Representative has provided you with a trauma scenario. You must also have a live Simulated Patient who is an adult or adolescent greater than sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. The following equipment must also be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)

Practical Skill Sheet

Please see Appendix A for the Patient Assessment – Trauma practical skill sheet and candidate instructions.

2 Patient Assessment - Medical

This is the Patient Assessment – Trauma essay for use by skill examiner’s at today’s examination. Before you read the specific essay for the skill you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate’s performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the “Instructions to the Practical Skills Candidate” exactly as printed in the material provided by the State. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate’s performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the State Representative

This skill is designed to evaluate the candidate’s ability to use appropriate interviewing techniques and assessment skills for a conscious patient whose chief complaint is of a medical nature. **Only EMT-Enhanced and EMT-Intermediate candidates are required to complete this skill.** Since this is a scenario-based skill using a live, programmed, Simulated Patient, it will require extensive dialogue between the candidate, the Simulated Patient, and the Skill Examiner if necessary. The Simulated Patient will answer the candidate’s questions based on the scenario being utilized today. The candidate will be required to physically perform all assessment steps listed on the evaluation instrument. However, all interventions should be verbalized instead of

physically performed. You must also establish a dialogue with the candidate throughout this skill. You may ask questions for clarification purposes and should also provide any information pertaining to sight, sound, touch, or smell that cannot be realistically moulaged but would be immediately evident in a real patient encounter of a similar nature. You must also ensure the accuracy of the information the Simulated Patient is providing and must immediately correct any erroneous information the Simulated Patient may accidentally provide.

This skill requires the presence of a live, programmed, Simulated Patient. The scenario the State Representative provided will contain enough information for the candidate to form a general impression of the Simulated Patient's condition. Additionally, the Simulated Patient must remain awake and able to communicate with the candidate throughout the scenario. Please moulage the Simulated Patient and thoroughly brief him/her over his/her roles for the examination. You must ensure the Simulated Patient reads the "Information for the

Simulated Patient" provided at the end of this essay. You should also role-play the scenario with him/her prior to evaluating the first candidate to ensure familiarization with today's scenario.

You and the Simulated Patient are not permitted to alter any patient information provided in the scenario other than age and gender to coincide with today's Simulated Patient. Provide any specific information the candidate asks for as listed in the scenario. If the candidate asks for information not listed in the scenario, you should provide an appropriate response based on your expertise and understanding of the patient's condition. Information pertaining to vital signs should not be provided until the candidate actually performs the steps necessary to obtain such information.

As you welcome a candidate into the room and read the "Instructions to the Practical Skills Candidate" and scenario information, be sure to do this in such a manner which does not permit the candidate to view the Simulated Patient. Other candidates waiting to test the skill must not be able to overhear any specific scenario information. It is easiest to have the candidate enter the room and turn his/her back to the Simulated Patient. A partition set-up just inside of the entrance to your room that screens the Simulated Patient from view also works well. After all instructions and scenario information is read, the time limit would start when the candidate turns around and begins to approach the Simulated Patient. The instructions are also written to help ensure that only **EMT-Enhanced and EMT-Intermediate** candidates will complete this skill.

Candidates are required to perform a scene size-up just as he/she would in a field setting. When asked about the safety of the scene, you must indicate the scene is safe to enter. If the candidate does not assess the safety of the scene before beginning patient assessment or care, no points should be awarded for the step, "Determines the scene/situation is safe" and the related "Critical Criteria" statement must be checked and documented as required.

Because of the limitations of moulage and the ability of the Simulated Patient, you must establish a dialogue with the candidate throughout this skill, if a candidate quickly inspects, assesses or touches the Simulated Patient in a manner in which you are uncertain of the areas

or functions being assessed, you must immediately ask the candidate to explain his/her actions. For example, if the candidate stares at the Simulated Patient's face, you must ask what he/she is checking to precisely determine if he/she was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or any condition that cannot be realistically moulaged but would be immediately evident in a real patient, must be supplied by the Skill Examiner, as soon as the candidate exposes or examines that area of the Simulated - Patient. Your responses must not be leading but should factually state what the candidate would normally see, hear, or feel on a similar patient in the out-of-hospital setting. For example, you should state, "You see pink, frothy sputum coming from the patient's mouth as he/she coughs." You have provided an accurate and immediate description of the condition by supplying a factual description of the visual information normally present with this type of condition that is difficult to moulage. An unacceptable response would be merely stating, "The patient is experiencing acute left ventricular failure."

Because of the dynamic nature of this scenario-based evaluation, you will need to supply logical vital signs and update the candidate on the Simulated Patient's condition in accordance with the treatments he/she has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure or breath sounds, should be supplied immediately after the candidate properly demonstrates how this information would normally be obtained in the field. The vital signs listed with the scenario have been provided as a guide for the Simulated Patient's initial vital signs. They are not comprehensive and we depend upon your expertise in presenting vital information that would reflect an appropriate patient response, either positive or negative, to the treatment(s) provided. You should continue providing a clinical presentation of a patient with a significant medical complaint as outlined in the scenario until the candidate initiates appropriate management. It is essential that you do not present a "physiological miracle" by improving the Simulated Patient too much at too early a step. If on the other hand no or inappropriate interventions are rendered, you should supply clinical information representing a patient who does not improve. However, do not deteriorate the Simulated Patient to the point where he/she can no longer communicate with the candidate.

For the purposes of this skill, the candidate must verbalize his/her "General Impression" of the patient after hearing the scenario and completing the Scene Size-Up phase. Two imaginary assistants are available only to provide treatments as ordered by the candidate. Because all treatments are voiced, a candidate may forget what he/she has already done to the Simulated Patient. This may result in the candidate attempting to do assessment/treatment steps on the Simulated Patient that are physically impossible. For example, a candidate may attempt to auscultate the posterior thorax of a Simulated Patient who was found supine in bed. Your appropriate response in this instance would be, "Please auscultate this Simulated Patient's chest as you would a real patient in the out-of-hospital setting." This also points out the need for you to ensure the Simulated Patient is actually presenting and moving upon the candidate's directions just like a real patient would during an actual call.

The evaluation form should be reviewed prior to evaluating any candidate. You should direct any specific questions to the State Representative for clarification prior to opening your skill. As you look at the evaluation form, its format implies a linear, top-to-bottom progression in which the candidate completes four distinct categories of assessment, namely the “Scene Size-Up,” “Initial Assessment,” “Focused History and Physical Examination/Rapid Assessment,” and “On-Going Assessment.” However, as you will recall, after completing the “Initial Assessment” and determining that the patient does not require immediate and rapid transport, the steps listed in “Focused History and Physical Examination/Rapid Assessment” section may be completed in any number of acceptable sequences. If the mechanism of injury suggests potential spinal compromise, immediate and continuous cervical spine precautions must be taken. If not, deduct the point for the step, “Considers stabilization of spine,” mark the appropriate statement under “Critical Criteria” and document your rationale as required.

We strongly recommend that you concisely document the entire performance on the backside of the evaluation form, especially if you find yourself too involved with the form in finding the appropriate sections to note and mark during any performance. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the candidate’s assessment due to your involvement with the evaluation form. This documentation may also be used to help validate a particular performance if questions should arise later.

Immediately after completing the “Initial Assessment,” the candidate should make the appropriate decision to continue assessment and treatment at the scene or call for immediate transport of the patient. In the critical patient, transport to the nearest appropriate facility should not be significantly delayed for providing interventions, establishing peripheral IVs, or performing other detailed physical assessments if prolonged extrication or removal is not a consideration. You must inform the candidate who chooses to immediately transport the critical patient to continue his/her focused history! Physical examination and on-going assessment during transport of the patient. Be sure to remind the candidate that both “partners” are available during transport. You must stop the candidate promptly when the fifteen (15) minute time limit has elapsed. Some candidates may finish early and have been instructed to inform you when he/she completes the skill. If the candidate has not voiced transport of the Simulated Patient within this time limit, mark the appropriate statement under “Critical Criteria” on the evaluation form and document this omission.

You should review the scenario and instructions with your Simulated Patient to assist in his/her role as a programmed patient. **Manikins may not be substituted for live Simulated Patients in this skill. You may not alter any injuries listed in the scenario provided but may adjust the age and gender of the patient to coincide with today’s Simulated Patient.** Be sure to program your Simulated Patient to respond as a real patient would given all conditions listed in the scenario. Also make sure the Simulated Patient acts, moves, and responds appropriately given the scenario just as a real patient would. You may need to confirm a portion of the candidate’s

performance with the Simulated Patient to help ensure a thorough and complete evaluation. All Simulated Patients must be adults or adolescents who are greater than sixteen (16) years of age. All Simulated Patients must also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. The Simulated Patient must also be wearing shorts or a swimsuit, as he/she will be exposed down to the shorts or swimsuit. Outer garments must be provided which the candidate should remove to expose the Simulated Patient. If prepared garments are not available, you must pre-cut all outer garments along the seams and tape them together before any candidate enters your room. This will help ensure that all candidates are evaluated fairly in his/her ability to expose and examine the Simulated Patient. Pay particular attention to your moulage and make it as realistic as you would expect in a similar out-of-hospital situation. For example, the shirt should be soaked with water if the scenario notes the patient is diaphoretic. Remember, realistic and accurate moulage improves the quality of the examination by providing for more fair and accurate evaluation of the candidates.

Information for the Simulated Patient

Thank you for serving as the Simulated Patient at today's examination. In this examination, you will be required to role-play a patient experiencing an acute medical condition. Please be consistent in presenting this scenario to every candidate who tests in your room today. The level of responsiveness, anxiety, respiratory distress, etc., which you act out must be the same for all candidates. It is important to respond as a real patient with a similar medical complaint would. The Skill Examiner will help you understand your appropriate responses for today's scenario. For example, the level of respiratory distress that you must act out must be consistently displayed throughout the examination.

As each candidate progresses through the skill, please be aware of any questions you are asked and respond appropriately given the information in the scenario. Do not overact or provide additional signs or symptoms not listed in the scenario. It is very important to be completely familiar with all of the information in today's scenario before any candidate enters your room for testing. The Skill Examiner will be role-playing several practice sessions with you to help you become comfortable with your roles-today as a programmed patient. If any candidate asks for information not contained in the scenario, the Skill Examiner will supply appropriate responses to questions if you are unsure of how to respond. Do not give the candidate any clues while you are acting as a patient. It is inappropriate to moan that your belly really hurts after you become aware that the candidate has not assessed your abdomen. Be sure to move as the candidate directs you to move so he/she may assess various areas of your body. For example, if the candidate asks you to sit up so he/she may auscultate posterior breath sounds, sit up as a cooperative patient would. Please remember what areas have been assessed and treated because you may need to discuss the candidate's performance after he/she leaves the room with the Skill Examiner.

When you need to leave the examination room for a break, be sure to wrap a blanket around you so that other candidates do not see any of your moulage. A blanket will be provided for you to keep warm throughout the examination. We suggest you wrap the blanket around you to conserve body heat while the Skill Examiner is completing the evaluation form.

Equipment List

Do not open this skill for testing until the State Representative has provided you with a medical patient assessment scenario. You must also have a live Simulated Patient who is an adult or adolescent greater than sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. The following equipment must also be available and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Blanket
- Tape (for outer garments)

— Practical Skill Sheet

Please see Appendix B for the Patient Assessment – Medical practical skill sheet and candidate instructions.

3 Ventilatory Management (Supraglottic Airway)

This is the Adult Alternative Airway Device (Supraglottic Airway Devices [Combitube®/PTL® /King LT®]) essay. Thank you for serving as a Skill Examiner at today's examination. Before you read the specific essay for the skill you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Practical Skills Candidate" exactly as printed in the material provided by the State. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the State Representative

These sequential skills are designed to evaluate a candidate's ability to provide ventilatory assistance to an apneic patient with a palpable central pulse and no other associated injuries. Today you could be evaluating candidates who were trained over several different curricula and have different scopes of practice. You must determine the level at which each candidate is testing before beginning his/her actual evaluation so that you do not mistakenly evaluate a candidate over a skill that he/she may not have been trained. The instructions you read to the candidate will assist you in determining his/her level of training and which skills to evaluate today. The evaluation you conduct today will include:

- Candidates must complete one (1) ventilatory management scenario and are only authorized to place a supraglottic airway device (Combitube®, PTL®, or King LT®) into an apneic adult patient.

For the purposes of this evaluation, the cervical spine is intact and cervical precautions are **not** necessary. These skills were developed to simulate a realistic situation where an apneic patient with a palpable pulse is found supine on the floor. **The adult manikin must be placed and left on the floor for this skill.** Bystander ventilations have not been initiated. A two (2) minute time period is provided for the candidate to check and prepare any equipment he/she feels necessary before the actual timed evaluation begins. When the actual timed evaluation begins, the candidate must immediately open the patient's airway and initiate ventilation using a bag-valve-mask device unattached to supplemental oxygen. If a candidate chooses to set-up the reservoir and attach supplemental oxygen to the BVM device prior to establishing a patent airway and ventilating the patient, it must be accomplished within thirty (30) seconds of beginning his/her performance. **Regardless of the candidate's initial ventilatory assistance (either with room air or supplemental oxygen attached), it must be accomplished after body substance isolation precautions have been taken and within the initial thirty (30) seconds after taking body substance isolation precautions or the candidate has failed to ventilate an apneic patient immediately.** It is acceptable to insert a simple airway adjunct prior to ventilating the patient with either room air or supplemental oxygen. You must inform the candidate that no gag reflex is present when he/she inserts the oropharyngeal airway.

After the candidate ventilates the patient for a minimum of thirty (30) seconds, you must inform the candidate that ventilation is being performed without difficulty. The candidate should attach supplemental oxygen at this point in the procedure if it was not attached to the BVM initially. You should not take over BVM ventilation while the candidate gathers and assembles the adjunctive equipment and attaches the reservoir to supplemental oxygen if non-disposable equipment is being used. If two or more testing rooms are set-up and one is using a disposable BVM, be sure to leave the mask and reservoir attached to all the non-disposable BVMs throughout the examination. To assist in containing costs of the practical examination, the oxygen tank used may be empty. The candidate must be advised to act as if the oxygen tank were full. However, the supplemental oxygen tubing, regulator, BVM, and reservoir should be in working order.

After supplemental oxygen has been attached, the candidate must pre-oxygenate the patient by ventilating at a rate of 10-12 ventilations/minute with adequate volumes of oxygen-enriched air. It is required that an oxygen reservoir (or collector) be attached. Should the candidate connect the oxygen without such a reservoir or in such a way as to pass its function, he/she will have failed to provide a high percentage (at least 85%) of supplemental oxygen. You must mark the related statement under "Critical Criteria" and document his/her actions. Determination of ventilation volumes is dependent upon your observations of technique and the manikin's

response to ventilation attempts. Ideally, these volumes range between 500 to 600 mL (6-7 mL/kg), but specific and accurate measurements of these volumes are quite difficult with the intubation manikins currently available.

After the candidate ventilates the patient with supplemental oxygen for at least thirty (30) seconds, you must automatically auscultate breath sounds. Inform the candidate that breath sounds are present and equal bilaterally and medical control has ordered “placement of a supraglottic airway device (Combitube®, PTL®, or King LT®) of the candidate’s choosing.”

Be sure to document the supraglottic airway utilized by noting the specific device the candidate chooses on the evaluation form. This will also help clarify any performance documentation at a later time if necessary.

You must take over ventilation while the candidate prepares the supraglottic airway device equipment. When the candidate is prepared to insert the airway and instructs you to move, you must also remove the oropharyngeal airway (nasopharyngeal airways may be left in place). The candidate has only three (3) attempts to successfully place the supraglottic airway device. An “attempt” for this examination is defined as introduction of the supraglottic airway device into the manikin’s mouth regardless of trying to pass the tube or not. **Throughout these attempts, ventilation may not be interrupted for more than thirty (30) seconds.** The candidate must recognize the need for re-oxygenation of the patient and order you to re-oxygenate the patient. At this point, you may only ventilate the patient upon the candidate’s command and must document any interruption in ventilation for more than thirty (30) seconds under “Critical Criteria” on the evaluation form. **Do not stop the candidate’s performance if he/she exceeds this 30 second maximum time limit on any attempt but document the ventilation delay as required.**

Throughout this skill, the candidate should take or verbalize body substance isolation precautions. At a minimum, examination gloves must be provided as part of the equipment available in the room. Masks, gowns, and eyewear may be added to the equipment for these skills but are not required for evaluation purposes. If the candidate does not protect himself/herself with at least gloves or attempts direct mouth-to-mouth ventilation, body substance isolation precautions have not been taken. Should this occur, mark the appropriate statement under “Critical Criteria” and document the candidate’s actions as required.

Key Information on Supraglottic Airway Devices

Proper evaluation requires that the Skill Examiner be fluent in the proper use of each piece of equipment that could be used in these skills. Due to the likelihood that the Skill Examiner may be more knowledgeable in the use of one of the supraglottic airway devices, we have included a more detailed review than customary in the following guidelines. Be sure that you review all related information for these devices before you begin evaluation of the candidates and insert each device to help ensure that all equipment is in proper working order, the manikin is

compatible with insertion of each device, and you are familiar with the appropriate use of each device.

Combitube® and PTL®

The Combitube® and PTL® are similar airway devices that are blindly inserted so that the distal tip of the tube becomes placed in either the esophagus or trachea outside of the operator's control. The tube contains two separate lumens, one of which is used for ventilation if the tip becomes placed in the esophagus and the other if in the trachea. Both the Combitube® and PTL® contain two inflatable cuffs which surround the tube. Once the device has been inserted to the proper depth, the proximal cuff is positioned so it is inflated in the pharynx to seal the mouth and nose, thereby replacing the need for a mask and maintenance of a mask seal. The second cuff provides a seal round the distal end of the tube and isolates either the esophagus or trachea depending on where the distal tip has become placed. The tip should be lubricated with a water soluble lubricant prior to insertion in a patient.

Placement in the midline and to the proper depth is a critical factor with the insertion of both devices. The Combitube® is placed to the proper depth when the ring printed on the tube is at the level of the teeth or gum line in toothless patients. The PTL® is placed to the proper depth when the flange of the bite block is at the level of the teeth. After insertion of the PTL® to the proper depth, it is critical that the head strap be secured before the cuffs are inflated to prevent movement and displacement of the device.

Once the Combitube® has been inserted to the proper depth, it is manually held in place until the pharyngeal and distal cuffs are separately inflated using the two differently size syringes provided by the manufacturer. The pharyngeal cuff is inflated by connecting the 140 mL syringe to the one-way valve on the blue pilot bulb and injecting 100 mL of air (80 mL in the Small Adult SA Size Combitube®). The distal cuff is inflated by connecting the smaller syringe to the one-way valve on the white pilot bulb and injecting 15 mL of air (12 mL in the Small Adult SA Size Combitube®). If the candidate does not immediately remove either syringe after inflating the cuff, the Skill Examiner must check and document this action listed in the "Critical Criteria" section of the evaluation instrument.

The PTL® contains a single one-way valve and mouthpiece into which the operator blows (by mouth or BVM device) to inflate both cuffs simultaneously. **For the purposes of evaluation, no candidate is permitted to inflate the cuffs of the PTL® by mouth but should inflate them by using the BVM.**

Proper cuff pressure is determined by feeling the resistance produced and confirmed by palpation of the pilot bulb. Should the candidate state that the cuffs are sufficiently inflated; the Skill Examiner should ask the candidate to clarify how that determination was made.

Remember that the head strap must be secured before inflation of the cuffs is attempted when using the PTL®.

After the cuffs have been inflated, it is critical that the patient be ventilated to determine which lumen should be used to deliver ventilation. For the purposes of evaluation, the Skill Examiner must always respond with clinical signs that indicate ventilation is not occurring when the candidate directs you to ventilate through the initial lumen. Your initial response should be:

- There appears to be no chest rise when the patient is ventilated.

Then if/as each is auscultated or verbalized, you should respond as follows:

- Air and gurgling sounds are heard over the epigastrium.
- No sounds are heard over either lung.

The candidate should then instruct the Skill Examiner to remove the BVM from the adaptor on the initial lumen (esophageal placement), attach it to the adaptor on the second lumen (endotracheal placement), and ventilate the patient. If the PTL® was used, the candidate must remove the stylette from the second lumen before you attach the BVM. If the candidate does not remove the stylette, you should inform the candidate that you cannot attach the BVM properly to the second lumen. You should continue to present this finding until the stylette is removed.

Once you have re-instituted ventilation through the second lumen (endotracheal placement), it is critical that the candidate determines if the correct lumen is being used to ventilate the patient. You should now respond with clinical signs that indicate ventilation is now occurring by stating:

- You observe adequate chest rise and fall.

Then if/as each is auscultated or verbalized, you should respond as follows:

- No air or gurgling sounds are heard over the epigastrium.
- Good and equal breath sounds are heard over each lung.

Should auscultation either over the epigastrium or lungs bilaterally be omitted, the candidate has failed to confirm that the proper lumen is being used. If the candidate meets all other critical criteria and successfully works through the sequence until the alternate lumen is confirmed as the appropriate route to provide ventilation of the patient, it is not critical if the candidate directs ventilation attempts to occur in an order different from that which the manufacturer recommends.

Lastly, the candidate should secure the Combitube® with a strap or tape. When using the PTL®, the candidate should confirm that the device has remained properly secured.

KING LT®

The KING LT® consists of a curved tube with several ventilation outlets located between high volume, low pressure inflatable cuffs. When properly inserted, these ventilation outlets align with the patient's laryngeal inlet, allowing for adequate oxygen and ventilation to occur. Both cuffs are inflated using a single pilot balloon. The distal cuff is designed to seal the esophagus and reduce the possibility of gastric insufflation. The proximal cuff is intended to stabilize the tube by anchoring at the base of the tongue after it is inflated, thereby blocking the nasopharynx and the oropharynx. A pressure gauge or syringe is used to attach to the single pilot balloon and inflate both cuffs simultaneously. Inflation volumes typically range between 60 – 90 mL of air depending on the size of the KING LT® device. A standard 15 mm connector is attached to the proximal end of the tube for attachment to a bag-valve-mask or other ventilation device. Several reference markings are also located on the proximal tube to assist in determining the proper depth of insertion of the device.

Prior to insertion, the KING LT® device should be inspected for visible damage. The Valve Actuator is then disconnected from the Inflation Valve, and both cuffs are inflated simultaneously by injecting the maximum recommended volume of air into the cuffs depending on the size of the device being used (Size 3 – 60 mL; size 4 – mL; size 5 – mL). After assuring that no leaks are present, the Valve Actuator is disconnected from the Inflation Valve and all air is removed from both cuffs. A water-based lubricant should be applied to the beveled distal tip and posterior aspect of the tube, taking care to avoid introduction of lubricant in or near the ventilatory openings.

After he is pre-oxygenated, the patient's head should be placed in the sniffing position. If necessary, the head can also be left in the neutral position during insertion and use of the device. The device should be grasped at the connector while the patient's mouth is held open using a tongue-jaw lift if possible. A tongue depressor can also be used to lift the tongue anteriorly to facilitate easy advancement. The device should be rotated laterally 45 - 90° while the tip is introduced into the mouth and advanced behind the base of the tongue. The device should then be rotated back to the midline as the tip reaches the posterior wall of the pharynx. Insertion can also be rotated back to the midline approach. A tongue-jaw lift is performed, the distal tip is inserted on a midline and slid along the palate until properly positioned in the hypopharynx. In either case, the device should then be advanced until the base of the connector is aligned with the teeth or gums, making sure that excessive force is not exerted during insertion.

If a proprietary pressure gauge is available, the cuffs should be inflated to a maximum pressure of 60 cm H₂O. If a cuff pressure gauge is not available, a syringe should be used to inflate the cuffs with the minimum volume necessary to seal the airway at peak ventilatory pressure. Typically, these volumes are as follows:

- Size 3: (45-60 ml)

- Size 4: (60-80 ml)
- Size 5: (70-90 ml)

The breathing circuit is then attached to the 15 mm connector of the device. While the patient is gently ventilated, the device should be withdrawn while the patient is assessed until ventilation is easy and free-flowing (large tidal volume with minimal resistance felt on insufflation). In this manner, ventilation can be optimized and usually results in the best depth of insertion. Proper position should then be further confirmed by auscultation, chest movement and verification by waveform capnography. The cuff inflation pressure should be readjusted to 60 cm H₂O if a pressure gauge is available. Finally, the device should be secured using tape or other acceptable means while noting the depth of insertion as indicated on the proximal reference marks. A bite block can also be inserted if desired.

You should then dismiss the candidate from this skill and disconnect all equipment to reset your room. Be certain to evacuate all air from the cuffs before attempting to remove the airway device utilized. You should re-package all equipment as supplied from the manufacturer (correct amount of air drawn up in syringes, stylette in place, etc.) before permitting another candidate to enter your room. Be sure to organize the equipment in an orderly fashion to minimize potential confusion.

Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination. All equipment must be disassembled (reservoir disconnected and oxygen supply tubing disconnected when using only non-disposable equipment, regulator turned off, cuffs deflated with syringes disconnected, etc.) before accepting a candidate for evaluation.

- Examination gloves (may also add masks, gowns and eyewear).
- Intubation manikin (adult)
- End-tidal CO₂ detector and/or esophageal detector device (EDD)
- Syringes (20 mL, 35 mL, 60 mL, etc.)
- Bag-valve-mask device with reservoir (adult)
- Oxygen cylinder with regulator (may be empty)
- Oxygen connecting tubing
- Selection of oropharyngeal airways (adult)
- Selection of nasopharyngeal airways (adult)
- Various supplemental oxygen devices (nasal, cannula, non-rebreather mask with reservoir, etc.)
- Suction device with rigid and flexible catheters and appropriate suction tubing
- Sterile water or saline
- Supraglottic airway to include:

- Combitube®
- PTL®
- King LT®
- Stethoscope
- Lubricant (silicone spray)
- ½" tape
- Tongue blade
- Towel or other appropriate padding

--- Practical Skill Sheet

Please see Appendix C for the Ventilatory Management practical skill sheet and candidate instructions.

4 IV Medication

This is the IV Medication essay for use by skill examiner's at today's examination. Before you read the specific essay for the skill you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Practical Skills Candidate" exactly as printed in the material provided by the State. Skill Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins
- Checking all equipment, props, and moulage prior to and during the examination
- Briefing any Simulated Patient and EMT Assistant for the assigned skill
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the State Representative

These skills are designed to verify a candidate's competency in establishing a peripheral IV on a manikin arm, and administering an intravenous bolus injection of medication. These skills are scenario-based and the candidate must choose the appropriate IV solution and medication following the instructions and scenarios in accordance with current American Heart Association guidelines and other accepted medical practice. It is assumed that all IV solutions and medications would be checked for expiration dates when the EMT reports on shift. Therefore, checking expiration dates of the solutions and medications have not been identified as an individual step in these skills.

You may not separate the IV Therapy skill from the IV Bolus skill. All candidates must complete the Intravenous Therapy and Intravenous Bolus Medications skills. EMT-Intermediate and EMT-Paramedic candidates must also test the Pediatric Intraosseous Infusion skill. (Although some duplication of equipment is necessary to test the Intraosseous Infusion skill in a separate room, it will facilitate the flow of the examination.)

If a candidate is unsuccessful in establishing a patent IV within the criteria outlined, he/she will be unable to administer the IV bolus of medication in this skill as well as in the field. Should this occur, a failure must be reported and documented for both the IV Therapy and IV Bolus Medications skills. When a candidate is unsuccessful in establishing a patent and flowing IV within six (6) minutes or three (3) attempts, check the appropriate statement under “Critical Criteria” on the Intravenous Therapy section of the evaluation form. You will also need to check the space on the “NOTE” which explains the candidate did not successfully establish an **IV** line. Dismiss the candidate from the room and do not evaluate him/her over the Intravenous Bolus Medications skill.

Intravenous Therapy

In this skill, you will evaluate the candidate’s ability to establish a peripheral IV on a manikin arm. Several patient scenarios are provided for you to read to the candidates. **You must alternate these scenarios between candidates throughout the examination.** Respond to any of the candidate’s questions as a patient would in the field, but do not provide any misleading or “tricky” responses.

You should prepare the equipment to include an assortment of catheters, IV solutions, and administration sets for representative purposes. If costs are a major consideration, it is acceptable for all candidates to infuse one specific solution with only one size of catheter and administration set. For example, if a large quantity of microdrip tubing is available and a large supply of any expired solution has been obtained from pharmacy services, it is acceptable to use these items in lieu of the supplies selected by the candidate from the representative supplies. If multiple skills are set-up, be sure all equipment is identically labeled. As soon as the candidate chooses the solution from the representative sample of equipment assembled, you will need to hand him/her the expired solution and state, “For the purposes of this evaluation, we’ll assume this is the solution you selected. You may continue.” By the same token, you should replace large catheters (14-16 ga.) with smaller catheters (20-22 ga.) after they are chosen to prolong the useful life of the manikin arm skin. Likewise, total taping of the **IV** with immobilization of the limb is not mandatory and can be verbalized to assist in cost control.

Self-protecting catheters are becoming more common in practice. As the stylette is removed from the catheter, several different mechanisms are used to automatically shield the bevel of the contaminated sharp, thereby reducing the possibility of a needle stick injury with a contaminated sharp. However, these mechanisms may not be infallible. In accordance with current OSHA recommendations, any blood contaminated sharp should be disposed of

immediately into a proper container at the point of use.

Notoriously, manikin IV arms are perhaps best noted for malfunction of the “flashback” system during an examination. Should this occur during the exam, you should immediately attempt to correct the problem or replace the arm. If these efforts fail, you must explain the problem to each candidate before evaluation begins. At the point where a flashback would occur in his/her performance of the skill, simply state, “Blood is now seen in the flash chamber of the catheter.” You may also need to supply other logical clinical information that cannot be simulated with the manikin arm. For example, if the tourniquet is left in place and the candidate turns the IV on, immediately report the IV won’t run. If the candidate analyzes the problem and remediates the omission in a timely manner, credit should be awarded for this step.

At the conclusion of the performance, carefully review all “Critical Criteria” statements on the evaluation form and be sure to document your rationale for checking any of these statements. Be sure that all your paperwork is complete, totaled, signed, and your room has been prepared to appear in a consistent manner before accepting the next candidate for evaluation.

Intravenous Bolus Medications

An array of commonly used medications packaged in prefilled syringes should be available on the testing table from which the candidate must select the appropriate medication (diphenhydramine, atropine, epinephrine 1:10,000, and dextrose 50% at a minimum). These syringes can be filled with water, saline, or IV solution and must be refilled and repackaged before each candidate is permitted to enter the room.

After reading the prepared scenario, each candidate must select, prepare, and inject the correct amount of the appropriate drug into the IV line based on the given scenario. You should respond to the candidate’s questions as a patient would in the field and should not provide any misleading or “tricky” responses. If asked, you should state your actual or imaginary weight in pounds only so the candidate may calculate the correct dosage based upon your weight. Do not let any candidate leave the room with any documentation of his/her calculation. The amount of drug dispelled from the syringe and injected into the medication port of the IV line verifies the dosage administered to the patient regardless of any verbally stated dosage. Therefore, take great care in refilling all syringes between candidates. Given the scenario, the administration of an incorrect drug or improper dosage must be noted in the “Critical Criteria” section on the evaluation form and your rationale for checking any of these statements must be documented.

At the conclusion of the performance, carefully review all “Critical Criteria” statements on the evaluation form and be sure to document your rationale for checking any of these statements. Be sure that all your paperwork is complete, totaled, signed, and your room has been prepared to appear in a consistent manner before accepting the next candidate for evaluation.

Equipment List

Do not open these skills for testing until the following equipment is available. If the Pediatric Intraosseous Infusion skill is being tested in a separate Pediatric Skills area, disregard all pediatric equipment in the following list. You must ensure that all equipment is working adequately throughout the examination:

- Examination gloves
- IV infusion arm
- IV solutions*
- Administration sets**
- IV catheters* **
- IV push medications (prefilled syringes)****
- Pediatric Intraosseous Infusion Manikin
- Intraosseous needles
- Extension tubing
- Tape
- Gauze pads (2x2, 4x4, etc.)
- Syringes (various sizes)
- Tourniquet
- Alcohol preps or similar substitute
- Approved sharps container
- Bulky dressing

NOTE: Please refer to the essay for a detailed discussion of the following:

- * Need a selection array but may be expired
- ** Need a selection array and must include microdrip tubing (60 gtt/cc)
- *** Need a selection array and can replace with small (20-22 ga.) catheters
- **** Must include benadryl, epinephrine 1:1,000, narcan and dextrose 50%.

Practical Skill Sheet

Please see Appendix D for the IV Medication practical skill sheet and candidate instructions.

5 ALS Curriculum Clinical Hour and Competency Summary

AREAS	ENHANCED CURRICULA	INTERMEDIATE CURRICULA	PARAMEDIC CURRICULA
CLINICAL REQUIREMENTS:			
Emergency Department	24 Hours Min.	24 Hours	48 Hours
Other Clinical Settings	24 Hours Min.	-	-
Intensive Care Unit		8 Hours	16 Hours
Pediatrics		8 Hours	16 Hours
Labor & Delivery		8 Hours	16 Hours
Operating Room		8 Hours	16 hours
Psychiatrics		None	-
ALS Medic Unit		12 Hours	24 hours
	48 Hours (Min.)	68 Hours (Min.)	136 Hours (Min.)
COMPETENCIES:			
Med Administration	15	15	15
Oral Intubation	Mannequin	1 Live Patient*	1 Live Patient
IV Access	10**	25	25
Ventilate Non-Intubated Patient	None	1	1
Adult Assessment	12	25	50
Pediatric Assessment	5	15	30
Geriatric Assessment	5	15	30
OB Assessment	None	5	10
Trauma Assessment	5	20	40
Psychiatric Assessment	2	10	20
Chest Pain Assessment	5	15	30
Respiratory/Dyspnea Assessment	5	10	20
Peds. Resp/Dyspnea Assessment	None	4	8
Syncope	None	5	10
Abdominal Complaints	5	10	20
Altered Mental Status	5	10	20
Team Leader on EMS Unit	5 Calls	10 Calls	50 Calls

* And/or no less than five endotracheal intubations on a mannequin that requires airway-solving issues using airway and ventilation based scenarios.

** Minimum of one in the elderly age group

DEFINED AGE GROUPS

Peds: 0 – 17 years

Adult: 18 – 64 years

Geriatric: 65+ years

NOTE: The above listed clinical hours are minimum mandatory and the completion of the competencies is the only measure of program quality. Therefore emphasis is placed on the completion of the competencies for each of the respective programs to fulfill the program requirements for testing.

6 Enhanced Practical Flow Chart

VIRGINIA LEVEL		EXAM STAFF		FLOW
Virginia Enhanced	SKILLS	Skill Examiner	Simulated Patient	Average # of Candidates Evaluated per Hour
	1. Patient Assessment – Trauma	1	1	4
	2. Patient Assessment – Medical	1	1	3 to 4
	3. Ventilatory Management - Supraglottic Airway Device			6
	4. IV and Medication Skills (must NOT be split into separate stations)			
	a. Intravenous Therapy			
	b. Intravenous Bolus Medications	1		5

OVERALL

4	2	4 CANDIDATES PER HOUR
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Appendix A

Patient Assessment - Trauma

INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE

Welcome to the Patient Assessment - Trauma skill. Before we begin, I need to know the level of testing that you need to complete today. Are you testing at the EMT-Enhanced, EMT-Intermediate, or EMT-Paramedic level today?

This is the Patient Assessment - Trauma skill. In this skill, you will have ten (10) minutes to perform your assessment and “voice” treat all conditions and injuries discovered. You must conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient’s clothing down to his/her shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, will be given to you only when you ask following demonstration of how you would normally obtain that information in the field. You may assume you have two (2) partners working with you who are trained to your level of care. They will correctly perform the verbal treatments you indicate necessary. I will acknowledge your treatments and may ask you for additional information if clarification is needed. Do you have any questions?

[Skill Examiner now reads “Mechanism of Injury” from prepared scenario and begins 10 minute time limit.]

Patient Assessment - Trauma

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Candidate: _____ Level: Enhanced Intermediate Paramedic

Examiner: _____ Signature: _____ Date: _____

Time Start: _____

Possible Points
Points Awarded

NOTE: Areas denoted with ** may be integrated within sequence of Initial Assessment

Takes or verbalizes body substance isolation precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
INITIAL ASSESSMENT / RESUSCITATION		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway - Opens and assesses airway (1 point) - Inserts adjunct as indicated (1 point)	2	
Breathing		
- Assess breathing (1 point) - Assures adequate ventilation (1 point)		
- Initiates appropriate oxygen therapy (1 point) - Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation		
- Checks pulse (1 point) - Assess skin [either skin color, temperature or condition] (1 point)		
- Assesses for and controls major bleeding if present (1 point) - Initiates shock management (1 point)	4	
Identifies priority patients/makes transport decision	1	
FOCUSED HISTORY AND PHYSICAL EXAMINATION / RAPID TRAUMA ASSESSMENT		
Selects appropriate assessment	1	
Obtains, or directs assistant to obtain, baseline vital signs	1	
Obtains SAMPLE history	1	
DETAILED PHYSICAL EXAMINATION		
Head	3	
- Inspects mouth**, nose**, and assesses facial area (1 point) - Inspects and palpates scalp and ears (1 point)		
- Assesses eyes for PERRL** (1 point)		
Neck**	3	
- Checks position of trachea (1 point) - Checks jugular veins (1 point) - Palpates cervical spine (1 point)		
Chest**	3	
- Inspects chest (1 point) - Palpates chest (1 point) - Auscultates chest (1 point)		
Abdomen/pelvis**	3	
- Inspects and palpates abdomen (1 point) - Assesses pelvis (1 point) - Verbalizes assessment of genitalia/perineum as needed (1 point)		
Lower extremities** - Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/leg)	2	
Upper extremities - Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/arm)	2	
Posterior thorax, lumbar, and buttocks**	2	
- Inspects and palpates posterior thorax (1 point) - Inspects and palpates lumbar and buttocks area (1 point)		
Manages secondary injuries and wounds appropriately	1	
Performs on-going assessment	1	
	TOTAL	43
	TOTAL	43

Time End: _____

CRITICAL CRITERIA

- _____ Failure to initiate or call for transport of the patient within 10 minute time limit
- _____ Failure to take or verbalize body substance isolation precautions
- _____ Failure to determine scene safety
- _____ Failure to assess for and provide spinal protection when indicated
- _____ Failure to voice and ultimately provide high concentration of oxygen
- _____ Failure to assess/provide adequate ventilation
- _____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]
- _____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- _____ Does other detailed/focused history or physical examination before assessing/treating threats to airway, breathing, and circulation
- _____ Orders a dangerous or inappropriate intervention

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

Appendix B

Patient Assessment - Medical

INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE

This is the Patient Assessment – Medical skill. Before we begin, I need to know the level of testing that you need to complete today. Are you testing at the EMT-Enhanced or EMT-Intermediate level today?

In this skill, you will have fifteen (15) minutes to perform your assessment, patient interview, and “voice” treat all conditions discovered. You must conduct your assessment as you would in the field, including communicating with your Simulated Patient. You may remove the Simulated Patient’s clothing down to his/her shorts or swimsuit if you feel it is necessary. As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, must be obtained from the Simulated Patient just as you would be in the out-of-hospital setting. You may assume you have two (2) partners working with you who are trained to your level of care. They can only perform the interventions you indicate necessary and I will acknowledge all interventions you order. I may also supply additional information and ask questions for clarification purposes. Do you have any questions?

[Skill Examiner now reads “Entry Information” from prepared scenario and begins 15 minute time limit.]

Patient Assessment - Medical

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Candidate: _____ Level: Enhanced Intermediate Paramedic

Examiner: _____ Signature: _____ Date: _____

Time Start: _____

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation procedures	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
INITIAL ASSESSMENT		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing - Assessment (1 point) - Assures adequate ventilation (1 point) - Initiates appropriate oxygen therapy (1 point)	3	
Assess circulation - Assesses/controls major bleeding (1 point) - Assesses skin [either skin color, temperature or condition] (1 point) - Assesses pulse (1 point)	3	
Identifies priority patients/makes transport decision	1	
FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT		
History of present illness - Onset (1 point) - Severity (1 point) - Provocation (1 point) - Time (1 point) - Quality (1 point) - Clarifying questions of associated signs and symptoms as related to OPQRST (2 points) - Radiation (1 point)	8	
Past medical history - Allergies (1 point) - Past pertinent history (1 point) - Events leading to present illness (1 point) - Medications (1 point) - Last oral intake (1 point)	5	
Performs focused physical examination [assess affected body part/system or, if indicated, completes rapid assessment] -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
Vital signs -Pulse (1 point) -Respiratory rate and quality (1 point each) -Blood pressure (1 point) -AVPU (1 point)	5	
Diagnosics [must include application of ECG monitor for dyspnea and chest pain] (ECG NOT REQUIRED FOR EMT-ENHANCED TESTING)	2	
States field impression of patient	1	
Verbalizes treatment plan for patient and calls for appropriate intervention(s)	1	
Transport decision re-evaluated	1	
ON-GOING ASSESSMENT		
Repeats initial assessment	1	
Repeats vital signs	1	
Evaluates response to treatments	1	
Repeats focused assessment regarding patient complaint or injuries	1	
TOTAL	48	

Time End: _____

CRITICAL CRITERIA

- _____ Failure to initiate or call for transport of the patient within 15 minute time limit
- _____ Failure to take or verbalize body substance isolation precautions
- _____ Failure to determine scene safety before approaching patient
- _____ Failure to voice and ultimately provide appropriate oxygen therapy
- _____ Failure to assess/provide adequate ventilation
- _____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]
- _____ Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene
- _____ Does other detailed or focused history or physical examination before assessing and treating threats to airway, breathing, and circulation
- _____ Failure to determine a patient's primary problem
- _____ Orders a dangerous or inappropriate intervention
- _____ Failure to provide for spinal protection when indicated

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

Appendix C

Ventilatory Management

INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE

Welcome to the Ventilatory Management skills. Before we begin, I need to know the level of testing that you need to complete today. Are you testing at the EMT-Enhanced, EMT-Intermediate, or EMT-Paramedic level today?

[The Skill Examiner continues and asks:

In this portion of the station you will be using a supraglottic airway device.

These progressive skills are designed to evaluate your ability to provide immediate and aggressive ventilatory assistance to an apneic patient who has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You are required to demonstrate sequentially all procedures you would perform, from simple maneuvers and adjuncts to placement of a supraglottic airway device of your choosing.

[NOTE: Skill Examiner now begins to fill-out appropriate form and documents which supraglottic airway device the candidate chooses. If the PTL[®] was selected, you must inform the candidate that the cuffs may not be inflated by mouth. The candidate must inflate the PTL[®] cuffs by using the BVM.]

You will have three (3) attempts to successfully place the supraglottic device. You must actually ventilate the manikin for at least thirty (30) seconds with each adjunct and procedure utilized. I will serve as your trained assistant and will be interacting with you throughout these skills. I will correctly carry-out your orders upon your direction. Do you have any questions?

At this time, please take two (2) minutes to check your equipment and prepare whatever you feel is necessary.

[After two (2) minutes or sooner if the candidate states, "I'm prepared," the Skill Examiner continues reading the following:]

Upon your arrival to the scene, you observe the patient as he/she goes into respiratory arrest and becomes unresponsive. Bystander ventilations have **not** been initiated. The scene is safe and no hemorrhage or other immediate problem is found.

Ventilatory Management

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Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Candidate: _____ Level: Enhanced Intermediate Paramedic

Examiner: _____ Signature: _____ Date: _____

NOTE: If candidate elects to ventilate initially with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by ** so long as first ventilation is delivered within 30 seconds.

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1	
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct		
** Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
** Hyperventilates patient with room air	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%		
Attaches oxygen reservoir to bag-valve-mask device and connects to high flow oxygen regulator [12-15 L/minute]	1	
Ventilates patient at a rate of 10-12/minute with appropriate volumes	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and medical control has ordered insertion of a supraglottic airway. The examiner must now take over ventilation.		
Directs assistant to pre-oxygenate patient	1	
Checks/prepares supraglottic airway device	1	
Lubricates distal tip of the device [may be verbalized]	1	
Note: Examiner to remove OPA and move out of the way when candidate is prepared to insert device		
Positions head properly	1	
Performs a tongue-jaw lift	1	
Inserts device to proper depth	1	
Secures device in patient [inflates cuffs with proper volumes and immediately removes syringe or secures strap]	1	
Ventilates patient and confirms proper ventilation [correct lumen and proper insertion depth] by auscultation bilaterally over lungs and over epigastrium	1	
Adjusts ventilation as necessary [ventilates through additional lumen or slightly withdraws tube until ventilation is optimized]	1	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"		
Secures device or confirms that the device remains properly secured.	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	1	
TOTAL	19	

CRITICAL CRITERIA

- _____ Failure to initiate ventilation within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- _____ Failure to take or verbalize body substance isolation precautions
- _____ Failure to voice and ultimately provide high oxygen concentrations [at least 85%]
- _____ Failure to ventilate patient at a rate of at least 10-12/minute
- _____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- _____ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device
- _____ Failure to insert the supraglottic airway device at a proper depth or at either proper place within 3 attempts
- _____ Failure to inflate cuffs properly and immediately remove the syringe
- _____ Failure to secure the strap (if present) prior to cuff inflation
- _____ Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium
- _____ Inserts any adjunct in a manner dangerous to patient
- _____ Failure to manage patient as competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or Orders a dangerous or inappropriate intervention

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

Appendix D

Intravenous Therapy

INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE

Welcome to the IV and Medications Skills. Before we begin, I need to know the level of testing that you need to complete today. Are you testing at the EMT-Enhanced, EMT-Intermediate, or EMT-Paramedic level today?

Since you are testing at the [EMT – Enhanced, EMT-Intermediate or EMT-Paramedic] level today, these skills are designed to evaluate your ability to establish venous access in the adult patient and administer an IV bolus of medication.

[The Skill Examiner reads next sentence only if Pediatric Intraosseous Infusion is also being tested:]

You will also be evaluated in your ability to establish an intraosseous line in a pediatric patient.

[The Skill Examiner continues reading to all candidates:]

You will be given a patient scenario and will be required to establish an IV and administer an IV bolus of medication just as you would in the field. You will have three (3) attempts in a six (6) minute time limit to establish the IV. If you do not successfully establish the IV, you will not be able to administer the IV bolus of medication to the patient. Although we are using the manikin arm, you should conduct yourself as if this were a real patient. You should assume that I am the actual patient and may ask me any questions you would normally ask a patient in this situation. After you establish the IV, you will have three (3) minutes to begin IV administration of a bolus of medication. Do you have any questions?

The patient you are treating is... [Skill Examiner to alternate between the following:]

Use for all levels of Candidates:

- confused and is being transported from an extended care facility for evaluation. After consulting with you and the medical staff of the facility, medical direction has ordered you to administer 12.5 grams of dextrose 50%.
- complaining of dyspnea, itching and hives after eating a food they have had an allergic reaction to in the past. After assessment of the patient, medical control has ordered you to administer 25 mg of diphenhydramine (Benadryl).

Use for EMT-Intermediate or EMT-Paramedic Candidates only:

- complaining of nausea, weakness, dizziness, and crushing substernal chest pain. The monitor is showing sinus bradycardia with a heart rate of 48 and no ectopy. Your attempts to pace the patient are unsuccessful.*
- in cardiac arrest. CPR is in progress and an endotracheal tube has been placed. The monitor is showing sinus tachycardia at a rate of 132. No pulse is palpable.*

NOTE: * Do not use these scenarios for EMT-Enhanced candidates.

Intravenous Therapy

Virginia Office of EMS
Division of Educational Development
1041 Technology Park Drive
Glen Allen, VA 23059

804-888-9120

Candidate: _____ Level: Enhanced Intermediate Paramedic

Examiner: _____ Signature: _____ Date: _____

Time Start: _____	Possible Points	Points Awarded
Checks selected IV fluid for: - Proper fluid (1 point) - Clarity (1 point)	2	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Cuts or tears tape [at any time before venipuncture]	1	
Takes/verbalizes body substance isolation precautions [prior to venipuncture]	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
Performs venipuncture - Inserts stylette (1 point) - Notes or verbalizes flashback (1 point) - Occludes vein proximal to catheter (1 point) - Removes stylette (1 point) - Connects IV tubing to catheter (1 point)	5	
Disposes/verbalizes disposal of needle in proper container	1	
Releases tourniquet	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter [tapes securely or verbalizes]	1	
Adjusts flow rate as appropriate	1	
Time End: _____	TOTAL	21

CRITICAL CRITERIA

- _____ Failure to establish a patent and properly secured IV within 6 minute time limit
- _____ Failure to take or verbalize body substance isolation precautions prior to performing venipuncture
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
- _____ Failure to successfully establish IV within 3 attempts during 6 minute time limit
- _____ Failure to dispose/verbalizes disposal of needle in proper container

NOTE: Check here (_____) if candidate did not establish a patent IV and do not evaluate IV Bolus Medications.

INTRAVENEOUS BOLUS MEDICATIONS

Time Start: _____	Possible Points	Points Awarded
Asks patient for known allergies	1	
Selects correct medication	1	
Assures correct concentration of drug	1	
Assembles prefilled syringe correctly and dispels air	1	
Continues body substance isolation precautions	1	
Cleanses injection site [Y-port or hub]	1	
Reaffirms medication	1	
Stops IV flow [pinches tubing or shuts off]	1	
Administers correct dose at proper push rate	1	
Disposes/verbalizes proper disposal of syringe and needle in proper container	1	
Flushes tubing [runs wide open for a brief period]	1	
Adjusts drip rate to TKO/KVO	1	
Verbalizes need to observe patient for desired effect/adverse side effects	1	
Time End: _____	TOTAL	13

CRITICAL CRITERIA

- _____ Failure to begin administration of medication within 3 minute time limit
- _____ Contaminates equipment or site without appropriately correcting situation
- _____ Failure to adequately dispel air resulting in potential for air embolism
- _____ Injects improper drug or dosage [wrong drug, incorrect amount, or pushes at inappropriate rate]
- _____ Failure to flush IV tubing after injecting medication
- _____ Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container

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