# EMR Skills Workbook

2024

# **Table of Contents**

FORWARD	3
SKILLS DESCRIPTIONS AND OBJECTIVES	
Patient Assessment - Trauma	
Patient Assessment - Medical	
Cardiac Arrest Management/AED	4
Spinal Immobilization - Supine Patient	
Spinal Immobilization - Seated Patient	
Bag-Valve-Mask Apneic Patient	5
Immobilization Skills - Long Bone Injury	
Immobilization Skills - Joint Injury	6
Immobilization Skills - Traction Splinting	6
Bleeding Control/Shock Management	6
Upper Airway Adjuncts and Suction	6
Mouth-to-Mask With Supplemental Oxygen	8
Oxygen Administration	8
Emergency Childbirth	8
Soft Tissue Injury	8
PATIENT ASSESSMENT - TRAUMA	9
PATIENT ASSESSMENT - MEDICAL	18
AIRWAY AND BREATHING	
BAG-VALVE-MASK/APNEIC PATIENT (W/PULSE)	
UPPER AIRWAY ADJUNCTS AND SUCTION	
MOUTH TO MASK WITH SUPPLEMENTAL OXYGEN	
OXYGEN ADMINISTRATION	22
CARDIAC ARREST MANAGEMENT/AED	23
CIRCULATION	
BLEEDING CONTROL/SHOCK MANAGEMENT	
NEUROLOGICAL	
SPINAL IMMOBILIZATION – SEATED PATIENT	_
SOFT TISSUE INJURY	
MUSCULOSKELETAL	
IMMOBILIZATION SKILLS – LONG BONE INJURY	
IMMOBILIZATION SKILLS – JOINT INJURY	29
EMERGENCY CHILDBIRTH	30
1a. Name of Certificate Holder	32
1b. Certificate Number	32
1c. Signature	32

1d. Certifying Authority	3
Verification of Competency	3

#### **FORWARD**

This workbook was developed in accordance with the United States Department of Transportation First Responder National Standard Curriculum for Emergency Medical Responders (EMR) practical examinations. The skills in this workbook reflect performance items that are directly related to the loss of life or limb and represent the minimum performance items identified to operate as an EMR in Tuolumne County. This workbook will be made available to all EMR well in advance of testing to allow ample time for study and practice.

Prior to issuing a course completion certificate, the EMR Training Program Director or designated representative must deem the candidate competent in all skills contained in this workbook. Additionally, the initial certification process requires the candidate to successfully pass a practical exam.

This workbook will also be used to sign of skills for recertifying EMR's. EMR's must complete all skills but only the Tuolumne County EMS Agency First Responder/Emergency Medical Responder Skills Competency Verification Form needs to be submitted to the EMS Agency.

#### SKILLS DESCRIPTIONS AND OBJECTIVES

#### Patient Assessment - Trauma

**Time limit:** 10 minutes

**Objective:** The candidate will demonstrate the ability to correctly perform a thorough physical assessment and "voice treatment" or demonstrate proficiency in treating all conditions and injuries discovered. This station is designed to test your effective and efficient management of a multi-systems trauma scenario.

**Essential Equipment:** Body substance isolation, extrication collar, blood pressure cuff, stethoscope, patient, and timer. (suggested: penlight, oxygen equipment, blanket, any equipment required for injury management, moulage kit)

**Performance criteria and conditions:** The candidate will be presented with a victim who was ejected from the car. Severe damage occurred to the front end of the vehicle. The victim is found lying face up in a field some 60 feet from the upright car. All "critical criteria" must have 100% accuracy for acceptable performance.

#### Patient Assessment - Medical

**Time limit:** 10 minutes

**Objective:** The candidate will demonstrate the ability to correctly perform a thorough physical assessment.

**Essential Equipment:** Body substance isolation, blood pressure cuff, stethoscope, patient, and timer (suggested: penlight).

**Performance criteria and conditions:** The candidate will be presented with a medical patient scenario. The candidate will be required to perform a complete physical assessment. All "critical criteria" must have 100% accuracy for acceptable performance.

#### Cardiac Arrest Management/AED

Time limit: 15 minutes

**Objective:** The candidate must demonstrate the ability to rapidly, safely, and effectively administer a defibrillator shock.

**Essential Equipment:** Body substance isolation, semiautomatic defibrillator, defibrillation pads, CPR/defibrillation manikin, and timer (suggested: dysrhythmia generator)

**Performance criteria and conditions:** The candidate will be presented with an adult AED manikin on which cardiopulmonary resuscitation is being performed by two EMS personnel. The patient is unconscious, apneic and pulseless in a shockable rhythm. All "critical criteria" must have 100% accuracy for acceptable performance.

### Spinal Immobilization - Supine Patient

**Time limit:** 10 minutes

**Objective:** The candidate will demonstrate the proper technique for:

- application of the extrication collar
- log roll onto a long board
- secure the patient to the long board

**Essential Equipment:** Body substance isolation, extrication collars, long board, spider straps, head immobilization device (e.g. headbed), towels or bulky dressings, patient, 2 trained assistants, and timer. (Evaluator may serve as 2<sup>nd</sup> assistant.)

**Performance criteria and conditions:** The candidate will be presented with a supine patient with a suspected spinal injury. All "critical criteria" must have 100% accuracy for acceptable performance.

#### Spinal Immobilization - Seated Patient

Time limit: 10 minutes

**Objective:** The candidate will demonstrate the ability to correctly:

- apply an extrication collar
- apply half-spine immobilization device
- extricate the patient onto a long board

**Essential Equipment:** Body substance isolation, extrication collar, K.E.D., long board, trained assistant, patient, automobile or chair, and a timer.

**Performance criteria and conditions:** The candidate will be presented with patient in the "driver's seat", involved in a crash. Candidate(s) will be instructed to extricate the patient using the equipment provided. Axial alignment of the spine must be maintained throughout the procedure. All "critical criteria" must have 100% accuracy for successful performance.

#### Bag-Valve-Mask Apneic Patient

Time limit: 5 minutes

**Objective:** The candidate will demonstrate the ability to adequately ventilate an airway manikin using a bag-valve-mask device.

**Essential Equipment:** Body substance isolation, bag-valve-mask resuscitator with reservoir, airway manikin, correct size oropharyngeal airway and/or nasopharyngeal airway, oxygen connecting tubing, oxygen source with variable flow regulator, and a timer.

**Performance criteria and conditions:** The candidate will be presented with a simulated patient who is in respiratory arrest, with a pulse. All "critical criteria" must have 100% accuracy for acceptable performance.

#### Immobilization Skills - Long Bone Injury

Time limit: 5 minutes

**Objective**: The candidate will demonstrate how to properly immobilize a closed, non-angulated long bone fracture of a long bone (humerus, radius, tibia, fibula).

**Essential Equipment**: Body substance isolation, patient, splinting materials, and timer. (suggested: trained assistant, moulage kit)

**Performance criteria and conditions:** The candidate will be presented with a patient who has a suspected fracture of the humerus, radius, tibia, or fibula. All "critical criteria" must have 100% accuracy for acceptable performance.

### Immobilization Skills - Joint Injury

**Time limit:** 5 minutes

**Objective:** Demonstrate how to properly immobilize an isolated shoulder injury by applying a sling and swathe.

**Essential Equipment:** Body substance isolation, splinting materials, and timer. (suggested: trained assistant)

**Performance criteria and conditions:** Given an appropriate scenario, treat the isolated problem of a closed joint injury. All critical criteria must have 100% accuracy for acceptable performance.

## Immobilization Skills - Traction Splinting

Time limit: 10 minutes

**Objective:** The candidate will demonstrate the proper method of applying a traction splint to a mid-shaft fracture of the femur.

**Essential Equipment:** Body substance isolation, traction splint (Hare or Sager), padding material, patient, trained assistant, and timer.

**Performance criteria and conditions:** The candidate will be presented with a supine conscious patient with a closed, mid-shaft fracture of the femur. The patient has no other trauma and C-Spine precautions are not necessary. Utilizing a trained assistant, the candidate must properly apply the traction splint. All "critical criteria" must have 100% accuracy for acceptable performance.

## Bleeding Control/Shock Management

**Time limit:** 10 minutes

**Objective:** Demonstrate control of bleeding by direct pressure, elevation and pressure point and treat of a patient exhibiting signs and symptoms of hypoperfusion.

**Essential Equipment:** Body substance isolation, dressing and bandaging materials, blanket, non-rebreather mask, oxygen equipment, patient and timer.

**Performance criteria and conditions:** Given a scenario of a patient with a laceration to the lower arm, the candidate will properly manage the care of the patient. No other trauma is present and C-Spine precautions are not necessary. All critical criteria must have 100% accuracy for acceptable performance.

## Upper Airway Adjuncts and Suction

**Time limit:** 5 minutes

**Objective:** The candidate will demonstrate the ability to correctly state the preconditions for, measure the appropriate size of and insert an oropharyngeal airway. The candidate will demonstrate the ability to correctly state the preconditions for; measure the appropriate size of and insert the nasopharyngeal airway. The candidate will demonstrate the ability to correctly suction an oropharynx.

**Essential Equipment:** Body substance isolation, airway manikin, selection of oropharyngeal airway, selection of naso-pharyngeal airway, water soluble lubricant, suction device, tonsil tip suction equipment, and timer.

Performance criteria and conditions: The candidate will be presented with an airway manikin, a selection of oropharyngeal and nasopharyngeal airways and suction device. The candidate must correctly size and insert the

### Mouth-to-Mask With Supplemental Oxygen

Time limit: 5 minutes

**Objective:** The candidate will demonstrate the ability to adequately ventilate a patient using a pocket mask with an oxygen port and one-way valve.

**Essential Equipment:** Body substance isolation, pocket mask with one way valve and oxygen port, airway manikin, oxygen source with variable flow, and a timer.

**Performance criteria and conditions:** The candidate will be presented with a scenario of a patient who is in respiratory arrest, with pulse. All "critical criteria" must have 100% accuracy for acceptable performance.

## Oxygen Administration

Time limit: 5 minutes

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

**Essential Equipment:** Body substance isolation, airway manikin, oxygen cylinder, oxygen regulator for free flow use, cylinder wrench, non-rebreather mask with reservoir, nasal cannula, and timer.

**Performance criteria and conditions:** Given an appropriate scenario, the candidate will be able to assemble the necessary equipment and deliver oxygen at a rate specified using the correct delivery device. All "critical criteria" must have 100% accuracy for acceptable performance.

### **Emergency Childbirth**

**Time limit:** 10 minutes

**Objective**: The candidate will demonstrate the ability to safely and effectively deliver a full-term infant.

**Essential Equipment:** Body substance isolation, OB manikin, OB Kit, and timer.

**Performance criteria and conditions:** The candidate will be presented with an OB manikin with signs of imminent delivery (crowning present). All "critical criteria" must have 100% accuracy for acceptable performance.

## Soft Tissue Injury

**Time limit:** 5 minutes

**Objective**: The candidate will demonstrate how to properly care for a patient with an amputated or avulsed body part.

**Essential Equipment:** Body substance isolation, dressing and bandaging materials, sealed bag/container, simulated body part, patient and timer.

**Performance criteria and conditions:** The candidate will be presented with a conscious patient with a thumb amputation injury. The patient has no other trauma and C-Spine precautions are not necessary. All "critical criteria" must have 100% accuracy for acceptable performance.

# PATIENT ASSESSMENT - TRAUMA

Candidate's Name:	Date:		
Start Time: Stop Time: Complete	ed w/in allotted timeframe*: No No		
Evaluator's Name:			
		Points	Points
		Possible	Awarded
Takes, or verbalizes, body substance isolation precautions  SCENE SIZE UP		1	
		1	1
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary  Considers stabilization of spine		1	
INITIAL ASSESSMENT		1	
		1	1
Verbalizes general impression of the patient	A T/ D II	1	
Determines responsiveness/level of consciousness. Proctor circle	e one: A V P U	1	
Determines chief compliant/apparent life threats		1	
A	Assessment	1	
Assesses airway and breathing	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management	1	
	Assesses/controls major bleeding	1	
Assesses circulation	Assesses pulse	1	
	Assesses skin (color, temperature and condition)	1	
Identifies priority patients/makes transport decision		1	
FOCUSED HISTORY AND PHYSICAL EXAMINATION/	RAPID TRAUMA ASSESSMENT		
Selects appropriate assessment (focused or rapid assessment)		1	
Obtains, or directs assistant to obtain, baseline vital signs		1	
Obtains S.A.M.P.L.E. history		1	
DETAILED PHYSCIAL EXAMINATION			
	Inspects and palpates the scalp and ears (blood or fluid)	1	
Assesses the head	Assesses the eyes (PERRL)	1	
	Assesses the facial areas including oral and nasal areas	1	
	Inspects and palpates the neck	1	
Assesses the neck	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
	Inspects (bruising, scarring or area of flail)	1	
Assesses the chest	Palpates (point tenderness, equal expansion)	1	
	Auscultates (six area check)	1	
	Assesses the abdomen (bruising, scarring, palpate	1	
Assesses the abdomen/pelvis	quadrants)		
	Assesses the pelvis (pelvis rock, tenderness, stability)	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
	1 point for each extremity		
Assesses the extremities	includes inspection, palpation, and assessment of motor,	4	
	sensory and circulatory function		
Assesses the posterior	Assesses thorax	1	
(log rolls or sits patient up, according to mechanism of injury)	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately		1	
Verbalizes re-assessment of the vital signs		1	
Critical Criteria	Total:	40	
Did not take an washalire hade substance incl. (	ntions		•
Did not take, or verbalize, body substance isolation preca	utions		
Did not determine scene safety			
Did not assess for spinal protection			
Did not provide for spinal protection when indicated			
Did not provide high concentration of oxygen	handling homestra and 1 d		
Did not find, or manage, problems associated with airway			
Did not differentiate patient's need for transportation vers			
Did other detailed physical examination before assessing			
Did not transport the patient within (10) minute time limi	ι		

## PATIENT ASSESSMENT - MEDICAL

Candidate's Nan	ne:				Date:				
Start Time:	Stop Time	e: C	omplete	d w/in allot	ted timeframe*:	□ No □			
Evaluator's Nam									
								Points	Points
								Possible	Awarded
Takes, or verbaliz	zes, body substance	isolation precaution	ıs					1	
SCENE SIZE UI	P	-							!
Determines the so								1	
	echanism of injury/	nature of illness						1	
Determines the nu								1	
	al help if necessary							1	
Considers stabiliz								1	
INITIAL ASSES									
	al impression of the							1	
	nsiveness/level of co		or circle	one: A V	PU			1	
Determines chief	complaint apparent	life threats						1	
	11 41:			Assessme		1		1	
Assesses airway a	and breathing				ppropriate oxygen t	herapy		1	
					dequate ventilation	1.		1	
A1-4:					controls major blee	aing		1	
Assesses circulati	On			Assesses			1	1 1	
Idantifias priority	nationts/malsas tran	sport desision		Assesses	skin (color, tempero	iture ana conatiton	)	1	
FOCUSED HIS	patients/makes tran	ICAL EXAMINA	TION/E	A DID TD	ATIMA ACCECCM	FNT		1	
	oms/history of preser						nt)	1	
Respiratory	Cardiac	Altered Mental			Poisoning/	Environmental	Obsteti	rios I	 Behavioral
Respiratory	Cardiac	Status		llergic eaction	Overdose	Emergency	Obsteti	ics i	benaviorai
*Onset?	*Onset?	*Description of	*Histor		*Substance?	*Source?	*Pregnant	? *H	low do you
*Provokes?	*Provokes?	the episode.	allergie	es?	*When did you	*Environment?	*How far	along fee	
*Quality?	*Quality?	*Onset?	*What	were you	ingest/become	*Duration?	is pregnan	cy? *S	uicidal
*Radiates?	*Radiates?	*Duration?	expose		exposed?	*Loss of	*Pain or		dencies?
*Severity? *Time?	*Severity? *Time?	*Associated Symptoms?	*How expose	were you	*How much did you ingest?	Consciousness? *Effects-general	*Bleeding		hreat to self/ ners?
*Interventions?	*Interventions?	*Trauma?	*Effect		*Over what time	or local?	discharge		ledical
		*Interventions?	1	ession?	period?		*Need to p	oush? pro	oblem?
		*Seizures?	*Interv	entions?	*Interventions?		*Last men	strual *Ir	nterventions?
		*Fever?			*Est. Weight?		period?		
Allergies								1	
Medications								1	
Past pertinent hist	tory							1	
Last oral intake	. '11 / 1							1	
	present illness (rule							1	
	physical examination	on ( <i>assesses affecte</i>	d body p	oart/system	or, if indicated, con	ıpletes rapıd traum	а	1	
assessment)								1	
Vitals (obtains ba		1 C 1: : :		· · · · · · · · · · · · · · · · · · ·		1:4:1		1	
intervention/treat	rbalizes standing ord	aer jor meaicaiion i	nierveni	nons ana ve	rvanzes proper aac	шиопан		1	
	aluates the transpor	t decision)						1	
	nsideration for comp		vsical e	xamination				1	
	ESSMENT (verbaliz		., 51Cai C					1	
Repeats initial ass								1	
Repeats vital sign								1	
	Repeats focused assessment regarding patient complaint or injury				1				
Critical Criteria Total:					30				
Did not tak	e, or verbalize, bod	y substance isolatio	n precau	itions					
Did not det	termine scene safety	I							
	tain medical direction		ding ord	ers for med	ical interventions				
Did not pro	ovide high concentra	ation of oxygen							
	d, or manage, probl								
	ferentiate patient's								
	d or focused history		tion befo	ore assessin	g the airway, breath	ing and circulation			
	questions about pr								
Administer	red a dangerous or it	nappropriate interve	ention						

#### **AIRWAY AND BREATHING**

# BAG-VALVE-MASK/APNEIC PATIENT (W/PULSE)

\_\_ Did not allow adequate exhalation

Candidate's Nam	ie:	Date:		
Start Time:	Stop Time:	Completed w/in allotted timeframe*: No   No		
Evaluator's Nam	e:			
			Points Possible	Points Awarded
Takes, or verbal	izes, body substance isola	tion precautions	1	
Demonstrates op	pening the airway		1	
Demonstrates in	serting an airway adjunct	(oral or nasal)	1	
Selects appropris	ately sized mask		1	
Creates a proper	mask-to-face seal		1	
	nt at no less than 800 ml v	volume (adequate to achieve chest rise)  2 30 seconds)	1	
Connects the res	servoir and oxygen		1	
Adjusts liter flow	w to 15 liters/minute or gr	eater	1	
	niner indicates the arriva	al of a second EMR. The second EMR is instructed to ventilate th	e patient w	hile the
Voices re-openin			1	
Creates a proper	mask-to-face seal		1	
	nt to resume ventilation at must witness for at least	proper volume per breath 30 seconds)	1	
Critical Criteria	a	Total:	11	
Did not ta	ake, or verbalize, body su	bstance isolation precautions		
Did not in	mmediately ventilate the p	patient		
Interrupte	ed ventilations for more th	an 20 seconds		
Did not pr	rovide high concentration	of oxygen		
		to provide, proper volume/breath adequate to achieve chest rise)		

## **UPPER AIRWAY ADJUNCTS AND SUCTION**

Candidate's Name		Date:		
Start Time:	Stop Time:	Completed w/in allotted timeframe*: No No		
Evaluator's Name	:			
	ORG	OPHARYNGEAL AIRWAY	Points Possible	Points Awarde
Takes, or verbaliz	zes, body substance isola	tion precautions	1	
Selects appropria	tely sized airway adjunct	t .	1	
Measures airway	adjunct (ear lobe to corr	ner of mouth)	1	
Inserts airway wi	thout pushing the tongue	posteriorly	1	
Note: The exami	iner advises the candida	ate that the patient is gagging and becoming conscious.		
Removes the orog	pharyngeal airway		1	
	NAS	OPHARYNGEAL AIRWAY		
Note: The exami	iner advises the candida	ate to insert a nasopharyngeal airway		
Selects the appropriate the selects approximate the selects approximate the selects approximate the select approximate th	priately sized airway adj	unct	1	
Measures airway	adjunct (from the tragus	of ear to tip of nose)	1	
Verbalizes lubric	ation of the nasal airway	with water soluble lubricant	1	
Fully inserts the a	airway with the bevel fac	ing toward the septum	1	
		SUCTION		
Note: The exami	iner advises the candida	ate to suction the patient's airway		
Turns on/prepare	es suction device		1	
Assures presence	e of mechanical suction		1	
Inserts the suction	n tip without suctioning		1	
Applies suction to	o the oropharynx/nasoph	arynx for no longer than 15 seconds at a time	1	
Critical Criteria	1	Total:	13	
Did not tal	ke, or verbalize, body sub	ostance isolation precautions		
Did not ob	otain a patent airway with	the oropharyngeal airway		
Did not ob	otain a patent airway with	the nasopharyngeal airway		
Inserted ad	ljunct in a manner dange	rous to the patient		
Did not de	monstrate an acceptable	suction technique		
Applied su	action for longer than 15	seconds		

# MOUTH TO MASK WITH SUPPLEMENTAL OXYGEN

Candidate's Name: Date:					
Start Time:	Stop Time:	Completed w/in allotted timeframe*:	□ No □		
Evaluator's Name:					
				Points Possible	Points Awarded
Takes, or verbalize	es, body substance isolat	ion precautions		1	
Connects one-way	valve to mask			1	
Opens patient's air (manually or with	rway or confirms patient adjunct)	s airway is open		1	
Establishes and ma	aintains a proper mask to	o face seal		1	
Ventilates the patie (10-20 breaths per	ent at the proper volume rminute)	and rate		1	
Connects the mask	to high concentration o	foxygen		1	
Adjusts flow rate t	to at least 15 liters per m	inute		1	
Continues ventilati (10-20 breaths per	ion of patient at the propriminute)	per volume and rate		1	
Note: The examin	ner must witness for at	least 30 seconds			
Critical Criteria			Total:	8	
Did not take	e, or verbalize, body sub	stance isolation precautions			
Did not adju	ust liter flow to at least 1	5 liters per minute			
Did not ven	tilate for at least 30 seco	onds			
	vide proper volume per two (2) per minutes not	breath adequate to achieve chest rise)			
Did not ven	tilate the patient at a rate	e of 10-20 breaths per minute			
Did not allo	w for complete exhalation	on			

# OXYGEN ADMINISTRATION

Candidate's Name	<b>:</b>	Date:		
Start Time:	Stop Time:	Completed w/in allotted timeframe*: No   No		
Evaluator's Name	:			
			Points	Points
Tokas or varbaliz	zes, body substance isola	otion processitions	Possible 1	Awarded
	•	nion precautions		
	gulator to the tank		1	
Opens the tank			1	
Check for leaks			1	
Check tank pressu	ure		1	
Attaches non-rebi	reather mask to oxygen		1	
Prefills reservoir			1	
Adjusts flow to 1:	5 liters per minute		1	
Applies and adjus	sts the mask to the patien	nt's face	1	
Note: The exami	ner advises the patient	is not tolerating the non-rebreather mask and directs the candidate	ate to apply	y a nasal
cannula to the pa				
Attaches the nasa	l cannula to oxygen		1	
Adjusts liter flow	up to 6 liters per minute		1	
Applies the nasal	cannula to the patient		1	
Note: The exami	ner advises the candida	ate to discontinue oxygen therapy		
Removes the nasa	al cannula from the patie	nt	1	
Shuts off the regu	ılator		1	
Relieves the press	sure within the regulator		1	
Critical Criteria		Total:	15	
Did not tol	za or varbaliza body sul	ostance isolation precautions		
		-		
	semble the tank and regu	nator without leaks		
_	efill the reservoir bag			
Did not ad	just the device to the cor	rect liter flow for the non-rebreather mask (15 liters per minute)		
Did not ad	just the device to the cor	rect liter flow for the nasal cannula (2-6 liters per minute).		

## CARDIAC ARREST MANAGEMENT/AED

Candidate's Name:	Date:		
Start Time: Stop Time: Completed w/in allotted timefran	ne*: No		
Evaluator's Name:			
		Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions		1	
Briefly questions the rescuer about arrest events		1	
Directs rescuer to stop CPR		1	
Verifies absence of spontaneous pulse (note: examiner states "no pulse")		1	
Directs resumption of CPR		1	
Turns on defibrillator power		1	
Attaches automated defibrillator to the patient		1	
Directs rescuer to stop CPR and ensures all individuals are clear of the patient		1	
Initiates analysis of the rhythm		1	
Delivers shocks (up to three successive shocks)		1	
Verifies absence of spontaneous pulse (note: examiner states "no pulse")		1	
TRANSITION			
Directs resumption of CPR		1	
Gathers additional information about arrest event		1	
Confirms effectiveness of CPR (ventilation and compressions)		1	
INTEGRATION			
Verbalizes, or directs, insertion of a simple airway adjunct (oral/nasal airway)		1	
Verbalizes, or directs, ventilation of patient		1	
Assures high concentration of oxygen is delivered to the patient		1	
Assures CPR continues without unnecessary/prolonged interruption		1	
Re-evaluates patient/CPR in approximately one minute		1	
Repeats defibrillator sequence		1	
TRANSPORTATION			
Verbalizes transportation of patient		1	
Critical Criteria	Total:	21	
			1
Did not take, or verbalize, body substance isolation precautions			
Did not evaluate the need for immediate use of the AED			
Did not direct initiation/resumption of ventilations/compressions at appropriate ti	mes		
Did not assure all individuals were clear of the patient before delivering each show			
Did not operate the AED properly (inability to deliver shock)			

\_\_\_\_\_ Prevented the defibrillator from delivering indicated stacked shocks

#### **CIRCULATION**

## BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate's Name	:	Date:			
Start Time:	Stop Time:	Completed w/in allotted timeframe*:	□ No □		
Evaluator's Name	:				
				Points	Points
Takes or verbaliz	zes, body substance isola	tion precautions		Possible 1	Awarded
		tion precautions		1	
	essure to the wound			-	
Elevates the extre	•			1	
Note: The exami	iner informs the candida	ate that the wound continues to bleed.			
Applies an addition	onal pressure dressing to	the wound		1	
Note: The exami	iner informs the candid	ate that the wound continues to bleed.			
Locates and appli	es pressure to the approp	oriate arterial pressure point		1	
Note: The exami	iner now informs the ca	ndidate that the bleeding is controlled.			
Bandages the wor	und			1	
Note: The exami	iner now informs the ca	ndidate that patient is now showing signs	and symptoms indicati	ve of hypor	perfusion.
Properly positions	s patient (supine with leg	s elevated)		1	
Applies high cond	centration oxygen			1	
Initiates steps to p	prevent heat loss from the	e patient		1	
Indicates the need	d for immediate transport			1	
Critical Criteria			Total:	10	
Did not tak	ke, or verbalize, body sub	ostance isolation precautions			
Did not app	ply high concentration of	foxygen			
Applied a t	tourniquet before attempt	ting other methods of bleeding control			
Did not con	ntrol hemorrhage in a tim	nely manner			
Did not inc	dicate a need for immedia	ate transport			

## **NEUROLOGICAL**

# SPINAL IMMOBILIZATION – SUPINE PATIENT

\_\_\_\_\_ Immobilized the head to the board before securing the torso

Candidate's Name:	Date:		
Start Time: Stop Time	me: Completed w/in allotted timeframe*: No   No		
Evaluator's Name:			
		Points Possible	Points Awarde
Takes, or verbalizes, body subst	ance isolation precautions	1	
Directs assistant to place/mainta	in head in the neutral in-line position	1	
Directs assistant to maintain ma	nual immobilization of the head	1	
Assesses motor, sensory and cir	culatory function in each extremity	1	
Applies appropriately sized extr	ication collar	1	
Positions the immobilization de	vice appropriately	1	
Directs movement of the patient	onto the device without compromising the integrity of the spine	1	
Applies padding to voids between	en the torso and the board as necessary	1	
Immobilizes the patient's torso	to the device	1	
Immobilizes the patient's legs to	the device	1	
Evaluates and pads behind the p	atient's head as necessary	1	
Immobilizes the patient's head t	to the device	1	
Secures the patient's arms to the	e device as necessary	1	
Reassesses motor, sensory and c	circulatory function in each extremity	1	
	m . 1	1.1	
Critical Criteria	Total:	14	
Did not take, or verbalize	e, body substance isolation precautions		
	ct, or take, manual immobilization of the head		
•	ase of, manual immobilization before it was maintained mechanically		
Patient manipulated, or m	noved excessively, causing potential spinal compromise		
Head immobilization allo	ows for excessive movement		
Upon completion of imm	obilization, head is not in the neutral position		
Did not assess motor, sen	sory and circulatory function in each extremity before and after immobilization	to the devic	e

# SPINAL IMMOBILIZATION – SEATED PATIENT

\_\_\_\_\_ Immobilized the head to device before securing the torso

Candid	te's Name:	Date:		
Start Ti	ne: Stop Time:	Completed w/in allotted timeframe*: No   No		
Evaluat	or's Name:			
			Points Possible	Points Awarde
Takes,	or verbalizes, body substance isolation	on precautions	1	
Directs	assistant to place/maintain head in t	ne neutral in-line position	1	
Directs	assistant to maintain manual immob	ilization of the head	1	
Assess	s motor, sensory and circulatory fun	ction in each extremity	1	
Applie	appropriately sized extrication colla	ır	1	
Positio	s the immobilization device behind	the patient	1	
Secure	the device to the patient – torso stra	ps – then leg straps	1	
Evalua	es the torso fixation and adjusts as n	ecessary	1	
Evalua	es and pads behind the patient's hea	d as necessary	1	
Secure	the patient's head to the device		1	
Reasse	ses motor, sensory and circulatory f	unction in each extremity	1	
Verbal	zes moving the patient to a long boa	rd	1	
Critica	Criteria	Total:	12	
1	oid not take, or verbalize, body subs	tance isolation precautions		
]	Did not immediately direct, or take, 1	nanual immobilization of the head		
]	teleased, or ordered release of, manu	ual immobilization before it was maintained mechanically		
1	atient manipulated, or moved exces	sively, causing potential spinal compromise		
1	lead immobilization allows for exce	ssive movement		
	Corso fixation inhibits chest rise, resu	alting in respiratory compromise		
	Jpon completion of immobilization,	head is not in the neutral position		
1	oid not assess motor, sensory and cir	culatory function in each extremity before and after immobilization to	thedevice	e

## **SOFT TISSUE INJURY**

Candidate's Name	e:	Date:		
Start Time:	Stop Time:	Completed w/in allotted timeframe*: No   No		
Evaluator's Name	e:			
			Points	Points
			Possible	Awarded
Takes, or verbali	zes, body substance isola	tion precautions	1	
Controls bleeding	g, if present		1	
Immobilizes inju	ared body part in position	of comfort and dresses wound	1	
	sensory and circulatory foculatory function are pr	unction in the injured extremity (note: examiner states "motor, esent and normal")	1	
Places avulsed ti	ssue or amputated part in	a sterile dressing and places in sealed container	1	
Applies ice or co	old pack to container, assu	ring no direct contact with tissue	1	
Transports avuls	ed tissue or amputated pa	rt with patient.	1	
Critical Criteria	a	Total:	7	
Did not ta	ke, or verbalize, body sub	ostance isolation precautions		
Did not co	ontrol bleeding, if present			
Placed avi	ulsed tissue or amputated	body part in direct contact with ice or cold pack		

\_\_\_\_\_ Did not transport avulsed or amputated body part with patient

#### **MUSCULOSKELETAL**

# IMMOBILIZATION SKILLS – LONG BONE INJURY

Candidate's Name:		Date:		
Start Time:	Stop Time:	Completed w/in allotted timeframe*: No No		
Evaluator's Name:				
			Points Possible	Points Awarded
Takes, or verbalize	s, body substance isola	tion precautions	1	
Directs application	of manual stabilization	n of the injury	1	
	nsory and circulatory for latory function are pr	unction in the injured extremity (note: examiner states "motor, esent and normal")	1	
Measures the splint	t		1	
Applies the splint			1	
Immobilizes the joi	int above the injury site		1	
Immobilizes the joi	int below the injury site		1	
Secures the entire i	njured extremity		1	
Immobilizes the ha	nd/foot in the position	of function	1	
	sensory and circulatory latory function are pr	function in the injured extremity (note: examiner states "motor, esent and normal")	1	
Critical Criteria		Total:	10	
Did not take	, or verbalize, body sub	ostance isolation precautions		
Grossly mov	ves the injured extremit	y		
Did not imm	nobilize the joint above	and the joint below the injury site		

\_\_\_\_\_ Did not assess motor, sensory and circulatory function in the injured extremity before and after splinting

# IMMOBILIZATION SKILLS – JOINT INJURY

Candidate's Name:		Date:		
Start Time:	Stop Time:	Completed w/in allotted timeframe*: No No		
Evaluator's Name:				
			Points Possible	Points Awarded
Takes, or verbalizes	, body substance isola	tion precautions	1	
Directs application	of manual stabilization	of the shoulder injury	1	
	sory and circulatory fuatory function are pr	unction in the injured extremity (note: examiner states "motor, esent and normal")	1	
Selects the proper s	plinting materials		1	
Immobilizes the site	e of the injury		1	
Immobilizes the bor	ne above the injury site		1	
Immobilizes the bor	ne below the injury site	e	1	
· ·	ensory and circulatory atory function are pr	function in the injured extremity (note: examiner states "motor, esent and normal")	1	
Critical Criteria		Total:	8	
Did not take,	or verbalize, body sub	ostance isolation precautions		
Did not supp	ort the joint so that the	joint did not bear distal weight		
Did not imm	obilize the bone above	and the bone below the injury site		

\_\_\_\_ Did not assess motor, sensory and circulatory function in the injured extremity before and after splinting

## **EMERGENCY CHILDBIRTH**

Candidate's Name:		Date:	
Start Time:	Stop Time:	Completed w/in allotted timeframe*:	□ No □
Evaluator's Name:			_

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	*	
Reassures patient and request permission to treat	*	
Asks, "Are you under a doctor's care?"	1	
Asks, "Does your doctor expect any problems with delivery?"	*	
Asks, "Is this your first baby?"	1	
Asks, "When is your baby due?"	*	
Asks, "When did your contractions begin?"	1	
Asks, "How far apart are the contractions?"	*	
Asks, "Has your water broken?"	*	
Asks, "Do you feel a need to bear down, or move your bowels?"	*	
Explains and reassures the need to check for crowning or abnormal bleeding	1	
Observes for crowning	1	
States to evaluator, presence or absence of prolapsed cord or abnormal presentation	1	
Opens O.B. Kit, attempts to cleanse and drape area, prepares for delivery	1	
Puts gloves on using sterile technique	1	
With one hand, applies gentle pressure to baby's head to prevent sudden expulsion	*	
With other hand, applies gentle downward pressure to the perineum directly below vaginal opening to prevent tearing	*	
States presence or absence of cord around the baby's neck	*	
Note: The examiner advises "the cord is wrapped ahead the baby's head."		
Loosens and slips cord over baby's head	*	
Suctions baby's mouth, then nose (once head has delivered)	*	
Applies gentle downward pressure to head to release upper shoulder	1	
Applies gentle upward pressure to head to release lower shoulder	1	
Holds baby securely.	1	
Suctions mouth and nose again	*	
Note: The examiner advises "The baby is out, has a pulse, but is not breathing."	_	
Stimulates baby with brisk rub or flicking feet	*	
Note: The examiner advises "The baby is crying now."		
Wraps baby in clean blanket	*	
Clamps cord  1st clamp - 6" to 8" from baby  2nd clamp - 2" to 4" from 1st clamp, toward mother (cut between clamps)	*	
Gives baby to mother	1	
Massages uterus	1	
Places placenta in plastic bag	1	
Critical Criteria Total:	14	

\_\_\_\_ Did not perform all points marked with \*

See back of form for instructions for completion

	See back of form for instruction		
1a. Name as shown on FR/EMR Certificate	1b. Certificate Number	1c. Signature	
1d. Certifying Authority	1e. Date I certify, under the penalty of perjury, that the information contained on this form is accurate.		
Skill	Verification of Competency		
1. Patient examination, trauma patient;	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
2. Patient examination, medical patient	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
3. Airway emergencies	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
4. Breathing emergencies	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
5. Automated external defibrillation	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
6. Circulation emergencies	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
7. Neurological emergencies	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
8. Soft tissue injury	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
9. Musculoskeletal injury	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	
10. Obstetrical emergencies	Affiliation	Date	
Signature of Person Verifying Competency	Print Name	Certification / License Number	

Tuolumne County EMS Agency First Responder/Emergency Medical Responder Skills Competency Verification Form

A completed FR/EMR Skills Verification Form is required to accompany an FR/EMR recertification application for those individuals who are either maintaining EMT-I certification without a lapse or to renew EMT-I certification with a lapse in certification less than one year.

#### 1a. Name of Certificate Holder

Provide the complete name, last name first, of the FR/EMR certificate holder who is demonstrating skills competency.

#### 1b. Certificate Number

Provide the FR/EMR certification number from the current or lapsed FR/EMR certificate of the FR/EMR certificate holder who is demonstrating competency.

#### 1c. Signature

Signature of the FR/EMR certificate holder who is demonstrating competency. By signing this section the FR/EMR is verifying that the information contained on this form is accurate and that the FR/EMR certificate holder has demonstrated competency in the skills listed to a qualified individual.

#### 1d. Certifying Authority

Provide the name of the FR/EMR certifying authority for which the individual will be certifying through.

#### **Verification of Competency**

- 1. Affiliation Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
- 2. Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall sign the FR/EMR Skills Competency Verification Form for that skill.
- 3. Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMT-I, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified instructor designated by an EMS approved training program (FR/EMR Training Program, EMT-I training program, paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be limited to, public safety agencies, private ambulance providers, and other EMS providers.
- **4.** Certification or License Number Provide the certification or license number for the individual verifying competency.
- **5.** Date- Enter the date that the individual demonstrates competency in each skill.
- **6.** Print Name Print the name of the individual verifying competency in the skill.

Verification of skills competency shall be valid to apply for FR/EMR recertification for a maximum of two years from the date of verification.