

# EMR Skills Workbook

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2024

Tuolumne County EMS Agency: Emergency Medical Responder Skills  
Workbook

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## **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.

## 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

airway(s) and suction the patient. All "critical criteria" must have 100% accuracy for acceptable performance.

## 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: \_\_\_\_\_ Completed w/in allotted timeframe\*: Yes  No

Evaluator's Name: \_\_\_\_\_

		Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions		1	
<b>SCENE SIZE UP</b>			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness. Proctor circle one: A V P U		1	
Determines chief complaint/apparent life threats		1	
Assesses airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
	Injury management	1	
Assesses circulation	Assesses/controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin ( <i>color, temperature and condition</i> )	1	
Identifies priority patients/makes transport decision		1	
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT</b>			
Selects appropriate assessment ( <i>focused or rapid assessment</i> )		1	
Obtains, or directs assistant to obtain, baseline vital signs		1	
Obtains S.A.M.P.L.E. history		1	
<b>DETAILED PHYSICAL EXAMINATION</b>			
Assesses the head	Inspects and palpates the scalp and ears ( <i>blood or fluid</i> )	1	
	Assesses the eyes ( <i>PERRL</i> )	1	
	Assesses the facial areas including oral and nasal areas	1	
Assesses the neck	Inspects and palpates the neck	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assesses the chest	Inspects ( <i>bruising, scarring or area of flail</i> )	1	
	Palpates ( <i>point tenderness, equal expansion</i> )	1	
	Auscultates ( <i>six area check</i> )	1	
Assesses the abdomen/pelvis	Assesses the abdomen ( <i>bruising, scarring, palpate quadrants</i> )	1	
	Assesses the pelvis ( <i>pelvis rock, tenderness, stability</i> )	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assesses the extremities	1 point for each extremity	4	
	includes inspection, palpation, and assessment of motor, sensory and circulatory function		
Assesses the posterior ( <i>log rolls or sits patient up, according to mechanism of injury</i> )	Assesses thorax	1	
	Assesses lumbar	1	
Manages secondary injuries and wounds appropriately		1	
Verbalizes re-assessment of the vital signs		1	
<b>Critical Criteria</b>		<b>Total:</b>	<b>40</b>

- \_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions
- \_\_\_\_\_ Did not determine scene safety
- \_\_\_\_\_ Did not assess for spinal protection
- \_\_\_\_\_ Did not provide for spinal protection when indicated
- \_\_\_\_\_ Did not provide high concentration of oxygen
- \_\_\_\_\_ Did not find, or manage, problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- \_\_\_\_\_ Did not differentiate patient's need for transportation versus continued assessment at the scene
- \_\_\_\_\_ Did not do detailed physical examination before assessing the airway, breathing and circulation
- \_\_\_\_\_ Did not transport the patient within (10) minute time limit

## PATIENT ASSESSMENT - MEDICAL

Candidate's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Completed w/in allotted timeframe\*: Yes  No

Evaluator's Name: \_\_\_\_\_

		Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions		1	
<b>SCENE SIZE UP</b>			
Determines the scene is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness. Proctor circle one: A V P U		1	
Determines chief complaint apparent life threats		1	
Assesses airway and breathing	Assessment	1	
	Initiates appropriate oxygen therapy	1	
	Assures adequate ventilation	1	
Assesses circulation	Assesses/controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin ( <i>color, temperature and condition</i> )	1	
Identifies priority patients/makes transport decision		1	
<b>FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT</b>			
Signs and symptoms/history of present illness ( <i>candidate must ask a minimum of four questions to be awarded point</i> )		1	
Respiratory	Cardiac	Altered Mental Status	Allergic Reaction
*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Description of the episode. *Onset? *Duration? *Associated Symptoms? *Trauma? *Interventions? *Seizures? *Fever?	*History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progression? *Interventions?
Poisoning/ Overdose	Environmental Emergency	Obstetrics	Behavioral
*Substance? *When did you ingest/become exposed? *How much did you ingest? *Over what time period? *Interventions? *Est. Weight?	*Source? *Environment? *Duration? *Loss of Consciousness? *Effects-general or local?	*Pregnant? *How far along is pregnancy? *Pain or contractions? *Bleeding or discharge? *Need to push? *Last menstrual period?	*How do you feel? *Suicidal tendencies? *Threat to self/others? *Medical problem? *Interventions?
Allergies		1	
Medications		1	
Past pertinent history		1	
Last oral intake		1	
Event leading to present illness ( <i>rule out trauma</i> )		1	
Performs focused physical examination ( <i>assesses affected body part/system or, if indicated, completes rapid trauma assessment</i> )		1	
Vitals ( <i>obtains baseline vital signs</i> )		1	
Interventions ( <i>verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment</i> )		1	
Transports ( <i>re-evaluates the transport decision</i> )		1	
Verbalizes the consideration for completing a detailed physical examination		1	
<b>ONGOING ASSESSMENT (<i>verbalized</i>)</b>			
Repeats initial assessment		1	
Repeats vital signs		1	
Repeats focused assessment regarding patient complaint or injury		1	
<b>Critical Criteria</b>		<b>Total:</b>	<b>30</b>

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

## AIRWAY AND BREATHING

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

Candidate's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Completed w/in allotted timeframe\*: Yes  No

Evaluator's Name: \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Demonstrates opening the airway	1	
Demonstrates inserting an airway adjunct ( <i>oral or nasal</i> )	1	
Selects appropriately sized mask	1	
Creates a proper mask-to-face seal	1	
Ventilates patient at no less than 800 ml volume ( <i>adequate to achieve chest rise</i> ) <b>(The examiner must witness for at least 30 seconds)</b>	1	
Connects the reservoir and oxygen	1	
Adjusts liter flow to 15 liters/minute or greater	1	
<b>Note: The examiner indicates the arrival of a second EMR. The second EMR is instructed to ventilate the patient while the candidate controls mask and the airway</b>		
Voices re-opening the airway	1	
Creates a proper mask-to-face seal	1	
Instructs assistant to resume ventilation at proper volume per breath <b>(The examiner must witness for at least 30 seconds)</b>	1	
<b>Critical Criteria</b>	<b>Total:</b>	<b>11</b>

- \_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions
- \_\_\_\_\_ Did not immediately ventilate the patient
- \_\_\_\_\_ Interrupted ventilations for more than 20 seconds
- \_\_\_\_\_ Did not provide high concentration of oxygen
- \_\_\_\_\_ Did not provide, or direct assistant to provide, proper volume/ breath  
(*more than two (2) per minute not adequate to achieve chest rise*)
- \_\_\_\_\_ Did not allow adequate exhalation

# UPPER AIRWAY ADJUNCTS AND SUCTION

Candidate's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Completed w/in allotted timeframe\*: Yes  No

Evaluator's Name: \_\_\_\_\_

## OROPHARYNGEAL AIRWAY

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Selects appropriately sized airway adjunct	1	
Measures airway adjunct ( <i>ear lobe to corner of mouth</i> )	1	
Inserts airway without pushing the tongue posteriorly	1	
<b>Note: The examiner advises the candidate that the patient is gagging and becoming conscious.</b>		
Removes the oropharyngeal airway	1	

## NASOPHARYNGEAL AIRWAY

<b>Note: The examiner advises the candidate to insert a nasopharyngeal airway</b>		
Selects the appropriately sized airway adjunct	1	
Measures airway adjunct ( <i>from the tragus of ear to tip of nose</i> )	1	
Verbalizes lubrication of the nasal airway with water soluble lubricant	1	
Fully inserts the airway with the bevel facing toward the septum	1	

## SUCTION

<b>Note: The examiner advises the candidate to suction the patient's airway</b>		
Turns on/prepares suction device	1	
Assures presence of mechanical suction	1	
Inserts the suction tip without suctioning	1	
Applies suction to the oropharynx/nasopharynx for no longer than 15 seconds at a time	1	
<b>Critical Criteria</b>	<b>Total:</b>	<b>13</b>

\_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions

\_\_\_\_\_ Did not obtain a patent airway with the oropharyngeal airway

\_\_\_\_\_ Did not obtain a patent airway with the nasopharyngeal airway

\_\_\_\_\_ Inserted adjunct in a manner dangerous to the patient

\_\_\_\_\_ Did not demonstrate an acceptable suction technique

\_\_\_\_\_ Applied suction for longer than 15 seconds

# MOUTH TO MASK WITH SUPPLEMENTAL OXYGEN

Candidate's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

Stop Time: \_\_\_\_\_

Completed w/in allotted timeframe\*: Yes  No

Evaluator's Name: \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Connects one-way valve to mask	1	
Opens patient's airway or confirms patient's airway is open <i>(manually or with adjunct)</i>	1	
Establishes and maintains a proper mask to face seal	1	
Ventilates the patient at the proper volume and rate <i>(10-20 breaths per minute)</i>	1	
Connects the mask to high concentration of oxygen	1	
Adjusts flow rate to at least 15 liters per minute	1	
Continues ventilation of patient at the proper volume and rate <i>(10-20 breaths per minute)</i>	1	
<b>Note: The examiner must witness for at least 30 seconds</b>		
<b>Critical Criteria</b>	<b>Total:</b>	<b>8</b>

\_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions

\_\_\_\_\_ Did not adjust liter flow to at least 15 liters per minute

\_\_\_\_\_ Did not ventilate for at least 30 seconds

\_\_\_\_\_ Did not provide proper volume per breath  
*(more than two (2) per minutes not adequate to achieve chest rise)*

\_\_\_\_\_ Did not ventilate the patient at a rate of 10-20 breaths per minute

\_\_\_\_\_ Did not allow for complete exhalation

# OXYGEN ADMINISTRATION

Candidate's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Completed w/in allotted timeframe\*: Yes  No

Evaluator's Name: \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Assembles the regulator to the tank	1	
Opens the tank	1	
Check for leaks	1	
Check tank pressure	1	
Attaches non-rebreather mask to oxygen	1	
Prefills reservoir	1	
Adjusts flow to 15 liters per minute	1	
Applies and adjusts the mask to the patient's face	1	
<b>Note: The examiner advises the patient is not tolerating the non-rebreather mask and directs the candidate to apply a nasal cannula to the patient.</b>		
Attaches the nasal cannula to oxygen	1	
Adjusts liter flow up to 6 liters per minute	1	
Applies the nasal cannula to the patient	1	
<b>Note: The examiner advises the candidate to discontinue oxygen therapy</b>		
Removes the nasal cannula from the patient	1	
Shuts off the regulator	1	
Relieves the pressure within the regulator	1	
<b>Critical Criteria</b>	<b>Total:</b>	<b>15</b>

\_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions

\_\_\_\_\_ Did not assemble the tank and regulator without leaks

\_\_\_\_\_ Did not prefill the reservoir bag

\_\_\_\_\_ Did not adjust the device to the correct liter flow for the non-rebreather mask (15 liters per minute)

\_\_\_\_\_ Did not adjust the device to the correct 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 timeframe\*: Yes  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 ( <b>note: examiner states "no pulse"</b> )	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 ( <i>up to three successive shocks</i> )	1	
Verifies absence of spontaneous pulse ( <b>note: examiner states "no pulse"</b> )	1	
<b>TRANSITION</b>		
Directs resumption of CPR	1	
Gathers additional information about arrest event	1	
Confirms effectiveness of CPR ( <i>ventilation and compressions</i> )	1	
<b>INTEGRATION</b>		
Verbalizes, or directs, insertion of a simple airway adjunct ( <i>oral/nasal airway</i> )	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	
<b>TRANSPORTATION</b>		
Verbalizes transportation of patient	1	
<b>Critical Criteria</b>	<b>Total:</b>	<b>21</b>

- \_\_\_\_\_ 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 times
- \_\_\_\_\_ Did not assure all individuals were clear of the patient before delivering each shock
- \_\_\_\_\_ 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\*: Yes  No

Evaluator's Name: \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
<b>Note: The examiner informs the candidate that the wound continues to bleed.</b>		
Applies an additional pressure dressing to the wound	1	
<b>Note: The examiner informs the candidate that the wound continues to bleed.</b>		
Locates and applies pressure to the appropriate arterial pressure point	1	
<b>Note: The examiner now informs the candidate that the bleeding is controlled.</b>		
Bandages the wound	1	
<b>Note: The examiner now informs the candidate that patient is now showing signs and symptoms indicative of hypoperfusion.</b>		
Properly positions patient ( <i>supine with legs elevated</i> )	1	
Applies high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transport	1	
<b>Critical Criteria</b>	<b>Total:</b>	<b>10</b>

\_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions

\_\_\_\_\_ Did not apply high concentration of oxygen

\_\_\_\_\_ Applied a tourniquet before attempting other methods of bleeding control

\_\_\_\_\_ Did not control hemorrhage in a timely manner

\_\_\_\_\_ Did not indicate a need for immediate transport



## NEUROLOGICAL

### SPINAL IMMOBILIZATION – SUPINE PATIENT

**Candidate's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Completed w/in allotted timeframe\*: Yes  No

**Evaluator's Name:** \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the board as necessary	1	
Immobilizes the patient's torso to the device	1	
Immobilizes the patient's legs to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's arms to the device as necessary	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
<b>Critical Criteria</b>	<b>Total:</b>	<b>14</b>

\_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions

\_\_\_\_\_ Did not immediately direct, or take, manual immobilization of the head

\_\_\_\_\_ Released, or ordered release of, manual immobilization before it was maintained mechanically

\_\_\_\_\_ Patient manipulated, or moved excessively, causing potential spinal compromise

\_\_\_\_\_ Head immobilization allows for excessive movement

\_\_\_\_\_ Upon completion of immobilization, head is not in the neutral position

\_\_\_\_\_ Did not assess motor, sensory and circulatory function in each extremity before and after immobilization to the device

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

# SPINAL IMMOBILIZATION – SEATED PATIENT

**Candidate's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Completed w/in allotted timeframe\*: Yes  No

**Evaluator's Name:** \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs assistant to place/maintain head in the neutral in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient – torso straps – then leg straps	1	
Evaluates the torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Verbalizes moving the patient to a long board	1	
<b>Critical Criteria</b>	<b>Total:</b>	<b>12</b>

- \_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions
- \_\_\_\_\_ Did not immediately direct, or take, manual immobilization of the head
- \_\_\_\_\_ Released, or ordered release of, manual immobilization before it was maintained mechanically
- \_\_\_\_\_ Patient manipulated, or moved excessively, causing potential spinal compromise
- \_\_\_\_\_ Head immobilization allows for excessive movement
- \_\_\_\_\_ Torso fixation inhibits chest rise, resulting in respiratory compromise
- \_\_\_\_\_ Upon completion of immobilization, head is not in the neutral position
- \_\_\_\_\_ Did not assess motor, sensory and circulatory function in each extremity before and after immobilization to the device
- \_\_\_\_\_ Immobilized the head to device before securing the torso

## SOFT TISSUE INJURY

Candidate's Name:

Date:

Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Completed w/in allotted timeframe\*: Yes  No

Evaluator's Name: \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Controls bleeding, if present	1	
Immobilizes injured body part in position of comfort and dresses wound	1	
Assesses motor, sensory and circulatory function in the injured extremity ( <b>note: examiner states "motor, sensory and circulatory function are present and normal"</b> )	1	
Places avulsed tissue or amputated part in a sterile dressing and places in sealed container	1	
Applies ice or cold pack to container, assuring no direct contact with tissue	1	
Transports avulsed tissue or amputated part with patient.	1	
<b>Critical Criteria</b>	<b>Total:</b>	<b>7</b>

\_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions

\_\_\_\_\_ Did not control bleeding, if present

\_\_\_\_\_ Placed avulsed 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\*: Yes  No

Evaluator's Name: \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses motor, sensory and circulatory function in the injured extremity ( <b>note: examiner states "motor, sensory and circulatory function are present and normal"</b> )	1	
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses motor, sensory and circulatory function in the injured extremity ( <b>note: examiner states "motor, sensory and circulatory function are present and normal"</b> )	1	
<b>Critical Criteria</b>	<b>Total:</b>	<b>10</b>

\_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions

\_\_\_\_\_ Grossly moves the injured extremity

\_\_\_\_\_ Did not immobilize 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\*: Yes  No

Evaluator's Name: \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs application of manual stabilization of the shoulder injury	1	
Assesses motor, sensory and circulatory function in the injured extremity ( <b>note: examiner states “motor, sensory and circulatory function are present and normal”</b> )	1	
Selects the proper splinting materials	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Reassesses motor, sensory and circulatory function in the injured extremity ( <b>note: examiner states “motor, sensory and circulatory function are present and normal”</b> )	1	
<b>Critical Criteria</b>	<b>Total:</b>	<b>8</b>

\_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions

\_\_\_\_\_ Did not support the joint so that the joint did not bear distal weight

\_\_\_\_\_ Did not immobilize the bone above and the bone below the injury site

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

# IMMOBILIZATION SKILLS - TRACTION SPLINTING

Candidate's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Completed w/in allotted timeframe\*: Yes  No

Evaluator's Name: \_\_\_\_\_

	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation precautions	1	
Directs application of manual stabilization of the injured leg	1	
Assesses motor, sensory and circulatory function in the injured extremity ( <b>note: examiner states "motor, sensory and circulatory function are present and normal"</b> )	1	
Directs application of manual traction	1	
Prepares/adjusts splint to the proper length	1	
Positions the splint to the injured leg ( <i>Sager – padded crossarm snugly against groin, extends approx. four inches past sole of foot. Hare – under leg, extends 6-8 inches past uninjured foot</i> )	1	
Applies the proximal securing device ( <i>e.g. ischial strap</i> )	1	
Applies the distal securing device ( <i>e.g. ankle hitch</i> )	1	
Applies mechanical traction	1	
Positions/secures the support straps	1	
Re-evaluates the proximal/distal securing devices	1	
Reassesses motor, sensory and circulatory function in the injured extremity ( <b>note: examiner states "motor, sensory and circulatory function are present and normal"</b> )	1	
Verbalizes securing the torso to the long board to immobilize hip	1	
Verbalized securing the splint to the long board to prevent movement of the splint	1	
<b>Critical Criteria</b>	<b>Total:</b>	<b>14</b>

\_\_\_\_\_ Did not take, or verbalize, body substance isolation precautions

\_\_\_\_\_ Loss of traction at any point after it was applied

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

\_\_\_\_\_ The foot was excessively rotated or extended after splint was applied

\_\_\_\_\_ Did not secure the ischial strap before taking traction

\_\_\_\_\_ Final immobilization failed to support the femur or prevent rotation of the injured leg

\_\_\_\_\_ Secured the leg to the splint before applying mechanical traction

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

Note: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

## EMERGENCY CHILDBIRTH

Candidate's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Completed w/in allotted timeframe\*: Yes  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	*	
<b>Note: The examiner advises "the cord is wrapped ahead the baby's head."</b>		
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	*	
<b>Note: The examiner advises "The baby is out, has a pulse, but is not breathing."</b>		
Stimulates baby with brisk rub or flicking feet	*	
<b>Note: The examiner advises "The baby is crying now."</b>		
Wraps baby in clean blanket	*	
Clamps cord 1 <sup>st</sup> clamp - 6" to 8" from baby 2 <sup>nd</sup> clamp - 2" to 4" from 1 <sup>st</sup> clamp, toward mother (cut between clamps)	*	
Gives baby to mother	1	
Massages uterus	1	
Places placenta in plastic bag	1	
<b>Critical Criteria</b>	<b>Total:</b>	<b>14</b>

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

See back of form for instructions for completion

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	
<b>1. Patient examination, trauma patient;</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>2. Patient examination, medical patient</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>3. Airway emergencies</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>4. Breathing emergencies</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>5. Automated external defibrillation</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>6. Circulation emergencies</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>7. Neurological emergencies</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>8. Soft tissue injury</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>9. Musculoskeletal injury</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number
<b>10. Obstetrical emergencies</b>	Affiliation	Date
Signature of Person Verifying Competency	Print Name	Certification / License Number



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.