## APPENDIX XVI: EMS Student Handbook Sample

# EMERGENCY MEDICAL TECHNICIAN - BASIC

# TRAINING PROGRAM

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# MISSION STATEMENT
## (Place here)

The Mission of the Fire Department is to:

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

## *Introduction*

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

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

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

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

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

# *General Information*

### Location

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

### Hours

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

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

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

### Daily Schedule

The daily schedule will generally follow this format:

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

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

### Parking

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

### Attendance

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

If you know that you will miss a class for the rare unforeseen emergency, i.e., “Rules for Recruit Members #18 - Injuries”, you must contact the primary instructor prior to that class. All hours

missed will need to be made up in the form of essays on the information presented that day. The test or exam must be made up during the remedial hour of the following week.

**Smoking**

Smoking is prohibited in the building.

**Chemical Substance Use**

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

**Discrimination**

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

**Rules for Recruit Members**

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

**Staff and Contact Numbers**

*(Your Program Contact information would be inserted here.)*

# *Program Responsibilities*

## Performance Standards

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

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

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

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

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

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

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

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

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

## Textbook

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

## Ambulance Ridealong

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

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

## Emergency Department Rotation

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

## Dress Code

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

### Professional Conduct

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

### Building Maintenance

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

## *Successful Completion Criteria*

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

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

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

# EMERGENCY MEDICAL TECHNICIAN - BASIC

# TRAINING PROGRAM

# SECTION 5: COURSE SCHEDULE

# 97th Class Course Schedule

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

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

# EMERGENCY MEDICAL TECHNICIAN - BASIC

# TRAINING PROGRAM

# SECTION 6: CHAPTER OBJECTIVES

## CHAPTER 1: INTRODUCTION TO EMERGENCY MEDICAL CARE

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

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

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

## CHAPTER 3: MEDICAL/LEGAL AND ETHICAL ISSUES

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

## CHAPTER 4: THE HUMAN BODY

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

## CHAPTER 5: LIFTING AND MOVING PATIENTS

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

## CHAPTER 6: AIRWAY MANAGEMENT

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

## CHAPTER 7: SCENE SIZE-UP

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

## CHAPTER 8: THE INITIAL ASSESSMENT

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

## CHAPTER 9: BASELINE VITAL SIGNS AND SAMPLE HISTORY

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

## CHAPTER 10: THE FOCUSED HISTORY AND PHYSICAL EXAM: TRAUMA

## CHAPTER 11: THE FOCUSED HISTORY AND PHYSICAL EXAM: MEDICAL

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

## CHAPTER 12: ONGOING ASSESSMENT

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

## CHAPTER 13: PEDIATRIC, ADOLESCENT, AND GERIATRIC ASSESSMENT

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

## CHAPTER 14: COMMUNICATIONS

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

## CHAPTER 15: DOCUMENTATION

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

## CHAPTER 16: GENERAL PHARMACOLOGY

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

## CHAPTER 17: RESPIRATORY EMERGENCIES

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

## CHAPTER 18: CARDIAC EMERGENCIES

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

## CHAPTER 19: DIABETIC EMERGENCIES AND ALTERED MENTAL STATUS

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

## CHAPTER 20: ALLERGIES

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

## CHAPTER 21: POISONING AND OVERDOSE EMERGENCIES

1. Describe how poisons enter the body.
2. Identify the patient experiencing an overdose or poisoning.
3. Describe the management of the poisoned or overdosed patient.

4. Discuss the issues associated with substance and alcohol abuse.

## CHAPTER 22: ENVIRONMENTAL EMERGENCIES

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

## CHAPTER 23: BEHAVIORAL EMERGENCIES

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

## CHAPTER 24: OBSTETRICS AND GYNECOLOGY

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

## CHAPTERS 25: BLEEDING AND SHOCK

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

## CHAPTER 26: SOFT TISSUE INJURIES

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

## CHAPTER 27: MUSCULOSKELETAL INJURIES

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

## CHAPTER 28: INJURIES TO THE SPINE AND HEAD

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

## CHAPTER 29: INFANTS AND CHILDREN

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

## CHAPTER 30: AMBULANCE OPERATIONS

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

## CHAPTER 31: GAINING ACCESS

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

## CHAPTER 32: SPECIAL OPERATIONS

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

# EMERGENCY MEDICAL TECHNICIAN - BASIC

# TRAINING PROGRAM

# SECTION 7: MANIPULATIVE SKILLS

MANIPULATIVE SKILL: Airway Management

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

MANIPULATIVE STEPS:

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

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

**COMMENTS:**

MANIPULATIVE SKILL: Controlling profuse bleeding

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Cardiac Arrest

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Application of EKG leads

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Emergency Childbirth

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: BVM use with an endotracheal tube

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Long bone extremity injury

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Helmet Removal

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Impaled Object

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Intravenous setup

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Auscultation of Breath Sounds

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Oral Glucose Administration

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

MANIPULATIVE STEPS:

| | |
|---|---|
| 1. Takes or verbalizes appropriate body substance isolation precautions | 10 |
| 2. Determines patient's past medical history<br>a) Patient states diabetic history<br>b) Medic alert tag<br>c) Oral hypoglycemics<br>d) Insulin in refrigerator, syringes | 20 |
| 3. Determines that patient is awake and cooperative sufficiently to self administer oral glucose paste | 20 |
| 4. Opens glucose tube, or mixes sugar into a liquid | 10 |
| 5. Directs patient to take tube or glass from hand | 10 |
| 6. Observes patient self administer glucose or liquid | 10 |
| 7. Encourages patient to continue self administration | 10 |
| 8. Assesses patient mental status over next several minutes | 10 |
| | |
| **TOTAL POINTS** | 100 |

**COMMENTS:**

MANIPULATIVE SKILL: Patient Assessment

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

MANIPULATIVE STEPS:

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

| | |
|---|---|
| **FOCUSED HISTORY AND PHYSICAL EXAM - Responsive medical** | 50 |

| | |
|---|---|
| 1. Assesses History of Present Illness/Injury (HPI)<br>**O**nset of signs/symptoms<br>**P**rovocation<br>**Q**uality<br>**R**egion/radiation<br>**S**everity<br>**T**ime | 10 |

| | |
|---|---|
| 2. Assesses medical condition<br>**S**igns/symptoms<br>**A**llergies to medicine<br>**M**edications currently taking<br>**P**ast medical history<br>**L**ast oral intake<br>**E**vent leading to present illness/injury | 10 |
| 3. Performs focused physical exam<br>Assesses affected body system | 10 |
| 4. Assesses vital signs<br>Respiratory rate and quality<br>Pulse rate and quality<br>Blood pressure<br>Skin signs<br>Pupil status (PERRL) | 10 |
| 5. Initiates appropriate interventions | 5 |
| 6. Determines transport mechanism | 5 |
| | |
| **ONGOING ASSESSMENT** | 5 |
| 1. Repeats initial assessment | 2 |
| 2. Repeats vital signs | 2 |
| 3. Repeats focused assessment | 1 |
| | |
| **TOTAL POINTS** | |
| | |

| **FOCUSED HISTORY AND PHYSICAL EXAM - Unresponsive medical** | 50 |
|---|---|
| | |
| 1. Performs rapid physical exam | 15 |
| Head<br>**D**eformities **B**urns<br>**C**ontusions **T**enderness<br>**A**brasions **L**acerations<br>**P**enetrations **S**welling | 4 |
| Neck<br>DCAP-BTLS, stoma, medic alert, JVD<br>Accessory muscle use | 1 |
| Chest<br>DCAP-BTLS, chest rise, paradoxical movement, retractions, lung sounds, scars | 3 |
| Abdomen<br>DCAP-BTLS, distention, masses, scars | 2 |
| Pelvis<br>DCAP-BTLS, incontinence, pregnancy | 2 |
| Legs<br>DCAP-BTLS, CSM, medic alert, track marks | 1 |
| Arms<br>DCAP-BTLS, CSM, medic alert, track marks | 1 |
| Back<br>DCAP-BTLS, scars | 1 |
| | |
| 2. Assesses History of Present Illness/Injury (Family/bystanders) | 10 |
| **O**nset of signs/symptoms<br>**P**rovocation<br>**Q**uality<br>**R**egion/radiation<br>**S**everity<br>**T**ime | |
| | |
| 3. Assesses medical condition (Family/bystanders) | 10 |
| **S**igns/symptoms<br>**A**llergies to medicine<br>**M**edications currently taking<br>**P**ast medical history<br>**L**ast oral intake<br>**E**vent leading to present illness/injury | 2 |
| | |
| 4. Assesses vital signs<br>Respiratory rate and quality<br>Pulse rate and quality<br>Blood pressure<br>Skin signs<br>Pupil status | 5 |

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

| **FOCUSED HISTORY AND PHYSICAL EXAM - Significant Trauma** | 50 |
|---|---|
| | |
| 1. Performs rapid physical exam | 15 |
| Head<br>**D**eformities **B**urns<br>**C**ontusions **T**enderness<br>**A**brasions **L**acerations<br>**P**enetrations **S**welling | 4 |
| Neck<br>DCAP-BTLS, stoma, medic alert, JVD<br>Accessory muscle use | 1 |
| Chest<br>DCAP-BTLS, chest rise, paradoxical movement, retractions, lung sounds, scars | 3 |
| Abdomen<br>DCAP-BTLS, distention, masses, scars | 2 |
| Pelvis<br>DCAP-BTLS, incontinence, pregnancy | 2 |
| Legs<br>DCAP-BTLS, CSM, medic alert, track marks | 1 |
| Arms<br>DCAP-BTLS, CSM, medic alert, track marks | 1 |
| Back<br>DCAP-BTLS, scars | 1 |
| | |
| 2. Assesses vital signs<br>Respiratory rate and quality<br>Pulse rate and quality<br>Blood pressure<br>Skin signs<br>Pupil status | 15 |
| | |
| 3. Assesses patient history | 10 |
| **S**igns/symptoms<br>**A**llergies to medicine<br>**M**edications currently taking<br>**P**ast medical history<br>**L**ast oral intake<br>**E**vent leading to present illness/injury | |
| | |
| 4. Initiates appropriate interventions | 5 |
| | |
| 5. Determines transport mechanism, initiates transport | 5 |
| | |
| 6. Performs detailed physical exam if possible | |
| | |
| 7. Determines need for detailed physical exam | |

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

| **FOCUSED HISTORY AND PHYSICAL EXAM - No significant trauma** | 50 |
|---|---|
| | |
| 1. Performs focused physical exam<br>Assesses affected body system **(DCAP-BTLS)**<br>Reassesses mechanism of injury | 15 |
| 2. Assesses vital signs<br>Respiratory rate and quality<br>Pulse rate and quality<br>Blood pressure<br>Skin signs<br>Pupil status | 10 |
| 3. Assesses patient history | 10 |
| **S**igns/symptoms<br>**A**llergies to medicine<br>**M**edications currently taking<br>**P**ast medical history<br>**L**ast oral intake<br>**E**vent leading to present illness/injury | |
| 4. Initiates appropriate interventions | 5 |
| 4. Determines transport mechanism, initiates transport | 5 |
| | |
| **ONGOING ASSESSMENT** | 5 |
| 1. Repeats initial assessment | 2 |
| 2. Repeats vital signs | 2 |
| 3. Repeats focused assessment | 1 |
| | |
| **TOTAL POINTS** | 100 |

**COMMENTS:**

MANIPULATIVE SKILL: Sitting Immobilization

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Spinal Immobilization

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Sucking chest wound

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Traction Splinting

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

MANIPULATIVE STEPS:

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

**COMMENTS:**

MANIPULATIVE SKILL: Vital Signs

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

MANIPULATIVE STEPS:

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

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

**COMMENTS:**

# EMERGENCY MEDICAL TECHNICIAN - BASIC

# TRAINING PROGRAM

# SECTION 8: APPENDIX

## EMS ACADEMY
## EMT STUDENT CLINICAL REPORT FORM

Student Name: _____ Date / Time: _____

Evaluator Name: _____ Rescue #: _____

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

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

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

**Vitals Signs:** Resp: Pulse: B/P:

**Pertinent Medical History:**

**Physical Assessment Findings:**

**Treatment / Response:**

**Suspected Diagnosis:**

**Explain Diagnosis:**

**EMS ACADEMY**
**EMT STUDENT VERIFICATION FORM**

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

his/her field observation on Ambulance _____
**Unit #**

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

Student:_____ _____
**Print name** **Signature**

Preceptor:_____ _____
**Print name** **Signature**

Training officer: _____ _____
**Name** **Signature**

## EMS ACADEMY
## EMT STUDENT FIELD PERFORMANCE EVALUATION

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

**SKILLS EVALUATION:**
**4 = Superior 3 = Satisfactory 2 = Marginal / Inconsistent 1 = Unsatisfactory N/O = Not observed**

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

**OVERALL EVALUATION:**
**4 = Superior 3 = Satisfactory 2 = Marginal / Inconsistent 1 = Unsatisfactory N/O = Not observed**

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

**COMMENTS:**

Evaluation discussed with student? [ ] Yes [ ] No

Student Signature: _____ Date: _____

Paramedic Evaluator Signature: _____ Date: _____