

**Washington State Department of Health  
Office of Community Health Systems  
Approved**

# **Emergency Medical Technician Practical Evaluation Skill Sheets**



**DOH 530-093 January 2013**

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## **The Initial Emergency Medical Technician (EMT) Course Practical Skill Evaluation Process - (WAC 246-976-023)**

### **Practical Skill Evaluations -**

The practical skills evaluation sheets are organized in core curriculum lesson order. Each student should receive a copy when beginning the course. The evaluation sheets are used to document the performance of required skills throughout the course.

### **Required Practical Skills Evaluations**

Students must be proficient on each practical skill identified for each “evaluation lesson”. The required practical skill evaluation sheets for each lesson are specified on page 5. (Evaluation lessons may be combined with practical skill labs to meet this requirement). **Department of Health-approved EMS Evaluators must complete all evaluations.**

### **Individual Practical Skills Evaluation Sheets**

The practical skill evaluation sheets located on pages 7 through 40 are used to document the performance of students during course practical skills evaluations. **Department Of Health-approved EMS Evaluators must complete all evaluations.** Evaluator name and signature must appear on each evaluation. Students must be proficient on all practical skill evaluations. Students **must** achieve a passing score of at least 80% for each skill listed on page 43, **and** successfully pass all critical criteria.

### **Initial EMT Course Practical Skills Evaluation Summary Sheet**

The Practical Skills Evaluation Summary Sheet located on page 41 is used to document the final results of each student’s skill evaluations. The SEI is required to document the results of the evaluation.

### **BLS Skills Examination Guide**

Instructors and EMS Evaluators should refer to this guide for assistance in planning and performing these skills evaluations. It is an addendum to the EMS Instructor Manual.

### **EMS Initial Certification**

The process for initial certification is provided on the office web site at:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EMSEducationandCertification/EMSPProviderCertificationandRecertification.aspx>

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## Required Practical Skills Evaluations For Initial (EMT) Course

Section Number	Section Title	Required Practical Skills Evaluation Sheets (Pages)
8	Evaluation: Airway Management	7-8, 9-12, 13-14
9	Evaluation: Patient Assessment	15-18, 19-22
11	Evaluation: Shock & Resuscitation	23-26
12	Evaluation: Trauma	27-28, 29-30, 31-32, 33-36, 37-38, 39-40

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## Nasopharyngeal Airway

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

	Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions	1	
*Measures and selects appropriate size airway	1	
*Verbalizes lubrication of the nasal airway	1	
*Fully inserts the airway with the bevel facing toward the septum	1	
*Demonstrates a patent airway by ventilating patient	1	
<b>Passing score is 5 (all Critical)</b>	<b>TOTAL:</b>	<b>5</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to measure and select appropriate size airway
- \_\_\_ Failure to verbalize lubrication of the nasal airway
- \_\_\_ Failure to fully insert airway with the bevel facing toward the septum
- \_\_\_ Failure to demonstrate a patent airway by ventilating the patient
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

**You must factually document your rationale for checking any of the above critical items on the form**

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_

Printed

\_\_\_\_\_

Signature





**Bag-Valve-Mask Ventilation of an Apneic Patient**

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

		Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions		1	
*Checks responsiveness	<b>NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the candidate, "The patient is unresponsive to any stimuli and is apneic."</b>	1	
*Checks breathing		1	
Requests additional EMS assistance		1	
*Checks pulse for at least 5 but no more than 10 seconds		1	
<b>NOTE: The examiner must now inform the candidate, "You palpate a pulse at a rate of 60."</b>			
*Opens airway properly		1	
<b>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</b>			
Prepares rigid suction catheter		1	
Turns on power to suction device or retrieves manual suction unit		1	
*Appropriately measures suction catheter		1	
Inserts rigid suction catheter without applying suction		1	
*Suctions the mouth and oropharynx for no greater than 15 seconds		1	
<b>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</b>			
*Opens airway manually/properly		1	
*Appropriately measures oropharyngeal airway		1	
*Inserts oropharyngeal airway		1	
<b>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway."</b>			
*Ventilates the patient immediately using a BVM device unattached to oxygen (Award this point if candidate elects to ventilate initially with BVM attached to reservoir & oxygen so long as first ventilation is delivered within 30 seconds)		1	
<b>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</b>			
Re-checks pulse for at least 5 but no more than 10 seconds		1	
*Verbalizes or attaches BVM to high flow oxygen (15L/minute)		1	
*Ventilates the patient adequately <b>(NOTE: The evaluator must ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?)</b> -Proper volume to make the chest rise (1 point) -Proper rate of 10-12/minute (1 point)		1 1	
<b>NOTE: The evaluator must witness ventilations for at least 30 seconds</b>			
<b>Passing score is 16 (at least 80%)</b>		<b>Total:</b>	<b>19</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail





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### Oxygen Administration by Non-Rebreather Mask

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

	Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions	1	
Cracks valve on the oxygen tank	1	
*Attaches regulator to the oxygen tank	1	
*Opens oxygen tank valve	1	
*Checks for leaks	1	
Verbalizes oxygen tank pressure	1	
*Attaches non-rebreather mask to correct port of regulator	1	
*Turns on oxygen flow to prefill reservoir bag	1	
*Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
*Applies and adjusts mask to the patient's face to fit snugly	1	
<b>NOTE: Evaluator must now advise candidate to discontinue oxygen therapy.</b>		
<b>Passing score is 8 (at least 80%)</b>	<b>Total:</b>	<b>10</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to attach the regulator to the tank
- \_\_\_ Failure to open oxygen tank valve
- \_\_\_ Failure to check for leaks
- \_\_\_ Failure to attach non-rebreather mask to correct port of regulator
- \_\_\_ Failure to turn on oxygen flow to prefill reservoir bag
- \_\_\_ Failure to adjust regulator to assure oxygen flow rate of at least 10 L/minute
- \_\_\_ Failure to apply and adjust mask to the patient's face to fit snugly
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

**You must factually document your rationale for checking any of the above critical items on the form**

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_

Printed

\_\_\_\_\_

Signature



**Patient Assessment / Management - Medical**

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

		Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions		1	
<b>SCENE SIZE-UP</b>			
*Determines the scene/situation is safe (environment, hazards, violence, etc.)		1	
Determines mechanism of injury(MOI)/nature of illness (NOI)		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
<b>*PRIMARY ASSESSMENT / RESUSCITATION (Must be completed prior to the secondary assessment)</b>			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness (AVPU)		1	
*Determines chief complaint/apparent life threats		1	
*Airway	Assesses for problems Assures patent airway	1 1	
*Breathing	Assesses breathing rate, rhythm, quality, depth Assures adequate ventilation Initiates appropriate oxygen therapy	1 1 1	
*Circulation	Assesses pulse rate, rhythm, quality Assesses/controls major bleeding Assesses skin (color, temp, moisture, cap refill)	1 1 1	
<b>Vital Signs</b>	-Pulse (1 point)    -Respirations (1 point)    -Blood Pressure (1 point)	3	
*Identifies patient priority and makes treatment/transport decision		1	
<b>HISTORY TAKING</b>			
Signs and Symptoms- Assesses history of present illness -Onset (1 point)    -Quality (1 point)    -Severity (1 point) -Provocation (1 point)    -Radiation (1 point)    -Time (1 point) -Gathers additional information relative to signs and symptoms (2 points)		8	
Assesses past medical history -Allergies (1 point)    -Past pertinent history (1 point)    -Events leading to present illness (1 point) -Medications (1 point)    -Last oral intake (1 point)		5	
<b>SECONDARY ASSESSMENT</b>			
<b>Assesses affected body part/system</b> -Cardiovascular    -Neurological    -Skin    -Reproductive -Pulmonary    -Musculoskeletal    -GI/GU    -Psychological/Social		1	
States field impression of patient (Re-evaluates transport decision)		1	
*Interventions-Obtains medical direction or verbalizes standing order for medication interventions, and verbalizes proper additional interventions/treatment		1	
<b>REASSESSMENT</b>			
Demonstrates reassessment of the patient appropriate to patient condition		1	
*Provides accurate verbal report to arriving EMS unit or receiving facility		1	
<b>Passing score is 32 (at least 80%)</b>		<b>TOTAL:</b>	<b>39</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 15 Pass / Fail







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**Patient Assessment / Management - Trauma**

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

		Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions		1	
<b>SCENE SIZE-UP</b>			
*Determines the scene situation is safe (environment, hazards, violence, etc.)		1	
Determines mechanism of injury(MOI)/nature of illness (NOI)		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
*Assess for and provide spinal stabilization when indicated		1	
<b>*PRIMARY ASSESSMENT / RESUSCITATION (Must be completed prior to the secondary assessment)</b>			
Verbalizes general impression of patient		1	
Determines responsiveness/level of consciousness (AVPU)		1	
*Determines chief complaint/apparent life threats		1	
<b>*Airway</b>	Assesses for problems Assures patent airway	1 1	
<b>*Breathing</b>	Assesses breathing rate, rhythm, quality, depth	1	
	Assures adequate ventilation	1	
	Initiates appropriate oxygen therapy	1	
	Manages any injury which may compromise breathing/ventilation	1	
<b>*Circulation</b>	Assesses pulse rate, rhythm, quality	1	
	Assesses/controls major bleeding	1	
	Assesses skin (color, temp, moisture, cap refill)	1	
	Initiates shock management (positions patient properly, conserves body heat)	1	
<b>Vital Signs</b>	-Pulse (1 point)    -Respirations (1 point)    -Blood Pressure (1 point)	3	
* Identifies patient priority and makes treatment/transport decision		1	
Considers notifying hospital for Trauma Alert/Activation per Trauma Triage Tool		1	
<b>HISTORY TAKING</b>			
Obtains S.A.M.P.L.E. history if possible		1	
<b>SECONDARY ASSESSMENT</b>			
Assesses the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes	1	
	Assesses the facial area including oral & nasal area	1	
Assesses the neck	Inspects and palpates the cervical spine	1	
	Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assesses the chest	Exposes patient in order to: Inspect the chest	1	
	Palpate the chest	1	
	Auscultate the chest	1	
Assesses the abdomen/pelvis	Inspects and palpates the abdomen	1	
	Assesses and palpates the pelvic girdle	1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assesses the extremities	(1 point for each extremity) Exposes patient in order to: Inspect, palpate, and assess distal pulses, capillary refill, sensation and movement	4	
	Assesses the posterior	Inspects and palpates thorax/thoracic vertebrae	1
Inspects and palpates lower back/lumbar vertebrae		1	
Inspects and palpates flank areas		1	

	Points Possible	Points Awarded
Manages secondary injuries and wounds appropriately	1	
<b>REASSESSMENT</b>		
Demonstrates reassessment of the patient appropriate to patient condition	1	
*Provides accurate verbal report to arriving EMS unit or receiving facility	1	
<b>Passing score is 38 (at least 80%)</b>	<b>TOTAL:</b>	<b>47</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 10 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize proper standard precautions
- \_\_\_ Failure to determine scene/situation safety before approaching patient
- \_\_\_ Failure to assess for and provide spinal stabilization when indicated
- \_\_\_ Failure to complete primary assessment prior to the secondary assessment
- \_\_\_ Failure to determine chief complaint/apparent life threats
- \_\_\_ Failure to find problems associated with airway, breathing, hemorrhage or shock
- \_\_\_ Failure to appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_ Failure to identify patient priority and make appropriate treatment/transport decision
- \_\_\_ Failure to initiate or call for transport of the patient within 10 minute time limit
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to provide an accurate report to arriving EMS unit or receiving facility
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

**You must factually document your rationale for checking any of the above critical items on the form**

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skill station**

Evaluator Name: \_\_\_\_\_  
Printed
Signature



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**Cardiac Arrest Management / AED**

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

	Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions	1	
*Determines the scene/situation is safe	1	
*Determines unresponsiveness	1	
<b>NOTE: The examiner must now inform the candidate, "The patient is unresponsive."</b>		
*Assesses respiratory status (observes the patient and determines the absence of breathing or abnormal breathing – gasping or agonal respirations)	1	
<b>NOTE: The examiner must now inform the candidate, "The patient is apneic," or "The patient has gasping, agonal respirations."</b>		
*Assesses pulse status (no more than 10 seconds)	1	
<b>NOTE: The examiner must now inform the candidate, "The patient is pulseless."</b>		
*Immediately begins chest compressions	1	
Requests additional EMS response	1	
Performs 2 minutes of high quality, adult CPR		
-*Adequate depth and rate of compressions	1	
-*Correct compression-to ventilation ratio	1	
-*Allows the chest to recoil completely	1	
-*Adequate volumes for each breath	1	
-*Minimize interruptions – no longer than 10 seconds throughout	1	
<b>NOTE: After 2 minutes (5 cycles), patient is assessed. The examiner tells the candidate that the second rescuer will resume compressions while candidate operates the AED.</b>		
Turns on power to AED	1	
*Attaches AED to patient properly	1	
*Initiates analysis of rhythm (stops CPR and ensures individuals are clear of patient)	1	
*Ensures all individuals are standing clear of patient prior to delivering each shock	1	
*Delivers shock per national guidelines	1	
*Directs immediate resumption of CPR	1	
Gathers additional information on event from bystanders (POLST, DNR, Lividity, etc.)	1	
Delivers verbal report to medical control to determine need for transport	1	
Properly packages patient for transport	1	
<b>Passing score is 17 (at least 80%)</b>	<b>Total:</b>	<b>21</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 10 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to determine the scene/situation is safe
- \_\_\_ Failure to determine unresponsiveness
- \_\_\_ Failure to assess respiratory status
- \_\_\_ Failure to assess pulse status (no more than 10 seconds)
- \_\_\_ Failure to immediately begin chest compressions after initially finding the patient has no pulse
- \_\_\_ Failure to perform CPR with the adequate depth and rate of compressions
- \_\_\_ Failure to perform CPR with the correct compression-to ventilation ratio
- \_\_\_ Failure to perform CPR properly to allow the chest to recoil completely
- \_\_\_ Failure to perform CPR with the adequate volumes for each breath
- \_\_\_ Failure to perform minimize interruptions during CPR (no longer than 10 seconds throughout)
- \_\_\_ Failure to properly attach the AED to patient
- \_\_\_ Failure to properly initiate analysis of rhythm (stops CPR and ensures individuals are clear of patient)
- \_\_\_ Failure to ensure all individuals were standing clear of the patient prior to delivering each shock
- \_\_\_ Failure to deliver shock per national standards
- \_\_\_ Failure to direct immediate resumption of CPR
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

**You must factually document your rationale for checking any of the above critical items on the form**

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

**Evaluator Name:** \_\_\_\_\_

**Printed**

\_\_\_\_\_

**Signature**





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## Bleeding Control / Shock Management

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

	Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions	1	
*Applies direct pressure to the wound	1	
<b>Note: The evaluator must now inform the candidate that the wound is continuing to bleed.</b>		
*Applies tourniquet	1	
<b>Note: The evaluator must now inform the candidate that the bleeding is controlled.</b>		
Applies dressing/bandage to wound	1	
<b>Note: The evaluator must now inform the candidate that patient is exhibiting signs and symptoms of hypoperfusion.</b>		
*Properly positions the patient	1	
*Applies high-concentration oxygen (per national guidelines)	1	
Initiates steps to prevent heat loss from the patient	1	
*Indicates need for immediate transportation	1	
<b>Passing score is 7 (at least 80%)</b>	<b>TOTAL:</b>	<b>8</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 10 Pass / Fail

### Critical Criteria

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to apply direct pressure to the wound
- \_\_\_ Failure to apply tourniquet properly
- \_\_\_ Failure to properly position the patient
- \_\_\_ Failure to apply high-concentration of oxygen per national guidelines
- \_\_\_ Failure to indicate the need for immediate transportation
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_

Printed

Signature



## Long Bone Immobilization

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

	Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions	1	
*Directs application of manual stabilization of the injury	1	
*Assesses distal pulse, sensation, and movement in the injured extremity	1	
<b>NOTE: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."</b>		
Measures splint (sizing to uninjured limb)	1	
Applies 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 hand/foot in the position of function	1	
*Reassesses distal pulse, sensation, and movement in the injured extremity	1	
<b>Note: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."</b>		
<b>Passing score is 8 (at least 80%)</b>	<b>TOTAL:</b>	<b>10</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

### Critical Criteria

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to direct application of manual stabilization of the injury
- \_\_\_ Failure to initially assess distal pulse, sensation, and movement in the injured extremity
- \_\_\_ Failure to immobilize the joint above or below the injury site
- \_\_\_ Failure to immobilize the hand/foot in the position of function
- \_\_\_ Failure to reassess distal pulse, sensation, and movement in the injured extremity
- \_\_\_ Grossly moves the injured extremity
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

**You must factually document your rationale for checking any of the above critical items on the form**

**Asterisk denotes Critical Criteria**

**Failure to perform any critical criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_

Printed

\_\_\_\_\_

Signature



### Joint Immobilization

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Scenario _____	Start Time: _____	Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions		1	
*Directs application of manual stabilization of the injury (in position found)		1	
*Assesses distal pulse, sensation, and movement in the injured extremity		1	
<b>NOTE: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."</b>			
Selects proper splinting material (sizing to uninjured limb)		1	
Immobilizes the site of the injury		1	
*Immobilizes the bone above injured joint		1	
*Immobilizes the bone below injured joint		1	
Secures the entire injured extremity		1	
*Reassesses distal pulse, sensation, and movement in the injured extremity		1	
<b>NOTE: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."</b>			
<b>Passing score is 8 (at least 80%)</b>		<b>TOTAL:</b>	<b>9</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 5 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to direct application of manual stabilization of the injury
- \_\_\_ Failure to initially assess distal pulse, sensation, and movement in the injured extremity
- \_\_\_ Failure to immobilize the bone above or below the injured joint
- \_\_\_ Failure to reassess distal pulse, sensation, and movement in the injured extremity
- \_\_\_ Grossly moves the injured extremity
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

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**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_  
Printed Signature





## Traction Splint Immobilization

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Scenario \_\_\_\_\_ Start Time: \_\_\_\_\_ Points Possible    Points Awarded

* Takes or verbalizes appropriate standard precautions	1	
Directs/maintains manual stabilization of the injured leg	1	
* Assesses distal pulse, sensation, and movement in the injured extremity	1	
<b>NOTE: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."</b>		

<i>√ Indicate device used. (Depending on splint used, follow the manufacturer's recommendations)</i>											
	Points-	Pos	Awd		Points-	Pos	Awd				
<input type="checkbox"/> Sager type pole splint				<input type="checkbox"/> OTD type pole splint				<input type="checkbox"/> HARE type splint			
*Prepares/adjusts splint to the proper length	1			*Prepares snap out pole ends and assures each is seated to next pole	1			*Prepares/adjusts splint to the proper length	1		
*Positions the splint at the injured leg-medial side	1			*Applies the distal securing device (e.g., ankle hitch) to patient	1			*Positions the splint at the injured leg	1		
*Applies the proximal securing device (e.g., ischial strap)	1			*Applies the proximal securing device (e.g., ischial strap)	1			*Applies the distal securing device (e.g., ankle hitch)	1		
*Applies the distal securing device (e.g., ankle hitch) to patient	1			*Positions the splint at the injured leg-lateral side and adjusts length	1			*Directs manual traction of injured leg	1		
*Assures the distal securing device (e.g., ankle hitch) is attached to the splint	1			Inserts pole ends into receptacle on Ischial strap	1			Supports leg while moving splint into position under leg	1		
*Applies mechanical traction	1			Secures elastic strap around knee	1			*Applies the proximal securing device (e.g., ischial strap)	1		
Positions elastic support straps under legs	1			* Assures the distal securing device (e.g., ankle hitch) is attached to the splint	1			*Attaches the distal securing device (e.g., ankle hitch) to the traction strap	1		
*Secure the calves, knees and thighs elastic support straps	1			*Applies mechanical traction	1			*Applies mechanical traction	1		
Applies strap to hold feet	1			*Secures the thigh and ankle elastic support straps	1			*Secures thigh,calves and ankle support straps	1		
Re-evaluates the proximal/distal securing devices	1			Re-evaluates the proximal/distal securing devices	1			Re-evaluates the proximal/distal securing devices	1		
* Reassesses distal pulse, sensation, and movement in the injured extremity	1			* Reassesses distal pulse, sensation, and movement in the injured extremity	1			* Reassesses distal pulse, sensation, and movement in the injured extremity	1		
<b>NOTE: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."</b>											

<b>NOTE: Evaluator must ask candidate how he/she would prepare patient for transportation.</b>		
*Verbalizes securing patient to long board to immobilize hip and secure splint	1	
<b>Passing score is 12 (at least 80%)</b>	<b>TOTAL:</b>	<b>15</b>

**Stop Time:** \_\_\_\_\_ **Elapsed Time:** \_\_\_\_\_ **Max Time Allowed: 10** **Pass / Fail**

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to assess distal pulse, sensation, and movement in the injured extremity
- \_\_\_ Failure to properly prepare/adjust splint to the proper length
- \_\_\_ Failure to properly position the splint at the injured leg
- \_\_\_ Failure to properly apply the proximal securing device (e.g., ischial strap)
- \_\_\_ Failure to properly apply the distal securing device (e.g., ankle hitch)
- \_\_\_ Failure to direct manual traction of injured leg when using the HARE type splint
- \_\_\_ Failure to attach the distal securing device (e.g., ankle hitch) to the traction strap/post
- \_\_\_ Failure to apply mechanical traction
- \_\_\_ Failure to position/secure the support straps
- \_\_\_ Failure to reassess distal pulse, sensation, and movement in the injured extremity
- \_\_\_ Failure to verbalize securing the patient to a long board to immobilize hip and secure the splint
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

**You must factually document your rationale for checking any of the above critical items on the form**

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

**Evaluator Name:** \_\_\_\_\_  
**Printed**

\_\_\_\_\_  
**Signature**



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### Spinal Immobilization (Supine Patient)

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

Scenario _____ Start Time: _____	Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions	1	
*Directs assistant to place/maintain head in the neutral, in-line position	1	
*Directs assistant to maintain manual stabilization of the head	1	
*Assesses motor, sensory and circulatory functions in each extremity	1	
*Applies appropriately sized cervical collar	1	
Positions the immobilization device appropriately	1	
*Directs movement of the patient onto immobilization device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the device as necessary	1	
*Immobilizes the patient's torso to the immobilization device	1	
Evaluates and pads behind the patient's head as necessary	1	
*Immobilizes the patient's head to the immobilization device	1	
*Secures the patient's legs to the immobilization device	1	
Secures the patient's arms to the immobilization device or body	1	
*Reassesses motor, sensory and circulatory functions in each extremity	1	
<b>Passing score is 12 (at least 80%)</b>	<b>TOTAL:</b>	<b>14</b>

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 10 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to direct assistant to place/maintain head in the neutral, in-line position
- \_\_\_ Failure to direct assistant to maintain manual stabilization of the head
- \_\_\_ Failure to initially assess motor, sensory and circulatory functions in each extremity
- \_\_\_ Failure to apply appropriately sized cervical collar before ordering release of manual stabilization
- \_\_\_ Manipulated/moved or allowed the patient to move excessively, causing compromise of the spine
- \_\_\_ Head immobilized to the device before the torso was sufficiently secured to the immobilization device
- \_\_\_ Failure to immobilize the patient's torso to the immobilization device
- \_\_\_ Failure to immobilize the patient's head to the immobilization device
- \_\_\_ Failure to secure the patient's legs to the immobilization device
- \_\_\_ Failure to reassess motor, sensory and circulatory functions in each extremity after immobilizing patient
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

**You must factually document your rationale for checking any of the above critical items on the form**

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_  
Printed
Signature



## Spinal Immobilization (Seated Patient)

Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

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

	Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions	1	
*Directs assistant to place/maintain head in the neutral, in-line position	1	
*Directs assistant to maintain manual stabilization of the head	1	
*Assesses motor, sensory and circulatory functions in each extremity	1	
*Applies appropriately sized cervical collar	1	
*Positions the immobilization device behind the patient without compromising the integrity of the spine	1	
*Properly secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
*Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
*Reassesses motor, sensory and circulatory functions in each extremity	1	
<b>Passing score is 10 (at least 80%)</b>	<b>TOTAL:</b>	12

Stop Time: \_\_\_\_\_ Elapsed Time: \_\_\_\_\_ Max Time Allowed: 10 Pass / Fail

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate standard precautions
- \_\_\_ Failure to direct assistant to place/maintain head in the neutral, in-line position
- \_\_\_ Failure to direct assistant to maintain manual stabilization of the head
- \_\_\_ Failure to initially assess motor, sensory and circulatory functions in each extremity
- \_\_\_ Failure to apply appropriately sized cervical collar before ordering release of manual stabilization
- \_\_\_ Manipulated/moved or allowed the patient to move excessively, causing compromise of the spine
- \_\_\_ Head immobilized to the device before the device was sufficiently secured to torso
- \_\_\_ Failure to immobilize the patient's torso to the immobilization device
- \_\_\_ Failure to immobilize the patient's head to the immobilization device
- \_\_\_ Torso fixation inhibits chest rise, resulting in respiratory compromise
- \_\_\_ Failure to reassess motor, sensory and circulatory functions in each extremity after verbalizing immobilization to the long backboard
- \_\_\_ Uses or orders a dangerous or inappropriate intervention
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel

**You must factually document your rationale for checking any of the above critical items on the form**

**Asterisk denotes Critical Criteria**

**Failure to perform any Critical Criteria constitutes a failure of this skills station**

Evaluator Name: \_\_\_\_\_  
Printed Signature





## Practical Skills Evaluation Summary Sheet

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Test Site:** \_\_\_\_\_

Section Number	Page Numbers	Practical Skill	S	U	SEI Signature
8	7-8	Nasopharyngeal Airway			
8	9-12	Bag-Valve-Mask Ventilation of an Apneic Patient			
8	13-14	Oxygen Administration by Non-Rebreather Mask			
9	15-18	Patient Assessment/ Management – Medical			
9	19-22	Patient Assessment/ Management – Trauma			
11	23-26	Cardiac Arrest Management / AED			
12	27-28	Bleeding Control / Shock Management			
12	29-30	Long Bone Immobilization			
12	31-32	Joint Immobilization			
12	33-36	Traction Splint Immobilization			
12	37-38	Spinal Immobilization (Supine Patient)			
12	39-40	Spinal Immobilization (Seated Patient)			

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## Practical Skills Evaluation Sheet

### Required Scores for Successful Completion

Practical Skill Sheet Page Numbers	Practical Skill	Maximum Time Limit	Total Points Possible	Points Required to Successfully Complete Practical Skill
7-8	Nasopharyngeal Airway	5	5	5
9-12	Bag-Valve-Mask Ventilation of an Apneic Patient	5	19	16
13-14	Oxygen Administration by Non-Rebreather Mask	5	10	8
15-18	Patient Assessment / Management- Medical	15	39	32
19-22	Patient Assessment / Management- Trauma	10	47	38
23-26	Cardiac Arrest Management / AED	10	21	17
27-28	Bleeding Control / Shock Management	10	8	7
29-30	Long Bone Immobilization	5	10	8
31-32	Joint Immobilization	5	9	8
33-36	Traction Splint Immobilization	10	15	12
37-38	Spinal Immobilization (Supine Patient)	10	14	12
39-40	Spinal Immobilization (Seated Patient)	10	12	10

**NOTE: A check mark in any of the critical criteria skills sections constitutes a failure of the entire station regardless if the individual passed all other skills sections.**

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