Washington State Department of Health Office of Community Health Systems Approved

Emergency Medical Responder Practical Evaluation Skill Sheets



DOH 530-169 February 2016

THE INITIAL EMR 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 30 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 percent for each skill listed on page 33, **and** successfully pass all critical criteria.

Initial EMR Course Practical Skills Evaluation Summary Sheet

The Practical Skills Evaluation Summary Sheet on page 31 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 Practical Skills Evaluation Guidelines

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 in the application packet on the office website at:

http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/EmergencyMedicalServicesEMSProvider/ApplicationsandForms/InitialCertification

REQUIRED PRACTICAL SKILLS EVALUATIONS FOR INITIAL (EMR) CLASS

Section Number	SECTION TITLE	REQUIRED PRACTICAL SKILLS EVALUATION SHEETS (Pages)
8	Evaluation: AIRWAY MANAGEMENT	7-10, 11-12
9	Evaluation: PATIENT ASSESSMENT	13-16, 17-20
10	Evaluation: MEDICINE	21-24
11	Evaluation: SHOCK and RESUSCITATION	25-26
12	Evaluation: TRAUMA	27-28, 29-30

Office of Community Health Systems – Approved EMR Practical Evaluation Skill Sheets

Bag-Valve-Mask Ventilation of an Apneic Patient

Candidate Name	Date		
Scenario	Points Possible	Points Awarded	
*Takes or verbalizes appro	opriate standard precautions	1	
*Checks responsiveness	NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the	1	
*Checks breathing	candidate, "The patient is unresponsive to any stimuli and is apneic."	1	
Requests additional EMS	assistance	1	
*Checks pulse for at least	5 but no more than 10 seconds	1	
NOTE: The examiner must	now inform the candidate, "You palpate a pulse at a rate of 60."	19	1
*Opens airway properly		1	
NOTE: The examiner must	now inform the candidate, "The mouth is full of secretions and	vomitus."	
Prepares rigid suction cath	neter	1	
Turns on power to suction	device or retrieves manual suction unit	1	
*Appropriately measures s	uction catheter	1	
Inserts rigid suction cathet	er without applying suction	1	
*Suctions the mouth and c	ropharynx for no greater than 15 seconds	1	
NOTE: The examiner must	now inform the candidate, "The mouth and oropharynx are clea	ar."	
*Opens airway manually/p	roperly	1	
*Appropriately measures of	propharyngeal airway	1	
*Inserts oropharyngeal air	way	1	
NOTE: The examiner must no	ow inform the candidate, "No gag reflex is present and the patient a	ccepts the ai	rway."
*Ventilates the patient imm	nediately using a BVM device unattached to oxygen	1	
	ate elects to ventilate initially with BVM attached to reservoir t ventilation is delivered within 30 seconds)		
NOTE: The examiner must no	ow inform the candidate that ventilation is being properly performe	d without diff	iculty.
Re-checks pulse for at lea	st 5 but no more than 10 seconds	1	
*Verbalizes or attaches B\	/M to high flow oxygen (15L/minute)	1	
appropriate volumes with e	ask the candidate, "How would you know if you are delivering each ventilation?)	1	
-Proper volume to make the-Proper rate of 10-12/minute		1	
	witness ventilations for at least 30 seconds	1	L
	Passing score is 16 (at least 80%) Total:	19	
		-	

Stop Time: _____ Elapsed Time: ____ Max Time Allowed: 5 PASS / FAIL

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CRITICAL CRITERIA Failure to take or verbalize appropriate standard precautions Failure to check responsiveness and breathing for at least 5 seconds but no more than 10 seconds Failure to check pulse for at least 5 seconds but no more than 10 seconds Failure to open airway manually/properly Failure to appropriately measure suction catheter Failure to suction airway before ventilating the patient Suctions the mouth and oropharynx for greater than 15 seconds Failure to appropriately measure oropharyngeal airway Failure to properly insert oropharyngeal airway Failure to initiate ventilations within 30 seconds Failure to verbalize or attach BVM to high flow oxygen (15L/minute) Failure to ventilate the patient adequately to make the chest rise (maximum 2 errors/minute permissible) Failure to ventilate at the proper rate of 10-12/minute Uses or orders a dangerous or inappropriate intervention Failure to manage the patient as a competent EMR 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

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	

PROS	CONS
ADDITIONAL COMMENTS:	

Oxygen Administration by Non-Rebreather Mask

Candidate Name	Da	ate		
Scenario	Start Time:		Points Possible	Points Awarde
*Takes or verbalizes appropria	ate standard precautions		1	
Cracks valve on the oxygen to	ank		1	
*Attaches regulator to the oxyg	gen tank		1	
*Opens oxygen tank valve			1	
*Checks for leaks			1	
Verbalizes oxygen tank press	sure		1	
*Attaches non-rebreather mas	k to correct port of regulator		1	
*Turns on oxygen flow to prefil	ll reservoir bag		1	
*Adjusts regulator to assure ox	xygen flow rate of at least 10 L/minute		1	
*Applies and adjusts mask to t	he patient's face to fit snugly		1	
NOTE: Evaluator must now a	advise candidate to discontinue oxygen	therapy.		
P	assing score is 8 (at least 80%)	Total:	10	
Failure to attach the regularized Failure to open oxygen to Failure to check for leaks Failure to attach non-rebularized Failure to turn on oxygen Failure to adjust regulato Failure to apply and adjust	ank valve	L/minute		
Failure to manage the pa Exhibits unacceptable aff You must factually document Asterisk denotes Critical Crite	atient as a competent EMR fect with patient or other personnel your rationale for checking any of the a		ems on the	e form
	nted S	Signature		

DOH 530-169 February 2016

PROS	CONS
ADDITIONAL COMMENTS:	

Patient Assessment / Management - Medical

Candidate Name Date			
Scenario	Start Time:	Points Possible	Points Awarded
· · ·	priate standard precautions	1	
SCENE SIZE-UP			
*Determines the scene/situ	ation 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 s	spine	1	
*PRIMARY ASSESSMENT	「/ RESUSCITATION (Must be completed prior to the second	ary assessm	nent)
Verbalizes general impres	sion of the patient	1	
Determines responsivenes	ss/level of consciousness (AVPU)	1	
*Determines chief complain	nt/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	
Vital Signs -Pulse (1	point) -Respirations (1 point) -Blood Pressure (1 point)	3	
*Identifies patient priority a	nd makes treatment/transport decision	1	
HISTORY TAKING			
-Onset (1 point) -(-Provocation (1 point) -(-Gathers additional inform	resses history of present illness Quality (1 point) -Severity (1 point) Radiation (1 point) -Time (1 point) ration relative to signs and symptoms (2 points)	8	
-Medications (1 point) -La	st pertinent history (1 point) -Events leading to present st oral intake (1 point) illness (1 point)	5	
SECONDARY ASSESSM			
	rological -Skin -Reproductive culoskeletal -GI/GU -Psychological/Social	1	
States field impression of p	patient (re-evaluates transport decision)	1	
*Interventions-Obtains med and verbalizes proper addition REASSESSMENT	dical direction or verbalizes standing order for interventions, onal treatment	1	
	ent of the patient appropriate to patient condition	1	
	report to arriving EMS unit or receiving facility	1	
	Passing score is 32 (at least 80%) TOTAL:	39	
	rassing score is 32 (at least 60%) TOTAL:	33	

Stop Time: _____ Elapsed Time: ____ Max Time Allowed: 15 PASS / FAIL

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CRITICAL CRITERIA

Evalua	ator Name: Printed	Signature
Asteris	nust factually document your rationale for check sk denotes Critical Criteria e to perform any Critical Criteria constitutes a fa	
	Exhibits unacceptable affect with patient or other p	personnel
	Failure to manage the patient as a competent EMI	
	Failure to provide an accurate report to arriving EN	5 ,
	Uses or orders a dangerous or inappropriate interv	vention
	Failure to obtain medical direction or verbalize sta	nding order for medication interventions
	Failure to initiate or call for transport of the patient	within 15-minute time limit
	Failure to identify patient priority, and make appro	priate treatment/transport decision
	Failure to appropriately manage problems associa	ted with airway, breathing, hemorrhage or shock
	Failure to find problems associated with airway, br	
	Failure to determine chief complaint/apparent life t	•
	Failure to complete primary assessment prior to the	
	Failure to determine scene/situation safety before	
	Failure to take or verbalize proper standard precau	utions

PROS	CONS
ADDITIONAL COMMENTS:	

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Patient Assessment / Management - Trauma

Candidate Name	Date		
Scenario	Start Time:	Points Possible	Points Awarded
*Takes or verbalizes app	ropriate standard precautions	1	
SCENE SIZE-UP			
*Determines the scene si	tuation 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	
*PRIMARY ASSESSME	NT / RESUSCITATION (Must be completed prior to the secondary a	ssessment)	
Verbalizes general impre	ession of patient	1	
Determines responsiven	ess/level of consciousness (AVPU)	1	
*Determines chief compla	aint/apparent life threats	1	
*Airway	Assesses for problems	1	
.	Assures patent airway Assesses breathing rate, rhythm, quality, depth	1 1	
*Proofbing	Assures adequate ventilation	1	
*Breathing	Initiates appropriate oxygen therapy	1	
	Manages any injury which may compromise breathing/ventilation Assesses pulse rate, rhythm, quality	1 1	
	Assesses/controls major bleeding	1	
*Circulation	Assesses skin (color, temp, moisture, cap refill)	1	
	Initiates shock management (positions patient properly, conserves body heat)	1	
Vital Signs -Puls	e (1 point) -Respirations (1 point) -Blood Pressure (1 point)	3	
* Identifies patient priority	and makes treatment/transport decision	1	
Considers notifying hospi	tal for Trauma Alert/Activation per Trauma Triage Tool	1	
HISTORY TAKING			
Obtains S.A.M.P.L.E. his	tory if possible	1	
SECONDARY ASSESSM	MENT	<u> </u>	
Assesses the head	Inspects and palpates the scalp and ears	1	
	Assesses the eyes Assesses the facial area including oral & nasal area	1	
Assesses the neck	· ·	1	
Assesses the neck	Inspects and palpates the cervical spine Assesses for JVD	1	
	Assesses for tracheal deviation	1	
Assesses the chest	Exposes patient in order to: Inspect the chest	1	
	Palpate the chest Auscultate the chest	1	
		1	
Assesses the abdomen/pelvis	Inspects and palpates the abdomen Assesses and palpates the pelvic girdle	1 1	
	Verbalizes assessment of genitalia/perineum as needed	1	
Assesses the	(1 point for each extremity)	4	
extremities	Exposes patient in order to: Inspect, palpate, and assess distal pulses, capillary refill, sensation and movement		
Assesses the posterior	Inspects and palpates thorax/thoracic vertebrae	1	
, locologo trio posterior	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	
REASSESSMENT		
Demonstrates reassessment of the patient appropriate to patient condition	1	
*Provides accurate verbal report to arriving EMS unit or receiving facility	1	
Passing score is 38 (at least 80%) TOTAL:	47	

Stop Time:	·	Elapsed Time:	Max Time Allowed: 10	PASS / FAIL
CRITICAL	CRITERIA			
Fai	lure to determine scene/slure to assess for and prolure to complete primary lure to determine chief colure to find problems assume to appropriately margure to identify patient prolure to initiate or call for the sor orders a dangerous lure to provide an accuration	nage problems associated ority, and make appropriation of the patient with a rappropriate intervers are report to arriving EMS	proaching patient when indicated secondary assessment eats thing, hemorrhage or shock d with airway, breathing, hemo ate treatment/transport decisio thin 10 minute time limit ntion unit or receiving facility	•
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				
	Printed	1	Signature	

PROS	CONS
ADDITIONAL COMMENTS:	

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	
NOTE: The examiner must now inform the candidate, "The patient is unresponsive."		
*Assesses respiratory status (observes the patient and determines the absence of breathing or abnormal breathing – gasping or agonal respirations)	1	
NOTE: The examiner must now inform the candidate, "The patient is apneic," or "The patiagonal respirations."	ent has gas	ping,
*Assesses pulse status (no more than 10 seconds)	1	
NOTE: The examiner must now inform the candidate, "The patient is pulseless."		
*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	
NOTE: After 2 minutes (5 cycles), patient is assessed. The examiner tells the candidate th will resume compressions while candidate operates the AED.	at the secor	d rescuer
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	
Passing score is 17 (at least 80%) Total:	21	

Stop Time: _____ Elapsed Time: ____ Max Time Allowed: 10

DOH 530-169 February 2016

PASS / FAIL

CRITICAL CRITERIA

	Printed	Signature
Evalua	tor Name:	
Failure	to perform any Critical Criteria constitutes a fai	ure of this skills station
	ust factually document your rationale for checki sk denotes Critical Criteria	ng any of the above critical items on the form
	Exhibits unacceptable affect with patient or other p	ersonner
	Failure to manage the patient as a competent EMF	
	Uses or orders a dangerous or inappropriate interv	
	Failure to direct immediate resumption of CPR	
	Failure to deliver shock per national standards	
	Failure to ensure all individuals were standing clea	r of the patient prior to delivering each shock
	Failure to properly initiate analysis of rhythm (stops	• • •
	Failure to properly attach the AED to patient	
	Failure to perform minimize interruptions during CF	PR (no longer than 10 seconds throughout)
	Failure to perform CPR with the adequate volumes	
	Failure to perform CPR properly to allow the chest	to recoil completely
	Failure to perform CPR with the correct compression	on-to ventilation ratio
	Failure to perform CPR with the adequate depth ar	d rate of compressions
	Failure to immediately begin chest compressions a	fter initially finding the patient has no pulse
	Failure to assess pulse status (no more than 10 se	conds)
	Failure to assess respiratory status	
	Failure to determine unresponsiveness	
	Failure to determine the scene/situation is safe	
	Failure to take or verbalize appropriate standard pr	ecautions

PROS	CONS
ADDITIONAL COMMENTS	
ADDITIONAL COMMENTS:	

Bleeding Control / Shock Management

Candidate Name	Candidate Name Date			
Scenario	Start Time:		Points Possible	Points Awarded
*Takes or verbalizes ap	ppropriate standard precautions		1	
*Applies direct pressure	e to the wound		1	
Note: The evaluator n	nust now inform the candidate that	the wound is continuing	to bleed.	
*Applies tourniquet			1	
Note: The evaluator n	nust now inform the candidate that	the bleeding is controlle	d.	
Applies dressing/band	lage to wound		1	
Note: The evaluator n hypoperfusion.	nust now inform the candidate that	patient is exhibiting sign	s and sym	ptoms of
*Properly positions the	patient		1	
*Applies high-concentra	ation oxygen (per national guidelines)		1	
Initiates steps to preve	ent heat loss from the patient		1	
*Indicates need for imn	nediate transportation		1	
	Passing score is 7 (at least 80%)	TOTAL:	8	
Stop Time:	Elapsed Time:	Max Time Allowed: 10	PASS	/ FAIL
Failure to apply Failure to apply Failure to proper Failure to apply Failure to indicat Uses or orders a Failure to manag Exhibits unaccep You must factually doc Asterisk denotes Critic	r verbalize appropriate standard precadirect pressure to the wound tourniquet properly by position the patient high-concentration of oxygen per nation dangerous or inappropriate interventing the patient as a competent EMR obtable affect with patient or other personal Criteria Critical Criteria constitutes a failure	onal guidelines on ion onnel any of the above critical	items on tl	ne form
Evaluator Name:	Printed	Signature		

PROS	CONS
ADDITIONAL COMMENTS:	

Spinal Immobilization (Supine Patient)

Candidate Name		Date		
Scenario	Start Time:		Points Possible	Points Awarde
*Takes or verbalizes a	ppropriate standard precautions		1	
*Directs assistant to pl	ace/maintain head in the neutral, in-line	position	1	
*Directs assistant to m	aintain manual stabilization of the head		1	
*Assesses motor, sens	sory and circulatory functions in each ex	ktremity	1	
*Applies appropriately	sized cervical collar		1	
Positions the immobi	lization device appropriately		1	
*Directs movement of the integrity of the spir	the patient onto immobilization device v	vithout compromising	1	
Applies padding to vo	ids between the torso and the device as	s necessary	1	
*Immobilizes the patie	nt's torso to the immobilization device		1	
Evaluates and pads b	ehind the patient's head as necessary		1	
*Immobilizes the patie	nt'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 bo	dy	1	
*Reassesses motor, s	sensory and circulatory functions in each	h extremity	1	
	Passing score is 12 (at least 80%)	TOTAL:	14	
Stop Time:	Elapsed Time:	Max Time Allowed: 10	PASS	/FAIL
Failure to direct as Failure to direct as Failure to initially a Failure to apply ap Manipulated/move Head immobilized Failure to immobil Failure to immobil Failure to reasses Uses or orders a of Failure to manage Exhibits unaccept You must factually docu Asterisk denotes Critical		ne head ons in each extremity ring release of manual stabil y, causing compromise of th tly secured to the immobilizat device device e n each extremity after immob	e spine tion device ilizing patien	t
	ritical Criteria constitutes a failure of this	S SKIIIS STATION		
Evaluator Name:	Printed	Signature	_	

PROS	CONS
ADDITIONAL COMMENTS:	

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	
Passing score is 10 (at least 80%) TOTAL:	12	
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 stab Manipulated/moved or allowed the patient to move excessively, causing compromise of the 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 verbal long backboard Uses or orders a dangerous or inappropriate intervention Failure to manage the patient as a competent EMR	he spine	ization to the
Exhibits unacceptable affect with patient or other personnel You must factually document your rationale for checking any of the above critical items of Asterisk denotes Critical Criteria Failure to perform any Critical Criteria constitutes a failure of this skills station Evaluator Name: Printed Signature	n the form	
Finited Signature		

PROS	CONS
ADDITIONAL COMMENTS:	

PRACTICAL SKILLS EVALUATION SUMMARY SHEET

Student Name:	Date:
Test Site:	

Section Reference	Skills Page Numbers	Practical Skill	S	U	SEI Signature
Respiration, Art. Vent.	7-10	Bag-Valve-Mask Ventilation of an Apneic Patient			
Respiration	11-12	Oxygen Administration by Non-Rebreather Mask			
Pt Assess.	13-16	Patient Assessment/ Management – Medical			
Pt Assess.	17-20	Patient Assessment/ Management – Trauma			
Medicine	21-24	Cardiac Arrest Management / AED			
Shock, Pt Assess, Trauma- Bleeding	25-26	Bleeding Control / Shock Management			
Shock, Trauma- Neck and Spine	27-28	Spinal Immobilization (Supine Patient)			
Shock, Trauma- Neck and Spine	29-30	Spinal Immobilization (Seated Patient)			

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
7-10	Bag-Valve-Mask Ventilation of an Apneic Patient	5	19	16
11-12	Oxygen Administration by Non-Rebreather Mask	5	10	8
13-16	Patient Assessment / Management- Medical	15	39	32
17-20	Patient Assessment / Management- Trauma	10	47	38
21-24	Cardiac Arrest Management / AED	10	21	17
25-26	Bleeding Control / Shock Management	10	8	7
27-28	Spinal Immobilization (Supine Patient)	10	14	12
29-30	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.