

Emergency Medical Technician

February 9, 2015 - March 6, 2015

Training Syllabus



William Penn Mott Jr. Training Center



Memorandum

Date: February 4, 2015
To: Supervisor
From: Theresa Bober, Department Training Officer
Training Section
Department of Parks and Recreation
Subject: Employee Attendance at Formal Training
Emergency Medical Technician Group 8

An employee from your office will soon be attending the formal training program described in the attached. Please insure that the employee is fully prepared to attend the session and that the groundwork is laid for the employee's implementation of the training upon returning to work. You can assist with capturing the full value of the training by taking the following steps:

Prior to Training

1. Make sure that **specific** employee needs are identified and, if necessary, called immediately to the attention of the Training Coordinator.
2. Review with the employee the reason for the employee's attendance.
3. Review objectives and agenda with the employee.
4. Discuss objectives and performance expected after the training.

Immediately Following Attendance

1. Discuss what was learned and intended uses of the training.
2. Review the employee's assessment of the training program for its impact at the workplace and review the due date of the Post-Training Evaluation form.
3. Support the employee's use of the training at the work place.

Three Months Following Training

1. Supervisor evaluates the effectiveness of the training on the employee's job performance and meets with the employee to discuss the evaluation.

Thank you for your assistance in seeing that the full benefit of training is realized.

Attachment
cc: Participant

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***Mission Statement
Training Section***

***The mission of the Training Section is to improve
organizational and individual performance and
productivity through consulting, collaboration,
training, and development.***

TRAINING SECTION STAFF

Theresa Bober Department Training Officer
Ann D. Slaughter Office Manager
Connie Breakfield Field Training Program Manager
Jack Futoran..... EMS & LG Training Coordinator
Sara M. Skinner..... Training Specialist
Dave Galanti Training Specialist
Karyn Lombard..... Training Specialist
Matt Cardinet..... Cadet Training Officer
Travis Gee..... Cadet Training Officer
Pamela Yaeger..... Assistant Program Coordinator
Edith Alhambra..... Assistant Program Coordinator
Lisa Anthony Assistant Program Coordinator

THE MISSION

of the California State Parks is to provide for the health, inspiration, and education of the people of California by helping to preserve the state's extraordinary biological diversity, protecting its most valued natural and cultural resources, and creating opportunities for high quality outdoor recreation.



FORMAL TRAINING GUIDELINES

Welcome to formal training, an essential component in your career development.

Since 1969, our Department has been providing a continuously changing number of diverse training programs at its main training facility, the William Penn Mott Jr. Training Center, and other locations including Marconi Conference Center. The Department strives to enhance your learning and job performance with formal training of the highest quality.

Our Department's dedication to training is only one aspect of its commitment to you and to the public. This commitment is costly and represents an important investment in you and your career. You and the Department realize a return on that investment by your positive participation in formal training itself and post training follow-through.

The program you will be participating in is described in this training syllabus, which outlines what you can expect from this training and what is expected of you. This syllabus details what you should do before you leave for training; what to do when you arrive; what you will be doing while in training; and, importantly, what you should be able to do when you return to your work site. Specifically:

1. **SYLLABUS:** The syllabus is now accessible on the Employee Training Management System (ETMS). Your copy of this syllabus is an important part of your training experience and should be brought with you to training. Read it before you arrive and review it following the program along with material you received at training.
2. **PRE-TRAINING ASSIGNMENTS:** Your completion of pre-training assignments is essential to the success of your training. You are responsible for all reading assignments in preparation for classroom sessions. Time will be provided during working hours to accomplish any assignments which involve either individual or group efforts and resources.
3. **TRAVEL:** Arrange your travel to and from the training site through your District or

Office. (No reimbursement for travel expense – including per diem costs – will be approved for travel not specifically authorized in advance by the District Superintendent). Individuals may claim reimbursement for incidental expenses incurred as outlined in DAM 0410.6. The Mott Training Center does not have the capability to provide transportation to/from Monterey airport.

The cost of your travel (airfare, mileage, rental car, etc.) is paid by your District or Office **to** and **from** the location of training.

4. **HOUSING:** Housing will be assigned to you on a shared-room basis and will be available from 3:00 p.m. on the date of arrival to 12:00 noon on the date of departure. The Department provides your room and board expenses at the Mott Training Center only. No per diem allowance will be authorized for living off-grounds. This does not preclude living off-grounds at your own expense. Advise the Training Specialist no later than one week before your scheduled arrival if you plan to live off-grounds. No animals are permitted in Asilomar housing. In the event of an emergency, staff must know your room assignment; therefore, you may not switch rooms without staff approval. Overnight guests are not allowed in the buildings unless registered beforehand at the front desk in Asilomar's Administration Building. Quiet hour for lodge living areas is 10:00 p.m.

Note: You may be assigned a room at a motel while attending training. If so, you may be asked to present a valid credit or debit card while checking in to your room. Many motels require a credit card to cover charges incurred such as telephone calls, damages to rooms and/or furnishings, fees to clean rooms that have been smoked in that are not designated as smoking rooms, etc. Be prepared to handle this appropriately.

5. **ENROLLMENT OR HOUSING CANCELLATION POLICY:** To cancel participation in a course, the participant must have their District Superintendent or Section/Office Manager send an email to the Training Specialist assigned to the course requesting to remove the participant. If you do not need lodging or must change or cancel your reservation for lodging, you must contact the Mott Training Center or Training Specialist assigned to the course at least 2 weeks prior to your date of arrival. Lodging, registration, and associated fees will be charged to the employee's District or Section/Office if a training cancellation is received with less than two weeks' notice.

The Training Section is committed to ensuring that the reservation that has been made for you is accurate and needed.

6. **OFF-GROUNDS ACCOMMODATIONS:** When authorized to stay off-grounds by the Department Training Officer, the Mott Training Center will absorb the cost of your room and meals at the current DPR Asilomar rate. If you stay off-grounds and have meals on grounds, the Mott Training Center will authorize only what the Department pays Asilomar for lodging.

7. MEALS: Meals will be provided, semi-cafeteria style, from dinner on the date of arrival through lunch on the date of departure. Meals will be served at 7:15 a.m. for breakfast, 12:00 noon for lunch, and 6:00 p.m. for dinner. Hot or box lunches may be provided on some days. If you require a special diet, contact Training Specialist Jack Futoran to request the Asilomar Dietary Restriction form no later than two weeks prior to the course start date. The Training Specialist will forward the form to the appropriate Asilomar Conference Grounds staff.

In order to assist participants with limited mobility, Asilomar provides a shuttle to and from the dining hall. Contact either Asilomar staff upon check-in, or Mott Training Center staff upon your arrival, for instructions on arranging a transport.

8. CLOTHING: Field uniforms as found in "Description of Required Field Uniforms", DOM Chapter 2300, Uniform Handbooks, not including optional items, will be worn daily by all uniformed employees during formal training sessions **unless otherwise specified in the Program Attendance Checklist**. Non-uniformed employees shall wear apparel normally worn on the job. **It does not include such items as shorts, t-shirts, tank tops, or sandals.**

Because we are on the grounds with many other groups, and the image we project as State Park employees is important not only during working hours but off duty hours as well, your informal sportswear should be appropriate.

9. ROOM SAFES: Two safes have been installed in each of the lodge rooms used by the Mott Training Center (Live Oak, Tree Tops, and Deer Lodge). These safes are a type that allows the user to input their own combination of numbers to facilitate opening and closing. The Mott Training Center has a master key for emergency entry. Safes are to be left in the open position when checking out of your room.
10. WEAPONS: Weapons are permitted in rooms under the following conditions. Authorized firearms and magazines stored while at the Mott Training Center shall be in a safe condition and stored in one of the following locations: your room safe in Live Oak, Tree Tops, or Deer Lodge, one of the Mott Training Center's safes in the Whitehead Room or secured in your vehicle.
11. ALCOHOLIC BEVERAGES: Participants shall not possess or consume alcoholic beverages in common areas (living room) while on the Asilomar Conference Grounds unless provided and hosted by Concessionaire ARAMARK.
12. SMOKING: Smoking is not permitted in the Mott Training Center or in any lodge or guest room on the Asilomar Conference Grounds.
13. TRAINING CENTER: The Mott Training Center is located on Asilomar Conference Grounds, part of Asilomar State Beach. The Conference Grounds are operated for our Department by a concessionaire, and all lodging and food services are

provided to us by employees of the concessionaire. Constant efforts are made to maintain a sound, harmonious working relationship between the Department and concessionaire. None of us can expect preferential treatment for any reason and, as a departmental employee; you will be expected to join in our continuing effort toward an effective relationship with each Asilomar concession staff member. On occasion, non-departmental groups may be staying in the same lodges. It is imperative that you represent the Department well on and off duty.

14. **REGISTRATION:** When you arrive at Asilomar Conference Grounds, proceed directly to the front desk at the Asilomar Administration Building for your room key and meal ticket. If you require vegetarian meals, notify the front desk representative and your meal ticket will be marked accordingly.
15. **COURSE LEADERS:** The formal training you will attend is developed and, for the most part, conducted by experienced DPR employees in the field and staff positions. Some courses will be conducted by qualified instructors from other agencies and educational institutions. Your course leaders have proven their ability and knowledge in their presentation, and provide a level of expertise difficulty to match.
16. **TRAINING SECTION STAFF:** Jack Futoran is your Training Specialist and has been assigned responsibility for your training group. During the program, you may be asked to assist Training Section staff in the logistics of your training program (organizing field trip transportation, supervising classroom breaks, etc.). Training Section staff will do all within their power to make your training experience pleasant and meaningful.
17. **TRAINING MATERIALS:** Materials may be made available to you at both your unit and the Training Center. Handout materials issued at your unit should be brought to training for possible use. A conference binder or notebook may be issued to you at the training session for notes and convenience in handling materials. Bring your own pens, pencils, etc.
18. **ATTENDANCE:** Regular attendance is a critical course requirement and your participation is important for the success of this training. An absence of more than 10% of the course hours constitutes grounds for dropping a participant from the course. The Department Training Officer may modify (except for POST RBC) this requirement based upon participant knowledge level and/or the portion of the course missed. All absences, except those of an emergency nature, must be approved in advance by the Training Specialist.
19. **VEHICLES:** All vehicles should be parked in the lots adjacent to the Mott Training Center. Any questions regarding use of a State vehicle while at the Mott Training Center should be discussed with your supervisor prior to your departure for training, or with your Program Coordinator while at the Mott Training Center.

20. BICYCLES: If you bring your bicycle, store it in the bicycle shed next to the Mott Training Center. Bicycles may not be brought into any building nor chained to lamp posts, trees, etc. The Mott Training Center has a limited number of bicycles available for your use. Prior to your use, you are required to complete a safety inspection and sign a waiver which is posted in the bicycle shed.
21. MAIL: Mail forwarded to you during your time at the Center should be addressed to you in care of:

Department of Parks and Recreation
WILLIAM PENN MOTT JR. TRAINING CENTER
PO Box 699, Pacific Grove, CA 93950
22. CELL PHONES: As a courtesy to your fellow participants and course leaders ensure that your cell phone is turned off during classes. Participants should not be receiving or making cell phone calls during class time. Limit those calls to your breaks.
23. FAX: The Mott Training Center's FAX number is (831) 649-2824.
24. TELEPHONE: Limit phone calls during classroom hours to urgent business or emergencies. Anyone wishing to contact you by telephone during working hours should call the Center at (831) 649-2954. Calls after 5:00 p.m. or during weekends should be made to (831) 372-8016, Asilomar Conference Grounds, and the caller should tell the switchboard operator you are with a California State Parks training group. **Note: There are no longer pay telephones outside of the Mott Training Center. There are pay telephones located at the Asilomar Administration Building.**
25. LAUNDRY AND DRY CLEANING: May be taken care of by you at one of several local establishments.
26. RECREATION: Facilities available on grounds include a heated swimming pool, pool tables, and a volleyball court. The Monterey area offers horseback riding, golf, tennis, racquetball, deep sea fishing, and many historical landmarks and scenic sights to explore.
27. POST-TRAINING ASSIGNMENTS: In connection with formal training, these are to be completed under the direction of your supervisor.
28. COFFEE BREAK REFRESHMENTS: Will be available throughout each session. You will be asked to contribute to the "Hospitality Fund" to defray expenses. Bring your own coffee cup.

PROGRAM ATTENDANCE CHECKLIST

To assist you in your preparation for formal training at the William Penn Mott Jr. Training Center, the following checklist is provided.

- _____ 1. Read and understand the Emergency Medical Technician syllabus prior to the first scheduled session.
- _____ 2. Arrange your travel through your District/Unit Office.
- _____ 3. Uniforms will be required. Department uniforms that may be worn include authorized:
 - Field uniform long trousers
 - Class B long trousers
 - Tactical trousers
 - Long or short sleeve polo shirts
 - Long or short sleeve field uniform shirts
 - Field uniform jackets
 - Close toe field uniform shoes
 - NO SHORTS or T-SHIRTS
- _____ 4. Students will meet the current classification grooming standards at all times.
- _____ 5. Bring throw-away clothes for scenarios.
- _____ 6. Visit the National Registry website at www.nremt.org. Become familiar with their program, skills and testing process.
- _____ 7. Visit the Brady Books website at www.brady.com.
- _____ 8. Study the enclosed skills sheets especially Patient Assessment Medical and Trauma.
- _____ 9. Prepare as much as you can prior to class. This course proceeds rapidly and covers a lot of information and many skills in a very short period of time.

NOTE: There is a required 24-hour clinical shift for this class which will be scheduled for the Salinas Valley Memorial Hospital and local CAL FIRE stations. Shifts will be scheduled upon arrival. Due to the size of the class, shifts will begin on the ASAP and continue through the end of the class (including weekends). You must provide your availability for clinical shifts on the first day of class. It is recommended that everyone attempt to stay at Mott through the weekends of the program for the additional skills practice and tutoring sessions.

If you have any questions or need assistance, contact Training Specialist Jack Futoran at (818) 880-0388 or Jack.Futoran@parks.ca.gov.

POST-TRAINING ASSIGNMENT

Prior to ninety days after the completion of this program, the employee and his/her supervisor should discuss the impact and assess the effectiveness this program has had on the employee.

The post-training evaluation process is intended to provide a bridge between classroom instruction and the on-the-job application of training. The information obtained through this process will assist the training participant, supervisor, and Training Section in providing a return on the investment the Department has on training.

EMERGENCY MEDICAL TECHNICIAN GROUP 8
February 9, 2015 - March 6, 2015

Sunday

February 8

1500 REGISTRATION: *Check-in at the Asilomar Administration Building All*

Monday

February 9

0800-1000	Introduction / Facility Orientation / Administration	Futoran
1000-1100	CAL FIRE Orientation / Patient Contact Documentation	CAL FIRE
1100-1200	Review of EMS (Chapter 1)	McCallan
1200-1300	<i>Lunch</i>	
1300-1400	Medical / Legal / Ethics (Chapter 3)	Andrus
1400-1700	Human Body (Chapter 4)	Dunnavant

Tuesday

February 10

0800-0900	QUIZ (Chapters 1, 3, 4)	Futoran
0900-1100	EMT Wellbeing / Communicable Diseases (Chapter 2)	Rocca
1100-1200	Lifting / Moving / LME / BEAM (Chapter 5)	Andrus/Dinnauer
1200-1300	<i>Lunch</i>	
1300-1500	Airway Management / Oxygen Therapy (Chapter 6)	McCallan
1500-1630	LAB – Airway Management / Oxygen Therapy	Staff
1630-1700	'Adequacy of Breathing' and NREMT (Tables 6-1 and 16-2)	Dunnavant

Wednesday

February 11

0800-0900	QUIZ (Chapters 2, 5, 6, Breathing Adequacy)	Rocca
0900-1000	Vital Signs / Monitoring Devices / 'SAMPLE' History (Chapter 9)	Andrus
1000-1100	LAB – Vital Signs	Staff
1100-1200	Overview of Patient Assessment Algorithm / Skills Sheets	Dinnauer
1200-1300	<i>Lunch</i>	
1300-1400	Scene Size-Up / PENMAN (Chapter 7)	Futoran
1400-1500	Initial Assessment / X-CAB (Chapter 8)	McCallan
1500-1600	Trauma Assessment (Chapter 10)	Dinnauer
1600-1700	Medical Assessment (Chapter 11)	Andrus

Thursday

February 12

0800-0900	QUIZ (Chapters 7, 8, 9, 10, 11, Breathing Adequacy)	McCallan
0900-1000	Assessment Review / Ongoing Assessment / Communications / Documents (Chapters 12, 13, 14)	Andrus
1000-1100	Bleeding / Shock (Chapter 26)	Dunnavant
1100-1200	LAB – Bleeding Control	Staff

EMERGENCY MEDICAL TECHNICIAN GROUP 8
February 9, 2015 - March 6, 2015

Thursday

February 12 (Continued)

1200-1300	<i>Lunch</i>	
1300-1400	Respiratory Emergencies (Chapter 16)	Dunnavant
1400-1500	Cardiac Emergencies / AED (Chapter 17)	Dunnavant
1500-1700	LAB – CPR / AED and Skill Verification	Futoran

Friday

February 13

0800-1700	CLINICAL ORIENTATIONS: Salinas Valley Memorial Hospital	All
1200-1300	<i>Lunch</i>	
1300-1700	LAB – Respiratory Emergencies / Airway / Oxygen	Staff

Monday

February 16

0800-0900	EXAM (Chapters 1-14, 16, 17, 26, 27, 29, Breathing Adequacy)	Kennedy
0900-1100	Soft Tissue Trauma (Chapter 27)	Dunnavant
1100-1200	LAB – Bandaging	Dinnauer/Futoran
1200-1300	<i>Lunch</i>	
1300-1400	Head / Spine Trauma (Chapter 29)	Dunnavant
1400-1500	LAB – Trauma Assessment / Spinal Immobilization	Futoran/Kennedy
1500-1600	Abdominal Emergencies (Chapter 18)	Rzab/Dinnauer
1600-1700	LAB – Medical Assessment	Dinnauer

Tuesday

February 17

0800-0900	QUIZ (Chapters 18, 27, 29, Breathing Adequacy, Skills Sheets)	Rzab
0900-1100	Musculoskeletal Emergencies / Splinting (Chapter 28)	Dinnauer/Kennedy
1100-1200	LAB – Splinting	Dinnauer/Kennedy
1200-1300	<i>Lunch</i>	
1300-1400	Diabetic Emergencies and Mental Status Change (Chapter 19)	Dunnavant
1400-1500	LAB – Medical Assessment	Staff
1500-1600	Critical Decision Making (Chapters 25, 30)	Vodrazka
1600-1700	LAB – Trauma Assessment	Staff

Wednesday

February 18

0800-0900	QUIZ (Chapters 19, 25, 28, 30, Breathing, Skills Sheets)	Wessitsh
0900-1100	LAB – Scenarios – Critical Thinking	Rzab
1100-1200	Behavioral Emergencies (Chapter 23)	Dunnavant

EMERGENCY MEDICAL TECHNICIAN GROUP 8
February 9, 2015 - March 6, 2015

Wednesday

February 18 (Continued)

1200-1300	<i>Lunch</i>	
1100-1200	Behavioral Emergencies (Chapter 23)	Dunnavant
1200-1300	<i>Lunch</i>	
1300-1500	OB / GYN Emergencies (Chapter 24)	Vodrazka/Rzab
1500-1700	LAB – Childbirth	Vodrazka/Rzab

Thursday

February 19

0800-1000	Submersion Injuries	Dymmel
1000-1100	QUIZ (Chapters 23, 24, Breathing, Skill Sheets)	
1100-1200	LAB – Childbirth, Medical, Trauma, Airway Oxygen, Assessments	Staff
1200-1300	<i>Lunch</i>	
1300-1500	General Pharmacology / Poisoning and Overdose (Chapters 15, 21)	Vodrazka
1500-1600	Environmental Emergencies (Chapter 22)	Wessitsh
1600-1700	LAB – C-spine, Trauma Assess, Medical Assess, Airway / Oxygen	Staff

Friday

February 20

0800-1000	Tactical EMS	Dunnavant
1000-1200	LAB – Scenarios – Tactical	Staff
1200-1300	<i>Lunch</i>	
1300-1400	QUIZ (Chapters 15, 21, 22)	Kennedy
1400-1500	Access and Rescue Operations (Chapters 35)	Rzab
1500-1600	LAB – CPR / AED, Childbirth, Traction Splinting, Bleeding Control	Staff
1600-1700	Study, Question and Answer	Staff

Monday

February 23

0800-0900	MIDTERM (Chapters 15, 18, 19, 21-25, 27-30, 35, Tactical EMS)	Futoran
0900-1200	Skills Verifications – BVM / Oxygen / CPR / AED	Staff
1200-1300	<i>Lunch</i>	
1300-1400	Special Operations – HAZMAT / MCI / IC	Matin
1400-1600	LAB – MCI / LME / BEAM Scenarios	Dinnauer/Andrus
1600-1700	Terrorism (Chapter 37)	Bray

EMERGENCY MEDICAL TECHNICIAN GROUP 8
February 9, 2015 - March 6, 2015

Tuesday

February 24

0800-0900	QUIZ (Chapter 37, Fill-in the Skills Sheet (Trauma, Medicine))	Bray
0900-1030	Pediatric Emergencies (Chapter 31)	Andrus
1030-1200	Geriatric Patients (Chapter 33)	Wessitsh
1200-1300	<i>Lunch</i>	
1300-1700	LAB – All Skill Rotations	Staff

Wednesday

February 25

0800-0900	QUIZ (Chapters 31, 33)	Matin
0900-1000	Special Needs Patients (Chapter 32)	Matin
1000-1200	LAB – Scenarios	Staff
1200-1300	<i>Lunch</i>	
1300-1500	Ambulance Operations (Chapter 34)	Andrus
1500-1700	LAB – Skills Stations	Staff

Thursday

February 26

0800-0900	QUIZ (Chapters 32, 34)	Wessitsh
0900-1200	Wilderness EMT Presentation and Scenarios	Andrus/Dinnauer
1200-1300	<i>Lunch</i>	
1300-1400	Wilderness Scenario Debrief	Andrus/Dinnauer
1400-1700	LAB – NREMT Skills Stations	Staff

Friday

February 27

0800-0900	QUIZ (NREMT Questions)	Futoran
0900-1000	EMS Protocols	Futoran
1000-1200	LAB – NREMT Skill Stations	Staff
1200-1300	<i>Lunch</i>	
1300-1700	Field Trip: Pacific Grove Hyperbaric Chamber	Staff

Monday

March 2

0800-0900	QUIZ (NREMT Questions, Submersion Questions)	Raducanu
0900-1000	DPR EMS Program	Futoran
1000-1200	LG Operations	Staff
1200-1300	<i>Lunch</i>	
1300-1500	CALSTAR Helicopter	Staff
1500-1700	LAB – NREMT Skills	Staff

EMERGENCY MEDICAL TECHNICIAN GROUP 8
February 9, 2015 - March 6, 2015

Tuesday

March 3

0800-0900	QUIZ (EMS Reports, Lifeguard Operations)	Wessitsh
0900-1100	Sand Entrapment	Kennedy
1100-1200	Preparation Time for Class Scenarios	Class
1200-1300	<i>Lunch</i>	
1300-1600	Scenarios (3) by Class	Class
1600-1700	Scenario Debrief	Staff

Wednesday

March 4

0800-0900	QUIZ (Sand Entrapment)	Vodrazka
0900-1200	Field Trip: Fire Boat / United States Coast Guard Boat	Staff
1200-1300	<i>Lunch</i>	
1300-1600	Study, Question and Answer, Open Skill Lab	Staff
1600-1700	Review Testing Procedure	Futoran

Thursday

March 5

0800-1200	Final Exams	Staff
1200-1300	<i>Lunch</i>	
1300-1700	Final Exams	Staff

Friday

March 6

0800-1000	Review Final Exams	Dunnavant
1000-1200	EMS Legal Issues	Lynch
1200-1300	<i>Travel</i>	
1300-1500	Course Evaluations	Futoran
1500-1700	Process to become EMT (NR Test, App, Live Scan)	Futoran

EMERGENCY MEDICAL TECHNICIAN

HOURS

PROGRAM OUTLINE

PROGRAM ORIENTATION..... 2

TOPICS77.5

- Lifting and Moving Patients
- Hospital Orientation
- Introduction to Emergency Medical Care
- Highway Safety and Vehicle Extrication
- Medical Terminology, Anatomy and Physiology
- Principles of Pathophysiology
- Life Span Development
- Airway Management
- Respiration and Artificial Ventilation
- Scene Size-Up
- The Primary Assessment
- Vital Signs and Monitoring Devices
- Assessment of the Trauma Patient
- Assessment of the Medical Patient
- Reassessment, Critical Thinking and Decision Making
- Cardiac Emergencies
- Behavioral and Psychiatric Emergencies and Suicide
- Respiratory Emergencies
- General Pharmacology
- Trauma to the Head, Neck and Spine
- Communications and Documentation
- Allergic Reaction
- Musculoskeletal Trauma
- Pediatric Emergencies
- Geriatric Emergencies
- Medical, Legal and Ethical Issues
- Chest and Abdomen Trauma
- Hazardous Materials, Multi-Casualty Incident, and Incident Management
- EMS Response to Terrorism
- Emergencies for Patients with Special Challenges
- EMS Operations
- The Well Being of the EMT
- Tactical EMS
- Practical EMS (Field Trips)
- Environmental EMS and Rescue (Wilderness / Sand)

SKILLS LABS..... 33.5

EMERGENCY MEDICAL TECHNICIAN

HOURS

PROGRAM OUTLINE (Continued)

SCENARIOS..... 16

DIDACTIC REVIEW 4

SKILLS VERIFICATIONS 9

QUIZZES, MID-TERMS and FINAL 18

CLINICAL HOURS..... 24

EVALUATIONS..... 2

TOTAL HOURS..... 186

EMERGENCY MEDICAL TECHNICIAN

PROGRAM ORIENTATION

Purpose: The program content and logistics of the Training Center will be reviewed.

Learning Objectives: By the close of the session the participant will

1. Review program content, procedure, grading and evaluation process.
2. Adhere to all Training Center guidelines.

PERFORMANCE OBJECTIVES

Purpose: The participant will demonstrate the knowledge and skills required of an Emergency Medical Technician as Per Title 22, Division 9, Chapter 2, California Code of Regulations in the following subject areas. The program Content shall meet the United State Department of Transportation's EMT-Basic National Standard Curriculum, DOT HS 808 149, August 1994.

Section 1	Foundation
Section 2	Airway Management, Respiration, and Artificial Respiration
Section 3	Patient Assessment
Section 4	Medical Emergencies
Section 5	Trauma Emergencies
Section 6	Special Population
Section 7	Operations

SUMMARY

Purpose: To summarize and evaluate the program.

1. Review the program.
2. Complete the program evaluation.
3. Have the opportunity to provide verbal feedback for future programs

PROGRAM PASSING CRITERIA

The student must actively participate in classroom lecture and skills. DPR written exams passing criteria is 80%. The required skills verifications must meet National Registry of EMT Standards and State of California Title 22 guidelines. In order to be certified in the State of California, after successfully completing the DPR-EMT program, the student must successfully pass the Nationals Registry EMT Exam and the required DOJ and FBI live scans.



See back of form for instructions for completion

1a. Name as shown on EMT-I Certificate		1b. Certificate Number	
1c. Certifying Authority CALIFORNIA STATE PARKS – EMT CERTIFYING AUTHORITY # 94 - 0006			
Skill		Verification of Competency	
1. Patient examination, trauma patient; SUCKING CHEST WOUND	Affiliation CALIFORNIA STATE PARKS	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
2. Patient examination, medical patient CHEST PAIN	Affiliation CALIFORNIA STATE PARKS	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
3. Airway emergencies CARDIAC MANAGEMENT	Affiliation CALIFORNIA STATE PARKS	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
4. Breathing emergencies CARDIAC MANAGEMENT	Affiliation CALIFORNIA STATE PARKS	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
5. AED and CPR CARDIAC MANAGEMENT	Affiliation CALIFORNIA STATE PARKS	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
6. Circulation emergencies CARDIAC MANAGEMENT	Affiliation CALIFORNIA STATE PARKS	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
7. Neurological emergencies SUPINE C-SPINE	Affiliation CALIFORNIA STATE PARKS	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
8. Soft tissue injury LIFE-THREATENING ARTERIAL BLEED	Affiliation CALIFORNIA STATE PARKS	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
9. Musculoskeletal injury MID-SHAFT FEMUR FX - TRACTION	Affiliation CALIFORNIA STATE PARKS	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number
10. Obstetrical emergencies NORMAL CHILDBIRTH	Affiliation CALIFORNIA STATE PARKS	Date	
	Signature of Person Verifying Competency	Print Name	Certification / License Number

California State Parks – Emergency Medical Technician
Airway Management and Oxygen Administration (01/2015)

Student: _____ Evaluator: _____ Date: _____

Actual Time Started	Points Possible	Points Awarded
<i>During 2 minute prep time, student should ensure equipment is in "vehicle carry" condition:</i>		
Attaches the regulator to the tank	1	
Assembles tank properly and check for leaks**	1	
Takes Body Substance Isolation precautions**	1	
Checks responsiveness (AVPU)	1	
<i>Inform candidate: "There is no response."</i>		
Checks pulse**	1	
<i>Inform candidate: "You feel a weak pulse of about 60."</i>		
Opens airway properly	1	
<i>Inform candidate: "The mouth is full of secretions and vomitus."</i>		
Rolls patient if possible and sweep solids from mouth	1	
Measures v-vac properly for RIGID or FLEXIBLE catheter	1	
Safely inserts the suction tip to the proper depth without suction**	1	
Applies suction to the oropharynx / nasopharynx while withdrawing (< 15 sec)**	1	
<i>Inform candidate: "The mouth and oropharynx are clear, but the patient is breathing inadequately."</i>		
Properly measures an airway adjunct (OPA)	1	
Safely inserts airway without pushing the tongue posteriorly / Assess Airway**	1	
Connects BVM to oxygen liter flow regulator	1	
Properly pre-fills the BVM oxygen reservoir	1	
Adjusts liter flow to 15 lpm or greater**	1	
Creates proper BVM mask-to-face seal	1	
Adequately ventilates patient: Proper volume (rise and fall of chest); Proper rate**	2	
<i>First ventilation must be within 30 seconds.** BVM does not have to be attached to oxygen initially. Award extra point if BVM is attached to oxygen by the time of first ventilation.</i>	1	
<i>Inform candidate: "The patient is gagging."</i>		
Safely and properly removes the oropharyngeal airway	1	
Measures and selects appropriately sized NPA	1	
Verbalizes lubrication of the nasal airway	1	
Safely inserts the nasal airway with the bevel facing toward the septum / Assess Airway**	1	
<i>Inform candidate: "The patient is becoming conscious and is now breathing adequately."</i>		
Attaches non-rebreather mask to regulator	1	
Properly pre-fills the mask reservoir**	1	
Adjusts the regulator liter flow to 15 lpm or more**	1	
Carefully applies and adjusts the mask to the patient's face	1	
<i>Inform candidate: "The patient is not tolerating the non-rebreather."</i>		
Attaches nasal cannula to the regulator	1	
Adjust the liter flow to 6 lpm or less**	1	
Carefully applies and adjusts the nasal cannula to the patient's face	1	
<i>Advise candidate to discontinue oxygen and disassemble tank.</i>		
Turns off the regulator liter flow	1	
Closes the tank valve completely	1	
Bleeds the remaining oxygen from the regulator	1	
TOTAL	33	

****Critical Criteria:**

- _____ Did not take **Body Substance Isolation** precautions
- _____ Failure to check **pulse**
- _____ Failure to **suction airway before ventilating** patient
- _____ Did not demonstrate an acceptable **suction technique**
- _____ Did not provide **initial ventilation** within **30 seconds** after discovery of inadequate breathing
- _____ Interrupted ventilations for longer than **30 seconds**
- _____ Ventilates at incorrect **volume** or incorrect **rate**
- _____ Failure to ultimately provide high flow **oxygen while ventilating** with BVM
- _____ Did not obtain patent airway with **OPA**
- _____ Did not obtain patent airway with **NPA**
- _____ Did not assemble the **tank and regulator** without leaks
- _____ Did not pre-fill the **reservoir bag**
- _____ Did not adjust the non-rebreather mask to the correct liter flow of at least **15 lpm**
- _____ Did not adjust the nasal cannula to the correct liter flow of **6 lpm** or less
- _____ Failure to manage the patient as a competent EMT

California State Parks – Emergency Medical Technician
Cardiac Arrest Management / AED (01/2015)

Student: _____ Evaluator: _____

Date: _____

Actual Time Started:	Points Possible	Points Awarded
Takes appropriate body substance isolation (BSI) precautions**	1	
Briefly questions bystanders about arrest events / time of onset	1	
Checks patient for responsiveness	1	
NOTE: Examiner states patient is unresponsive		
Requests additional EMS response	1	
Checks carotid pulse 5 – 10 seconds	1	
NOTE: Examiner states patient has no pulse		
Immediately begins chest compressions**	1	
Performs 2 minutes of high quality CPR**		
- Adequate depth and rate	1	
- Correct compression-to-ventilation ratio	1	
- Allows chest to recoil completely	1	
- Adequate volume for each breath	1	
- Minimal interruptions of less than 10 seconds throughout	1	
Directs second rescuer to take over compressions	1	
First rescuer operates AED and turns on power to AED	1	
Properly prepares chest, follows prompts and properly applies AED electrodes to the patient while second rescuer continues compressions**	1	
Directs second rescuer to stop CPR and ensures everyone is clear of patient (visibly and verbally) during rhythm analysis**	1	
Ensures that all individuals are clear of patient and delivers shock from AED**	1	
Immediately directs second rescuer to resume chest compressions**	1	
TOTAL	17	

****Critical Criteria:**

- _____ Failure to take appropriate body substance isolation precautions
- _____ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- _____ Failure to demonstrate acceptable high-quality CPR
- _____ Interrupts CPR for more than 10 seconds
- _____ Failure to operate the AED properly
- _____ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock(s) both verbally and visually
- _____ Failure to deliver shock in a timely manner
- _____ Failure to immediately resume compressions after shock is delivered
- _____ Uses or orders dangerous or inappropriate intervention

CARDIAC ARREST MANAGEMENT / AED

This skill is designed to evaluate your ability to manage an out-of-hospital cardiac arrest by integrating patient assessment / management skills, CPR skills, and usage of an AED. You arrive on scene by yourself and there are no bystanders present. You must begin resuscitation of the patient in accordance with current American Heart Association Guidelines for CPR. You must physically perform 1-rescuer CPR and operate the AED, including delivery of any shock. The patient's response is not meant to give any indication whatsoever as to your performance in this skill. Take a few moments to familiarize yourself with the equipment before we begin and I will explain any of the specific operational features of the AED. If you brought your own AED, I need to make sure it is approved for testing before we begin.

You will have ten (10) minutes to complete this skill once we begin. I may ask questions for clarification and will acknowledge the treatments you indicate are necessary. Do you have any questions?

You respond to a call and find this patient lying on the floor. There are no bystanders present.

Equipment

Examination gloves

Mouth-to-barrier device (disposable)

Automated External Defibrillator (trainer model programmed with current AHA Guidelines) with freshly charged batteries and spares

CPR manikin that can be defibrillated with an AED Trainer

Appropriate disinfecting agent and related supplies

California State Parks – Emergency Medical Technician
Emergency Childbirth (1/2015)

Student: _____ Evaluator: _____
Date: _____

Actual Time Started:	Points Possible	Points Awarded
ASSESSMENT		
Takes body substance isolation(BSI) precautions**	1	
Determines that delivery is imminent** (Ask pertinent questions)	1	
Observes for crowning**	1	
PRE – DELIVERY		
Applies sterile gloves	1	
Drapes and establishes a sterile field	1	
DELIVERY		
Applies gentle pressure to perineum and infant's head	1	
Checks for cord around infant's neck as soon as head is delivered**	1	
Suctions infant's mouth then nose**	1	
Applies gentle downward pressure on the head to release upper shoulder	1	
Applies gentle upward pressure on the head to release lower shoulder	1	
Holds infant with a firm but gentle grip while delivering infant's body	1	
Re-suctions infant's mouth then nose	1	
Maintains infant's warmth	1	
Assesses APGAR**		
Appearance (0=Blue, 1=Core pink, 2=Pink)	1	
Pulse (0=None, 1=<100, 2=>100)	1	
Grimace (0=None, 1=Grimace, 2=Cry, cough or sneeze)	1	
Activity (0=None, 1=Slight, 2=Active)	1	
Respiratory effort (0=None, 1=slow/irregular, 2=Good)	1	
Clamps cord: places first clamp 7 inches from infant and places the second clamp 10 inches from the infant. Cut between clamps (if needed).**	1	
Places infant to mother's breast	1	
Delivers placenta. Places placenta in plastic bag and transports with patient.	1	
Assesses mother for above – normal vaginal bleeding**	1	
Massages the fundus as necessary to reduce bleeding**	1	
Treats for shock**	1	
Verbalizes transportation of the mother and child	1	
TOTAL	25	

****CRITICAL CRITERIA:**

- _____ Did not take body substance isolation precautions
- _____ Did not determine if delivery was imminent
- _____ Did not check for cord around the infant's neck
- _____ Did not suction infant's mouth first or suction at all
- _____ Did not assess infant's APGAR
- _____ Did not properly place the umbilical cord clamps
- _____ Did not assess for profuse bleeding

California State Parks – Emergency Medical Technician
Long Bone Immobilization (01/2015)

Student: _____ Evaluator: _____
Date: _____

Actual Time Started:	Points Possible	Points Awarded
Takes appropriate body substance isolation (BSI) precautions**	1	
Directs application of manual stabilization of the injury**	1	
Assesses distal pulse, movement and sensation (PMS) in the injured extremity**	1	
Note: The examiner states that PMS are present and normal		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site**	1	
Immobilizes the joint below the injury site**	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function**	1	
Reassesses the distal PMS in the injured extremity**	1	
Note: The examiner states that PMS are present and normal		
TOTAL	10	

****Critical Criteria:**

- _____ Did not take body substance isolation precautions
- _____ Did not immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Did not immobilize the joint above and below the injury site
- _____ Did not immobilize the hand or foot in a position of function
- _____ Did not reassess distal PMS in the injured extremity before and after splinting

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

INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR LONG BONE IMMOBILIZATION

This skill is designed to evaluate your ability to properly immobilize a closed, non-angulated suspected long bone fracture. You are required to treat only the specific, isolated injury. The scene survey and primary survey have been completed and a suspected, closed, non-angulated fracture of the (radius, ulna, tibia, or fibula) is discovered during the secondary survey. Continued assessment of the patient's airway, breathing, and central circulation is not necessary in this skill. You may use any equipment available in this room.

You have five (5) minutes to complete this skill. Do you have any questions?

Equipment

Examination gloves
Rigid splint materials (various sizes)
Roller gauze
Cravats (6)
Tape

California State Parks – Emergency Medical Technician
Patient Assessment / Management – Medical (01/2015)

Name: _____ Date: _____ Examiner: _____

Actual Time Started:	Points Possible	Points Awarded
SCENE SIZE UP		
P - Takes appropriate body substance isolation precautions (PPE)**	1	
E – Environmental concerns / scene safety**	1	
N – Number of patients	1	
M – Mechanism of injury	1	
A – Additional resources if necessary	1	
N – Need for C-Spine	1	
PRIMARY SURVEY / RESUSCITATION**		
Verbalizes general impression of patient	1	
Determines responsiveness (A – Alert V – Verbal P – Pain U – Unresponsive) / Alert and Oriented (If alert, A&O x ...)	1	
Checks for eXsanguination **/ Apparent life threats or chief complaint	1	
C- Circulation** - Checks pulse - Assesses skin - Initiates shock management**	3	
A-Airway** - Opens / assesses airway - Inserts adjunct if needed	2	
B-Breathing** - Assures adequate ventilation** - Initiates appropriate oxygen therapy**	2	
Identifies patient priority and makes treatment / transport decision	1	
HISTORY TAKING		
O.P.Q.R.S.T. – Clarifying questions associated with chief complaint / present illness - Onset - Provocation - Quality - Radiation - Severity - Time	6	
S.A.M.P.L.E. - Signs / Symptoms - Allergies - Medication -Past Pertinent History - Last Oral Intake - Events	6	
SECONDARY ASSESSMENT		
Assesses affected body part / system - Cardiovascular - Pulmonary - Neurological - Musculoskeletal - Integumentary - GI/GU - Reproductive - Psychological/Social	5	
Vital Signs Pulse (Rate, Rhythm, Quality) - Respiration (Rate, Rhythm, Quality) - Blood Pressure (Palp and Ausc)	4	
States field impression of patient	1	
Interventions (verbalizes proper interventions / treatment)	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended**	42	
Total		

****Critical Criteria:**

- _____ Failure to initiate or call for transport of the patient within 15 minute time limit
- _____ Failure to take appropriate body substance isolation precautions
- _____ Failure to determine scene safety before approaching the patient
- _____ Failure to voice and ultimately provide appropriate oxygen therapy
- _____ Failure to assess / provide adequate ventilation
- _____ Failure to find or appropriately manage problems associated with hemorrhage / shock, circulation, airway and breathing
- _____ Failure to differentiate patient's need for immediate transportation vs. continued assessment or treatment at the scene
- _____ Performs secondary examination before assessing and treating threats to circulation, airway and breathing
- _____ Uses or orders a dangerous or inappropriate intervention

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

California State Parks – Emergency Medical Technician
Patient Assessment / Management – Medical (01/2015)

Name: _____ Date: _____ Examiner: _____

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California State Parks – Emergency Medical Technician
Patient Assessment / Management – Trauma (01/2015)

Name: _____ Date: _____ Examiner: _____

Actual Time Started:	Points Possible	Points Awarded
SCENE SIZE UP		
P - Takes appropriate body substance isolation precautions (PPE)**	1	
E – Environmental concerns / Scene safety**	1	
N – Number of patients	1	
M – Mechanism of injury	1	
A – Additional resources if necessary	1	
N – Need for C-Spine**	1	
PRIMARY SURVEY / RESUSCITATION**		
Verbalizes general impression of patient	1	
Checks responsiveness (A – Alert V – Verbal P – Pain U – Unresponsive) / Alert and Oriented (If alert, A&O x ...)	1	
Checks for eXsanguination** / Apparent life threats or chief complaint	1	
C- Circulation** - Checks pulse - Assesses skin (color, temp, condition) - Initiates shock management**	3	
A-Airway** - Opens / Assesses airway - Inserts adjunct if needed	2	
B-Breathing** - Assures adequate ventilation** - Initiates appropriate oxygen therapy**	2	
Identifies patient priority and makes treatment / transport decision**	1	
HISTORY TAKING		
Attempts to obtain S.A.M.P.L.E. history	1	
SECONDARY ASSESSMENT		
Head - Inspects mouth, nose and assesses facial area - Inspects and palpates scalp and ears - Assesses eyes (PERRL)	3	
Neck - Checks position of trachea - Checks jugular veins - Palpates cervical spine	3	
Chest - Inspects chest - Palpates chest - Auscultates chest	3	
Abdomen / Pelvis - Inspects and palpates abdomen - Assesses pelvis - Verbalizes assessment of genitalia / perineum as needed	3	
Lower Extremities - Assesses distal pulse, motor and sensory	3	
Upper Extremities - Assesses distal pulse, motor and sensory	3	
Posterior Thorax, Lumbar and Buttocks - Inspects and palpates posterior thorax - Inspects and palpates lumbar and buttocks areas	2	
Vital Signs Pulse (Rate, Rhythm, Quality) - Respiration (Rate, Rhythm, Quality) - Blood Pressure (Palp and Ausc)	4	
Manages secondary injuries and wounds appropriately	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended**	45	
Total		

****Critical Criteria:**

- _____ Failure to initiate or call for transport of the patient within 10 minute time limit
- _____ Failure to take appropriate body substance isolation precautions
- _____ Failure to determine scene safety before approaching the patient
- _____ Failure to assess for and provide spinal protection when indicated
- _____ Failure to voice and ultimately provide appropriate oxygen therapy
- _____ Failure to assess / provide adequate ventilation
- _____ Failure to find or appropriately manage problems associated with hemorrhage / shock, circulation, airway and breathing
- _____ Failure to differentiate patient's need for immediate transportation versus continued assessment treatment at the scene
- _____ Performs secondary examination before assessing and treating threats to circulation, airway and breathing
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical criteria items on this form in the space below.

California State Parks – Emergency Medical Technician
Hare / Sager Traction splints (1/2015)

Student: _____ Evaluator: _____
Date: _____

	Points Possible	Points Awarded
Actual Time Started:		
Takes body substance isolation (BSI) precautions**	1	
Properly applies or directs manual stabilization of the injured leg	1	
Exposes thigh, removes shoes and socks. Controls bleeding if indicated	1	
Assesses distal pulse, movement and sensation (PMS) bilaterally**	1	
Note: The examiner states that PMS are present and normal.		
<u>HARE</u>		
Positions splint parallel to uninjured leg, adjusts length 6 – 8 inches beyond foot and locks splint**	1	
Properly adjusts and applies ankle strap	1	
Properly supports or directs support of fracture site while lifting leg along with manual traction**	1	
Places splint under leg, positions top against groin / ischium and attaches padded groin/ishial strap**	1	
Connects ankle strap to splint and turns knob until mechanical traction is equaled or pain is reduced**	1	
Secures splint straps (2 above and 2 below knee)	1	
Re-assesses distal PMS bilaterally and verbalizes securing patient to backboard**	1	
<u>SAGER</u>		
Positions splint beside injured leg and extends pulley past foot**	1	
Positions splint beside inner aspect of injured leg snugly up against perineum and attaches groin strap**	1	
Properly adjusts and applies ankle strap; extends splint 10% of patient's body weight and locks splint	1	
Properly pads between leg and splint; secures leg straps and anatomically splints the injured leg to the uninjured leg	1	
Re-assesses distal PMS bilaterally and verbalize securing patient to backboard**	1	
Note: The examiner states that PMS are present and normal.		
Hare total of 11 points Sager total of 9 points	11 or 9	

****Critical Criteria:**

- _____ Did not take BSI precautions
- _____ Loss of traction at any point after it was applied
- _____ Did not assess PMS before and after splinting
- _____ Did not secure the groin/ischial strap before applying traction
- _____ Did not apply the splint correctly or allowed excessive foot rotation / extension or poor femur support
- _____ Did not apply mechanical traction before securing the leg to the splint with straps

California State Parks – Emergency Medical Technician
Kendrick Traction Splint (01/2015)

Student: _____ Evaluator: _____
Date: _____

Actual Time Started:	Points Possible	Points Awarded
Takes body substance isolation (BSI) precautions**	1	
Properly applies or directs manual stabilization of the injured leg	1	
Exposes thigh and removes shoes and socks. Controls bleeding if indicated	1	
Assesses distal pulse, movement and sensation (PMS)** bilaterally	1	
Note: The examiner states that PMS are present and normal		
Properly adjusts and applies ankle strap	1	
Properly tightens stirrup until snug under heel	1	
Properly attaches groin strap** and positions traction pole receptacle	1	
Properly straightens out traction pole	1	
Positions traction pole beside outer aspect of injured leg	1	
Adjusts pole length as required with 8" extending beyond bottom of foot	1	
Inserts pole end(s) into traction pole receptacle	1	
Secures elastic strap around knee**	1	
Properly places tab attached to stirrup over dart end of traction pole	1	
Properly applies traction until pain is reduced	1	
Properly secures leg straps	1	
Re-assess distal PMS and verbalizes securing patient to backboard**	1	
Note: The examiner states that PMS are present and normal		
TOTAL	16	

****Critical Criteria:**

- _____ Did not take BSI precautions
- _____ Loss of traction at any point after it was applied
- _____ Did not assess PMS before and after splinting
- _____ Did not secure the groin strap before applying traction
- _____ Did not apply the splint correctly or allowed excessive foot rotation / extension or poor femur support
- _____ Did not secure knee strap before applying mechanical traction

California State Parks – Emergency Medical Technician
Spinal Immobilization – Supine Patient (01/2015)

Student: _____ Evaluator: _____

Date: _____

Actual Time Started:	Points Possible	Points Awarded
Takes body substance isolation (BSI) precautions**	1	
Immediately and properly places / maintains the head in the neutral, in-line position**	1	
Directs assistant to maintain manual stabilization of the head**	1	
Assesses distal pulse, movement and sensation (PMS)** functions in each extremity	1	
Measures and applies an appropriately sized cervical extrication collar	1	
Positions the backboard appropriately	1	
Directs assessment of the back before putting patient on backboard	1	
Directs movement of the patient onto backboard without compromising the integrity of the spine**	1	
Applies padding to voids between the patient and the backboard as necessary	1	
Secures the patient's torso to the backboard**	1	
Secures the patient's head to the backboard**	1	
Secures the patient's legs to the backboard**	1	
Secures the patient's arms (if necessary)	1	
Re-assesses distal PMS functions in each extremity**	1	
TOTAL	14	

****Critical Criteria:**

- _____ Did not take body substance isolation precautions
- _____ Did not immediately place the head in the neutral, in-line position
- _____ Released or ordered release of manual stabilization before it was maintained mechanically
- _____ Grossly moved the patient causing potential for spinal compromise
- _____ Secured head to the backboard before the torso was secured
- _____ The patient's torso moved excessively while secured to the backboard
- _____ Head immobilization allowed for excessive movement
- _____ Torso fixation inhibited chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, the head was not in a neutral, in-line position
- _____ Did not assess PMS functions in each extremity before applying the cervical collar and after completely securing the patient to the backboard

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California State Parks – Emergency Medical Technician
Joint Injury (1/2015)

Student: _____ Evaluator: _____

Date: _____

Actual Time Started:	Points Possible	Points Awarded
Takes body substance isolation (BSI) precautions**	1	
Properly applies or directs manual stabilization of the joint injury**	1	
Assesses distal pulse, movement and sensation (PMS) of the injured extremity**	1	
Note: The examiner states PMS are present and normal.		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above and below the injured joint**	2	
Secures the entire injured extremity**	1	
Re-assesses distal PMS of the injured extremity**	1	
Note: The examiner states PMS are present and normal.		
TOTAL	9	

****Critical Criteria:**

- _____ Did not take body substance isolation precautions
- _____ Did not immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Did not immobilize the bone above and below the injured joint
- _____ Did not assess distal PMS of the injured extremity before and after splinting
- _____ Uses or orders a dangerous or inappropriate intervention

California State Parks – Emergency Medical Technician
Bleeding Control / Shock Management (01/2015)

Student: _____ Evaluator: _____

Date: _____

Actual Time Started:	Points Possible	Points Awarded
Takes body substance isolation (BSI)** precautions (Gloves)	1	
Applies direct pressure** to wound	1	
Note: The examiner informs the candidate that the wound continues to bleed		
Properly applies tourniquet in a timely manner**	1	
Note: The examiner informs the candidate that the patient is now showing signs and symptoms indicative of hypoperfusion		
Properly positions the patient	1	
Properly administers high flow oxygen**	1	
Indicates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation**	1	
TOTAL	7	

****Critical Criteria:**

- _____ Did not take body substance isolation precautions
- _____ Did not apply high concentration oxygen
- _____ Did not control hemorrhage using correct procedures in a timely manner
- _____ Did not indicate a need for immediate transportation

Cravat: 3 – 4 inches wide, 6 – 8 folds of the cravat, position as far distal on the extremity, but proximal to the wound, and NEVER over the wound. Apply downward over limb, crossing ends under the limb. Then bring back to top of limb and tie two knots. Place turning device between the two knots, tighten until bleeding stops and secure tightening device in place. Write “TK” and time on forehead.

May use commercial tourniquet if available.

