

EMERGENCY MEDICAL TECHNICIAN

February 9-March 2, 2013

Training Syllabus



William Penn Mott Jr. Training Center



Memorandum

Date: January 28, 2013
To: Supervisor
From: William Penn Mott Jr. Training Center
Department of Parks and Recreation
Subject: Employee Attendance at Formal Training
Emergency Medical Technician Group 7

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.

Prior to Three Months Following Training

1. Employee after discussion with the supervisor login to the Employee Training Management System (ETMS) to complete the Post-Training Evaluation form.
2. Supervisor evaluates the effectiveness of the training on the employee's job performance and login to the ETMS to complete the Training Effectiveness Assessment form.

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



Joanne Danielson
Department Training Officer, Acting

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

Joanne Danielson	Department Training Officer, Acting
Juventino Ortiz.....	Academy Coordinator, Acting
Pat Bost	Office Manager
Chuck Combs	Training Specialist
Sara M. Skinner	Training Specialist
Dave Galanti	Training Specialist
Karyn Lombard	Training Specialist
Matt Cardinet	Cadet Training Officer
Dan Kraft	Cadet Training Officer
Nicole Shannon	Cadet Training Officer
Dan Raducanu.....	Cadet Training Officer
Pamela Yaeger	Assistant Program Coordinator
Edith Alhambra	Assistant Program Coordinator
Ellen Dewsnap.....	Assistant Program Coordinator
Socorro Wallace	Program Assistant
Joanne Ciccone	Program Assistant
Ginger Henry	Program Assistant
Rogers Williams.....	Program Assistant

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. (Pre-training assignments are listed in the "Training Attendance Requirements" section.)
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 (air fair, 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 10:00 a.m. 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. Please 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.

Please 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. Please 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 you must cancel your reservation for lodging, you must contact the Mott Training Center or Training Specialist assigned to the course at least 72 hours 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 72 hours notice.

The Mott Training Center 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 pickup 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, notify the Asilomar Chef at 831-372-8016 no later than one week before your scheduled arrival.

In order to assist participants with limited mobility, Asilomar provides a shuttle to and from the dining hall. Please 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. Appropriate attire includes apparel suitable for professional office dress. It does not include such items as shorts, t-shirts, tank tops, or sandals.

Because we are on the conference 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, go directly to the front desk at the Asilomar Administration Building for your room key and dining room 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 State Park employees in 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 profession, and provide a level of expertise difficult to match.
16. **TRAINING SECTION STAFF:** Michael Silvestri is your Training Specialist and has been assigned the responsibility for your training group. That staff member usually serves as a Course Leader as well as a Coordinator. 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:** May be made available to you at both your unit and the Mott Training Center. Handout materials issued at your unit should be brought to training for possible use. A conference binder or notebook will be issued to you at the training session for note taking and convenience in handling materials. Copies of DAM and DOM will be available to you for self-study. Bring your own pens and pencils.
18. **ATTENDANCE:** Regular attendance is a critical course requirement and your participation is important to 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 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
P. O. 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. Please 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. **Please 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 are to be completed under the direction of your supervisor. See "Program Attendance Requirements" in this syllabus.
28. COFFEE BREAK REFRESHMENTS: Will be available throughout each session. You will be asked to contribute to the "Hospitality Fund" to defray expenses. Please 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. Be sure you have read and understand the EMT Program Syllabus prior to the first scheduled session.
- _____ 2. Arrange your travel through your District 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
 - Closed toe field uniform shoes
 - NO SHORTS or T-SHIRTS
- _____ 4. Students will meet the current classification grooming standards at all times.
- _____ 5. 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. Become familiar with MyLab capabilities.
- _____ 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 ten-hour clinical shift for this class which will be scheduled for the Community Hospital of the Monterey Peninsula. There are only two-single person shifts available per day (0600-1600 hours and 1600-0200 hours). Due to the size of the class, shifts will begin on the morning of day 2 and continue through the end of the class (including weekends). If you know of a certain day or days that you cannot attend, please let Mike Silvestri know immediately (Mike.Silvestri@parks.ca.gov). It is recommended that everyone attempt to stay at Mott through the weekends of the program for the additional skills practice and tutoring sessions.

POST-TRAINING ASSIGNMENT

Prior to ninety days after the completion of this program, the employee and his/her supervisor should sit down and discuss the impact and assess the effectiveness this program has had on the employee. Then both the supervisor and employee should login to the Employee Training Management System (ETMS) and complete the Post-Training Evaluation form (an email will be sent to both employee and supervisor notifying them that the evaluation needs to be completed).

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 7
February 9–March 2, 2013

Saturday
February 9

1500- Check-in at Asilomar

Sunday
February 10

0800-1000	EMT Program Orientation	Silvestri
1000-1100	Lifting and Moving Patients (Chp. 3)/LME and BEAM	Topar/Wright
1100-1200	Monterey Hospital Clinical Orientation	Byron Merritt, RN
1200-1300	LUNCH	
1300-1500	Introduction to Emergency Medical Care (Chp. 1)	Matin
1500-1600	Highway Safety and Vehicle Extrication (Chp. 40)	Topar/Wright
1600-1800	Medical Terminology, Anatomy and Physiology (Chp. 5)	Dunnavant

Monday
February 11

0800-0900	Quiz on Chapters 1, 3, 5 and 40	Silvestri
0900-1100	Principles of Pathophysiology (Chp. 6)	Vodrazka
1100-1200	Life Span Development (Chp. 7)	Sturm
1200-1300	LUNCH	
1300-1600	Airway Management (Chp. 8)	Dunnavant
1600-1700	LAB – Airway Management	Staff

Tuesday
February 12

0800-0900	Quiz on Chapters 6, 7 and 8	Vodrazka
0900-1100	Respiration and Artificial Ventilation (Chp. 9)	Dunnavant
1100-1200	LAB – Airway Management and Artificial Ventilation	Staff
1200-1300	LUNCH	
1300-1400	LAB – Airway Management and Artificial Respiration	Staff
1400-1500	Scene Size-Up (Chp. 10)	McCallan
1500-1600	The Primary Assessment (Chp. 11)	Wessitsh
1600-1700	Vital Signs and Monitoring Devices	Vodrazka

Wednesday
February 13

0800-0900	Quiz on Chapters 9, 10 and 11	Silvestri
0900-1000	Assessment of the Trauma Patient (Chp. 13)	Topar
1000-1100	Assessment of the Medical Patient (Chp. 14)	Silvestri
1100-1200	LAB – Trauma Patient	Staff
1200-1300	LUNCH	

EMERGENCY MEDICAL TECHNICIAN GROUP 7
February 9–March 2, 2013

Wednesday

February 13 (Continued)

1300-1400	LAB – Medical Patient	Staff
1400-1500	Reassessment, Critical Thinking and Decision Making (Chp. 15, 16)	Vodrazka
1500-1700	Scenarios – Critical Thinking and Decision Making	Staff

Thursday

February 14

0800-0900	Quiz on Chapters 13, 14, 15 and 16	Wright
0900-1100	Cardiac Emergencies (Chp. 20)	Dunnavant
1100-1200	LAB – Cardiac Management	Staff
1200-1300	LUNCH	
1300-1600	LAB – Airway/Oxygen/Assessment/Cardiac Management	Staff
1600-1700	Behavioral and Psychiatric Emergencies and Suicide (Chp. 25)	Vodrazka

Friday

February 15

0800-0900	Quiz on Chapters 20 and 25	Vodrazka
0900-1100	Respiratory Emergencies (Chp. 19)	Dunnavant
1100-1200	LAB – Airway/Oxygen/Cardiac Management	Staff
1200-1300	LUNCH	
1300-1600	<u>Skills Verifications</u> Bag-Valve Mask Ventilation of an Apneic Adult Patient Oxygen Administration by Non-rebreather Mask Cardiac Arrest Management / AED	Staff
1600-1700	Weekly Review/Orientation for Weekend and Second Week Take-home Quiz on Chapter 19 and Practice Exam # 1	Silvestri

Saturday

February 16

	Optional Skills LAB/Tutoring	Staff
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Sunday

February 17

	Optional Skills LAB/Tutoring	Staff
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EMERGENCY MEDICAL TECHNICIAN GROUP 7
February 9-March 2, 2013

Monday

February 18

0800-1000	<u>Mid-Term # 1</u>	Silvestri
1000-1200	General Pharmacology (Chp. 18)	Andrus
1200-1300	LUNCH	
1300-1500	Trauma to the Head, Neck and Spine (Chp. 31)	Dunnavant
1500-1700	LAB – C-spine	Staff

Tuesday

February 19

0800-0900	Communications and Documentation (Chp. 17)	Futoran
0900-1100	Allergic Reaction (Chp. 22)	Dunnavant
1100-1200	Musculoskeletal Trauma (Chp. 30)	Andrus/Kramp
1200-1300	LUNCH	
1300-1400	Musculoskeletal Trauma	Andrus/Kramp
1400-1700	LAB – Fractures and C-spine	Staff
	Take Home Quiz on Chapters 17, 18, 22, 30 and 31	

Wednesday

February, 20

0800-1000	DPR – Emergency Medical Services Program	Pelonio
1000-1100	Scenarios – Communication and Documentation Exercises	Pelonio/ Futoran
1100-1200	Diabetic Emergencies and Altered Mental Status (Chp. 21)	Dunnavant
1200-1300	LUNCH	
1300-1500	Diabetic Emergencies and Altered Mental Status	Dunnavant
1500-1700	LAB – C-spine/Fractures	Staff

Thursday

February 21

0800-1000	Bleeding and Shock (Chp. 27)	Dunnavant
0900-1100	LAB - Bandaging 101	Silvestri/Topar
1100-1200	Environmental Emergencies (Chp. 33)	Wright/Sturm
1200-1300	LUNCH	
1300-1500	Environmental Emergencies	Wright/Sturm
1500-1700	LAB – Bleeding/C-spine/Fractures	

EMERGENCY MEDICAL TECHNICIAN GROUP 7
February 9-March 2, 2013

Friday
February 22

0800-0900	Quiz on Chapters 21, 27 and 33	Silvestri
0900-1200	<u>Skills Verifications</u> Supine Spinal Immobilization Random EMT Skills - Two	Staff
1200-1300	LUNCH	
1300-1600	Obstetric and Gynecologic Emergencies (Chp. 34)	Dunnavant
1600-1700	LAB – Childbirth	

Saturday
February 23

Optional Skills LAB/Tutoring	Staff
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Sunday
February 24

Optional Skills LAB/Tutoring	Staff
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Monday
February 25

0800-1000	<u>Mid-Term #2</u>	Silvestri
1000-1200	Poisoning and Overdose Emergencies (Chp. 23)	Rhee-Pizano
1200-1300	LUNCH	
1300-1500	Soft Tissue Trauma (Chp. 28)	Stinson
1500-1600	Hematologic and Renal Emergencies (Chp. 26)	Dunnavant
1600-1700	Multisystem Trauma (Chp. 32)	Andrus

Tuesday
February 26

0800-0900	Quiz on Chapters 23, 26, 28 and 32	Stinson
0900-1100	Pediatric Emergencies (Chp. 35)	Stinson
1100-1200	Geriatric Emergencies (Chp. 36)	Grove
1200-1300	LUNCH	
1300-1600	LAB – Patient Assessment and Childbirth	Staff
1600-1700	Medical, Legal and Ethical Issues (Chp. 4)	Sturm

Wednesday
February 27

0800-0900	Quiz on Chapters 35, 36 and 40	Andrus
0900-1100	Chest and Abdomen Trauma (Chp. 29)	Dunnavant
1100-1200	Hazardous Materials, Multi-Casualty Incident, and Incident Management (Chp. 39)	Stinson/ Rhee-Pizano

EMERGENCY MEDICAL TECHNICIAN GROUP 7
February 9-March 2, 2013

Wednesday

February 27 (Continued)

1200-1300	LUNCH	
1300-1400	Scenarios – HazMat and Triage	Stinson/ Rhee-Pizano
1400-1700	EMS Response to Terrorism (Chp. 41)	Andrus/Wright

Thursday

February 28

0800-0900	Quiz on Chapters 29, 39 and 41	Silvestri
0900-1100	Emergencies for Patients with Special Challenges	Matin
1100-1200	EMS Operations (Chp. 38)	Andrus
1200-1300	LUNCH	
1300-1500	EMS Operations	Andrus
1500-1700	The Well Being of the EMT (Chp. 2) Take Home Quiz on Chapters 2 and 38	Rhee-Pizano

Friday

March 1

0800-1000	<u>Mid-Term # 2</u>	Stinson
1000-1200	LAB – Patient Assessment and Childbirth	Staff
1200-1300	LUNCH	
1300-1500	LAB – Patient Assessment and Childbirth	Staff
1500-1700	Comprehensive Exam Review	Staff

Saturday

March 2

0800-1100	<u>DPR – EMT Written Final Exam</u>	Silvestri
1100-1200	<u>Skills Verifications</u> Patient Assessment/Management – Trauma Patient Assessment/Management – Medical Normal Childbirth	Staff
1200-1300	LUNCH	
1300-1600	<u>Skills Verifications</u> – continued	Staff
1600-1700	Evaluations/National Registry/Closing	Staff

EMERGENCY MEDICAL TECHNICIAN

PROGRAM OUTLINE	HOURS
PROGRAM ORIENTATION	2
TOPICS.....	74
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	
SKILLS LABS.....	29
SCENARIOS.....	4
DIDACTIC REVIEW	3

EMERGENCY MEDICAL TECHNICIAN

PROGRAM OUTLINE (Continued)	HOURS
SKILLS VERIFICATIONS.....	10
QUIZES, MID-TERMS and FINAL.....	21
CLINICAL HOURS	10
EVALUATIONS	1
TOTAL PROGRAM HOURS.....	154

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 National 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



National Registry of Emergency Medical Technicians®
Emergency Medical Responder Psychomotor Examination

BVM VENTILATION OF AN APNEIC ADULT PATIENT

Candidate: _____
Date: _____

Examiner: _____
Signature: _____

Actual Time Started:		Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions		1	
Checks responsiveness	<i>NOTE: After checking responsiveness and breathing for at least 5 but no more than 10 seconds, examiner informs the candidate, "The patient is unresponsive and apneic."</i>	1	
Checks breathing		1	
Requests additional EMS assistance		1	
Checks pulse for at least 5 but no more than 10 seconds		1	
<i>NOTE: The examiner must now inform the candidate, "You palpate a weak carotid pulse at a rate of 60."</i>			
Opens airway properly		1	
<i>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</i>			
Prepares rigid suction catheter		1	
Turns on power to suction device or retrieves manual suction device		1	
Inserts rigid suction catheter without applying suction		1	
Suctions the mouth and oropharynx		1	
<i>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</i>			
Opens the airway manually		1	
Inserts oropharyngeal airway		1	
<i>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."</i>			
**Ventilates the patient immediately using a BVM device unattached to oxygen		1	
[**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]			
<i>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</i>			
Re-checks pulse for at least 5 but no more than 10 seconds		1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]		1	
Ventilates the patient adequately		2	
-Proper volume to make chest rise (1 point) -Proper rate [10 – 12/minute but not to exceed 12/minute] (1 point)			
<i>NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</i>			
Actual Time Ended: _____		TOTAL	17

Critical Criteria

- ___ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize body substance isolation precautions
- ___ Failure to suction airway **before** ventilating the patient
- ___ Suctions the patient for an excessive and prolonged time
- ___ 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 voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of at least 10/minute and no more than 12/minute
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMR
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).

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**National Registry of Emergency Medical Technicians®
Emergency Medical Responder Psychomotor Examination**

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Checks patient responsiveness	1	
<i>NOTE: The examiner must now inform the candidate, "The patient is unresponsive."</i>		
Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gaspings or agonal respirations)]	1	
<i>NOTE: The examiner must now inform the candidate, "The patient is apneic," or, "The patient has gasping, agonal respirations."</i>		
Checks carotid pulse [no more than 10 seconds]	1	
<i>NOTE: The examiner must now inform the candidate, "The patient is pulseless."</i>		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Requests additional EMS response	1	
Performs 2 minutes of high quality, 1-rescuer adult CPR Adequate depth and rate (1 point) Correct compression-to-ventilation ratio (1 point) Allows the chest to recoil completely (1 point) Adequate volumes for each breath (1 point) Minimal interruptions of less than 10 seconds throughout (1 point)	5	
<i>NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.</i>		
Turns-on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	TOTAL	18

Critical Criteria

- ___ Failure to take or verbalize appropriate body substance isolation precautions
- ___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ___ Failure to deliver shock in a timely manner
- ___ Interrupts CPR for more than 10 seconds at any point
- ___ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- ___ Failure to operate the AED properly
- ___ Failure to correctly attach the AED to the patient
- ___ Failure to assure that all individuals are clear of patient during rhythm analysis and before delivering shock(s) [verbalizes "All clear" and observes]
- ___ Failure to immediately resume compressions after shock delivered
- ___ Failure to manage the patient as a competent EMR
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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**National Registry of Emergency Medical Technicians®
Emergency Medical Responder Psychomotor Examination**

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____
 Date: _____ Signature: _____
 Scenario #: _____

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Requests additional help if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point)	3	
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of the present illness -Onset (1 point) -Quality (1 point) -Severity (1 point) -Provocation (1 point) -Radiation (1 point) -Time (1 point) -Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	8	
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	
SECONDARY ASSESSMENT		
Assesses affected body part/system -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
VITAL SIGNS		
-Pulse (1 point) -Respiratory rate and quality (1 point each) -Blood pressure (1 point)	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: _____	TOTAL	40

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**National Registry of Emergency Medical Technicians®
Emergency Medical Responder Psychomotor Examination**

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: _____ Examiner: _____
 Date: _____ Signature: _____
 Scenario #: _____

NOTE: Areas denoted by “***” may be integrated within sequence of Primary Survey/Resuscitation

Actual Time Started:	Possible Points	Points Awarded
Takes or verbalizes appropriate body substance isolation precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway	2	
-Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)		
Breathing	4	
-Assesses breathing (1 point)		
-Assures adequate ventilation (1 point)		
-Initiates appropriate oxygen therapy (1 point)		
-Manages any injury which may compromise breathing/ventilation (1 point)		
Circulation	4	
-Checks pulse (1 point)		
-Assesses skin [either skin color, temperature or condition] (1 point)		
-Assesses for and controls major bleeding if present (1 point)		
-Initiates shock management [positions patient properly, conserves body heat] (1 point)		
Identifies patient priority and makes treatment/ transport decision (based on calculated GCS)	1	
HISTORY TAKING		
Attempts to obtain SAMPLE history	1	
SECONDARY ASSESSMENT		
Head	3	
-Inspects mouth**, nose** and assesses facial area (1 point)		
-Inspects and palpates scalp and ears (1 point)		
-Assesses eyes** (1 point)		
Neck**	3	
-Checks position of trachea (1 point)		
-Checks jugular veins (1 point)		
-Palpates cervical spine (1 point)		
Chest**	3	
-Inspects chest (1 point)		
-Palpates chest (1 point)		
-Auscultates chest (1 point)		
Abdomen/pelvis**	3	
-Inspects and palpates abdomen (1 point)		
-Assesses pelvis (1 point)		
-Verbalizes assessment of genitalia/perineum as needed (1 point)		
Lower extremities**	2	
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)		
Upper extremities	2	
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)		
Posterior thorax, lumbar and buttocks**	2	
-Inspects and palpates posterior thorax (1 point)		
-Inspects and palpates lumbar and buttocks areas (1 point)		
VITAL SIGNS		
Obtains baseline vital signs [must include BP, P, R] (1 point)	1	
Manages secondary injuries and wounds appropriately	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient	1	
Actual Time Ended: _____	TOTAL	40

Critical Criteria

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EMT ASSESSMENT ACRONYMS (10/2012)

P- persons safety/body substance isolation (B.S.I.- formerly known as personal protective equipment or P.P.E.)
E- environmental concerns/dangers (weather, noise, lighting, conditions, etc..)
N- number of patients (who is injured vs. uninjured, who is most critical)
M- mechanism of injury/illness (vehicle damage, height of fall, alcohol bottles, etc..)
A- Additional resources (appropriate personnel for scene control, spinal immob., A.L.S., etc..)
N- Need to immobilize/extricate considered (based on Mech. of injury, environment, etc..)

A- Alert
V- Verbal
P- Painful
U- Unresponsive

X-eXsanguination
C-Circulation
A-Airway
B-Breathing

LOC- Level Of Consciousness (AVPU, if alert or verbal, check LOC by asking name, place, time and event)

C/C- Chief Complaint (determine what is bothering patient or any apparent life threats)

O- Onset (What were you doing when this pain started? Did the pain come on suddenly, or gradual?)
P- Provoking (Does anything make it feel better or worse?)
Q- Quality (Describe the pain- sharp? pressure? burning? numb? etc...)
R- Radiation (Where is the pain exactly? does the pain travel anywhere else?)
S- Severity (On a 1-10 scale, with a "10" being the worst pain you ever felt, and a "0" being no pain, how do you rate the pain now?)
T- Time (How long ago did this pain start?)

S- Signs/symptoms (what you can see [hand clutching chest], and what they feel [OPQRST assesses this])
A- Allergies (to MEDICATIONS, and what the reaction is)
M- Medications (any that they take- prescribed or not. Compliant?)
P- Past pertinent medical history (asthma, diabetes, heart surgery, etc..)
E- Events leading to present illness (recent trauma? smoking for years?, etc..)

P- Pulse (count pulse for 30 seconds, multiply times 2, note the rythm and quality)
R- Respirations (count respirations for 30 seconds, multiply times 2, note the rythm, effort, and tidal volume)
B- Blood pressure (by palpation and auscultation)

D- Deformities/disabilities
C- Contusions
A- Abrasions
P- Punctures and penetrations
B- Burns
T- Tenderness
L- Lacerations
S-Swelling

PERRL – Pupils are equal, round and reactive to light

REx3- Re assess life theats, Retake vitals, Repeat focused assessment as needed

California State Parks – Emergency Medical Technician

BAG-VALVE MASK VENTILATION (10/2012)

Student : _____ Evaluator : _____ Date : _____

	Points Possible	Points Awarded
Takes Body Substance Isolation precautions	1	
Properly opens the airway	1	
Properly measures and inserts an airway adjunct (OPA)	1	
Select proper sized mask	1	
Connect BVM to oxygen liter flow regulator	1	
Properly pre-fill the BVM oxygen reservoir	1	
Adjust liter flow to 15 lpm or greater	1	
Create proper mask-to-face seal	1	
Adequately ventilate patient (rise and fall of chest)	1	
TOTAL POINTS	9	

Critical Criteria :

- _____ Did not take **Body Substance Isolation** precautions
- _____ **Interrupted** ventilations for more than 20 seconds
- _____ Did not **provide high concentration of oxygen**
- _____ Did not provide **adequate ventilations**
- _____ Did not allow for **adequate exhalation**

California State Parks – Emergency Medical Technician
CARDIAC ARREST MANAGEMENT / AED (10/2012)

Student : _____ **Evaluator :** _____ **Date :** _____

	Points Possible	Points Awarded
Takes appropriate body substance isolation precautions	1	
Determines the scene/situation is safe	1	
Briefly questions bystanders about arrest events	1	
Checks patient for responsiveness (“Unresponsive”)	1	
Requests additional EMS response	1	
Checks carotid pulse 5 – 10 seconds (“No Pulse”)	1	
Immediately begins chest compressions	1	
Performs 2 minutes of high quality CPR - Adequate depth and rate - Correct compression-to-ventilation ratio - Allows chest to recoil completely - Adequate volume for each breath - Minimal interruptions of less than 10 seconds throughout	5	
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	
Direct 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 POINTS	18	

Critical Criteria :

- _____ Failure to take appropriate body substance isolation precautions
- _____ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- _____ Failure to deliver shock in a timely manner
- _____ Interrupts CPR for more than 10 seconds
- _____ Failure to demonstrate acceptable high-quality CPR
- _____ Failure to operate the AED properly
- _____ Failure to correctly attach 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 immediately resume compressions after shock is delivered
- _____ Uses or orders dangerous or inappropriate intervention

California State Parks – Emergency Medical Technician

Emergency Childbirth (10/2012)

Candidate Name : _____

Examiner Name : _____

	Points Possible	Points Awarded
ASSESSMENT		
Takes body substance isolation precautions	1	
Determines that delivery is imminent	1	
Observe for crowning	1	
PRE – DELIVERY		
Applies sterile gloves	1	
Drapes and establishes a sterile field	1	
DELIVERY		
Applies gentle pressure to infant's head and perineum	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 – suction infant's mouth then nose	1	
Maintains infant's warmth	1	
Assesses APGAR (Appearance, Pulse, Grimace, Activity, Respiratory effort)	1	
Clamps cord : places first clamp 7 inches from infant and places the second clamp 10 inches from the infant. Cut between clamps.	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 POINTS	21	

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

JOINT INJURY (10/2012)

Student : _____ Evaluator : _____ Date : _____

	Points Possible	Points Awarded
Takes Body Substance Isolation precautions	1	
Properly apply or direct manual stabilization of the joint injury	1	
Assess distal Pulse, Motor, Sensation (PMS) of the injured extremity	1	
Note : The examiner states PMS are present and normal.		
Select the proper splinting material	1	
Immobilize the site of the injury	1	
Immobilize the bone above and below the injured joint	2	
Secures the entire injured extremity	1	
Re-assess distal PMS of the injured extremity	1	
Note : The examiner states PMS are present and normal.		
TOTAL POINTS	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
KENDRICK TRACTION SPLINT (10/2012)

Student : _____ Evaluator: _____ Date : _____

	Points Possible	Points Awarded
Takes Body Substance Isolation precautions	1	
Properly apply or direct manual stabilization of the injured leg	1	
Expose thigh, remove shoes and socks. Control bleeding if indicated	1	
Assess distal Pulse, Motor, Sensation (PMS) bilaterally	1	
Note : The examiner states that PMS are present and normal.		
Properly adjust and apply ankle strap	1	
Properly tighten stirrup until snug under heel	1	
Properly attach groin strap and position traction pole receptacle	1	
Properly snap out traction pole	1	
Position traction pole beside outer aspect of injured leg	1	
Adjust pole length as required with 8" extending beyond bottom of foot	1	
Insert pole end(s) into traction pole receptacle	1	
Secure elastic strap around knee	1	
Properly place Yellow tab attached to stirrup over dart end of traction pole	1	
Properly apply traction until pain is reduced	1	
Properly secure leg straps	1	
Re-assess distal PMS , verbalize securing patient to backboard	1	
Note : The examiner states that PMS are present and normal.		
TOTAL POINTS	16	

Critical Criteria :

- _____ **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** allowing for excessive foot rotation / extension, or poor Femur support
- _____ Did not **secure knee strap** before applying mechanical traction

California State Parks – Emergency Medical Technician

LONG BONE IMMOBILIZATION (10/2012)

Student : _____ Evaluator : _____ Date : _____

	Points Possible	Points Awarded
Takes appropriate body substance isolation precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal pulse, motor and sensory functions in the injured extremity	1	
“Pulse, Motor and Sensory functions 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 positions of function	1	
Reassesses the distal pulse, motor and sensory functions in the injured extremity	1	
“Pulse, Motor and Sensory functions 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 pulse, motor and sensory functions in the injured extremity before and after splinting

California State Parks – Emergency Medical Technician

MOUTH TO MASK WITH SUPPLEMENTAL OXYGEN (10/2012)

Student : _____ **Evaluator :** _____ **Date :** _____

	Points Possible	Points Awarded
Takes Body Substance Isolation precautions	1	
Connects one-way valve to mask	1	
Open the Airway / Assesses breathing	1	
Establish and maintain a proper mask to face seal	1	
Ventilates the patient properly (adequate rise and fall of the chest at 10 -12 breaths per minute)	1	
Connect the mask to liter flow regulator	1	
Adjust liter flow rate to 15 lpm or greater	1	
Continue proper ventilation of the patient (adequate / 10-12 bpm)	1	
Note : The examiner must witness ventilations for at least 30 seconds.		
TOTAL POINTS	8	

Critical Criteria :

- _____ Did not take **Body Substance Isolation** precautions
- _____ Did not adjust to **15 lpm or greater**
- _____ Did not provide **adequate ventilations**
- _____ Did not ventilate the patient at a **rate of 10 – 12 breaths per minute**
- _____ Did not allow for **complete exhalation**

California State Parks – Emergency Medical Technician
OXYGEN ADMINISTRATION (10/2012)

Student : _____ Evaluator : _____ Date : _____

	Points Possible	Points Awarded
Takes Body Substance Isolation precautions	1	
Attach the regulator to the tank	1	
Open the tank valve all the way	1	
Assemble properly with no leaks	1	
Attach non-rebreather mask to regulator	1	
Properly pre-fill the mask reservoir	1	
Adjust the regulator liter flow to 15 lpm or more	1	
Carefully applies and adjusts the mask to the patient's face	1	
Note : The examiner must advise the cadet that the patient is not tolerating the non-rebreather mask. Change to a nasal cannula.		
Attach 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	
Note : The examiner must advise the cadet to discontinue oxygen therapy.		
Remove the nasal cannula from the patient	1	
Turn off the regulator liter flow	1	
Close the tank valve completely	1	
Bleed the remaining oxygen from the regulator	1	
TOTAL POINTS	15	

- Critical Criteria :** _____ Did not take **Body Substance Isolation** precautions
 _____ 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 **15 lpm or more**
 _____ Did not adjust the nasal cannula to the correct liter flow of **6 lpm or less**

EMT Patient Assessment / Management (10/2012)

BSI / SCENE SIZE UP

(PENMAN)

PRIMARY SURVEY / RESUSCITATION

General Impression

AVPU / LOC

(AVPU, if alert or verbal, LOC is orientation to person, place, time and event)

Chief Complaint / Apparent Life-threats

XCAB

Life-threatening Bleeding / DPR – CPR

Identifies priority treatment/transport decisions

HISTORY TAKING

Medical = OPQRST / SAMPLE History

Trauma = SAMPLE

SECONDARY ASSESSMENT

Medical = Assess affected body part system

Trauma = Head to Toe DCAP/BTLS

VITAL SIGNS

Pulse and Respirations (rate, rhythm, and quality)

Blood Pressure (by palpation and/or auscultation)

Interventions

REASSESSMENT

(Vitals, Vitals, Vitals)

California State Parks – Emergency Medical Technician
Patient Assessment / Management – Medical (10/2012)

Name : _____ Date : _____ Examiner : _____

	Points Possible	Points Awarded
Actual Time Started :		
Takes appropriate body substance isolation precautions (PPE)	1	
SCENE SIZE-UP (PENMAN)		
Determines the scene/situation is safe	1	
Determines the number of patients	1	
Determines the mechanism of injury/nature of illness	1	
Requests additional help if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes general impression of the patient	1	
Determines responsiveness (AVPU) / level of consciousness (If alert, oriented x ...)	1	
Determines chief complaint/apparent life-threats (eXsanguination)	1	
Assesses circulation - Assesses/controls major bleeding - Check pulse - Assesses skin (skin color, temperature or condition)	3	
Assesses airway and breathing - Assessment - Assures adequate ventilation - Initiates appropriate oxygen therapy	3	
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of present illness -OPQRST	6	
Past Medical History -SAMPLE	6	
SECONDARY ASSESSMENT		
Assess affected body part/system -Cardiovascular – Pulmonary – Neurological – Musculoskeletal - Integumentary – GI/GU – Reproductive – Psychological/Social	5	
VITAL SIGNS		
-Pulse (R,R,Q) - Respiratory (R,R,Q) - Blood Pressure (Palp. and Ausc.)	3	
State field impression of patient	1	
Interventions (verbalizes proper interventions/treatment)	1	
REASSMENT		
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 :	TOTAL	40

**California State Parks – Emergency Medical Technician
Patient Assessment / Management – Trauma (10/2012)**

Name : _____ **Date :** _____ **Examiner :** _____

	Points Possible	Points Awarded
Actual Time Started :		
Takes of verbalizes appropriate body substance isolation precautions (PPE)	1	
SCENE SIZE-UP (PENMAN)		
Determines the scene/situation is safe	1	
Determines the number of patients	1	
Determines the mechanism of injury/nature of illness	1	
Requests additional help if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes general impression of the patient	1	
Determines responsiveness (AVPU) / level of consciousness (If alert, oriented X)	1	
Determines chief complaint/apparent life-threats (eXsanguination)	1	
Assesses circulation - Assesses/controls major bleeding - Check pulse - Assesses skin (skin color, temperature or condition) - Initiates shock management	4	
Assesses airway and breathing - Opens and assesses airway - Inserts adjunct as indicated - Assesses breathing - Assures adequate ventilation - Initiates appropriate oxygen therapy - Manages any injury which may compromise breathing/ventilation	6	
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
Attempts to obtain SAMPLE history	1	
SECONDARY ASSESSMENT – Areas denoted by ** may be integrated within Sequence of Primary Survey/Resuscitation		
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** - Inspects, palpates and assesses distal pulse, motor and sensory	2	
Upper Extremities** - Inspects, palpates and assesses distal pulse, motor and sensory	2	
Posterior thorax, lumbar and buttocks** - Inspects and palpates posterior thorax - Inspects and palpates lumbar and buttocks areas	2	
VITAL SIGNS		
-Pulse (R,R,Q) - Respiratory (R,R,Q) - Blood Pressure (Palp. and Ausc.)	3	
Manages secondary injuries and wounds appropriately	1	
REASSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Actual Time Ended :	TOTAL	44

California State Parks – Emergency Medical Technician
SPINAL IMMOBILIZATION – SEATED PATIENT (10/2012)

Student : _____ Evaluator : _____ Date : _____

	Points Possible	Points Awarded
Takes Body Substance Isolation precautions	1	
Immediately apply or direct to place/maintain the head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Assesses Pulse, Motor, Sensory functions of each extremity	1	
Measure and apply an appropriately sized cervical extrication collar	1	
Position the immobilization device behind the patient, Assess the back	1	
Secure the device to the patient's torso without compromising the integrity of the spine	1	
Evaluate torso fixation and adjust properly so there is no respiratory compromise	1	
Evaluate and pad behind the patient's head as necessary	1	
Secure the patient's head to the device	1	
Directs moving the patient onto the backboard without compromising the spine	1	
Properly secures the patient to the backboard	1	
Reassesses PMS in each extremity after securing the patient to the backboard	1	
TOTAL POINTS	13	

Critical Criteria :

- _____ Did not take **Body Substance Isolation** precautions
- _____ Did not **immediately** apply or direct manual stabilization of the head
- _____ Did not **properly apply** appropriately sized **cervical collar**
- _____ Release or ordered release of manual stabilization before it was maintained mechanically
- _____ Grossly moved the patient causing potential **spinal compromise**
- _____ Head secured to the backboard **before** the torso
- _____ The patient's torso moves excessively while secured to the backboard
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in **respiratory compromise**
- _____ Upon completion of immobilization, the head is not in a neutral, in-line position
- _____ Did not assess **pulse, motor and sensory functions** in each extremity **before** application of the cervical collar and **after** completion of securing the patient to the backboard

California State Parks – Emergency Medical Technician
SPINAL IMMOBILIZATION – SUPINE PATIENT (10/2012)

Student : _____ Evaluator : _____ Date : _____

	Points Possible	Points Awarded
Takes Body Substance Isolation precautions	1	
Immediately apply or direct to place/maintain the head in the neutral, In-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Assesses distal Pulse, Motor, Sensory functions in each extremity	1	
Measure and apply an appropriately sized cervical extrication collar	1	
Position the backboard appropriately	1	
Direct assessment of the back before putting patient on backboard	1	
Direct 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-assess distal PMS functions in each extremity	1	
TOTAL POINTS	14	

Critical Criteria :

- _____ Did not take Body Substance Isolation precautions
- _____ Did not immediately apply or direct to 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
- _____ Head secured to the backboard before the torso is secured
- _____ The patient's torso moves excessively while secured to the backboard
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, the head is not in a neutral, in-line position
- _____ Did not assess pulse, motor and sensory functions in each extremity before applying the cervical collar and after completely securing the patient to the backboard

California State Parks – Emergency Medical Technician
TRACTION SPLINTS (10/2012)

Student : _____ Evaluator: _____ Date : _____

	Points Possible	Points Awarded
Takes Body Substance Isolation precautions	1	
Properly apply or direct manual stabilization of the injured leg	1	
Expose thigh, remove shoes and socks. Control bleeding if indicated	1	
Assess distal Pulse, Motor, Sensation (PMS) bilaterally	1	
Note : The examiner states that PMS are present and normal.		
HARE : Position splint parallel to uninjured leg , adjust length 6 – 8 inches beyond foot and lock splint	1	
Properly adjust and apply ankle strap	1	
Properly support or direct support of fracture site while lifting leg along with manual traction	1	
Place splint under leg, position top against ischium, attach padded groin strap	1	
Connect ankle strap to splint, turn knob until mechanical traction is equaled or pain is reduced	1	
Secure splint straps (2 above and 2 below knee)	1	
Re-assess distal PMS bilaterally , verbalize securing patient to backboard	1	
SAGER : Position splint beside injured leg , extend pulley past foot	1	
Position splint beside inner aspect of injured leg snugly up against perineum, attach groin strap	1	
Properly adjust and apply ankle strap, extend splint 10 % of patient's body weight, lock splint	1	
Properly pad between leg and splint, secure leg straps, anatomically splint the injured leg to the uninjured leg	1	
Re-assess distal PMS bilaterally , 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 :

- _____ **Loss of traction** at any point after it was applied
- _____ Did not **assess PMS before and after** splinting
- _____ Did not secure the **ischial strap before** applying traction
- _____ Did not apply the **splint correctly** allowing for 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
UPPER AIRWAY ADJUNCTS AND SUCTION (10/2012)

Student : _____ Evaluator : _____ Date : _____

OROPHARYNGEAL AIRWAY	Points Possible	Points Awarded
Takes Body Substance Isolation precautions	1	
Measures and selects appropriately sized airway	1	
Safely inserts airway without pushing the tongue posteriorly / Assess Airway	1	
Note : The examiner must advise the cadet that the patient is gagging And becoming conscious.		
Safely and properly remove the oropharyngeal airway	1	
SUCTION		
Note : The examiner must advise the cadet to suction the patient' airway.		
Prepare the V-vac	1	
Measures properly for RIGID or FLEXIBLE catheter	1	
Safely inserts the suction tip to the proper depth without suction	1	
Apply suction to the oropharynx / nasopharynx while withdrawing up to 15 seconds	1	
NASOPHARYNGEAL AIRWAY		
Note : The examiner must advise the candidate to insert a nasopharyngeal airway.		
Measures and selects appropriately sized airway	1	
Verbalizes lubrication of the nasal airway	1	
Safely inserts the nasal airway with the bevel facing toward the septum / Assess Airway	1	
TOTAL POINTS	11	

Critical Criteria :

- _____ Did not take **Body Substance Isolation** precautions
- _____ Did not obtain a **patent airway** with the oropharyngeal airway
- _____ Did not obtain a **patent airway** with the nasopharyngeal airway
- _____ Did not demonstrate an **acceptable suction** technique