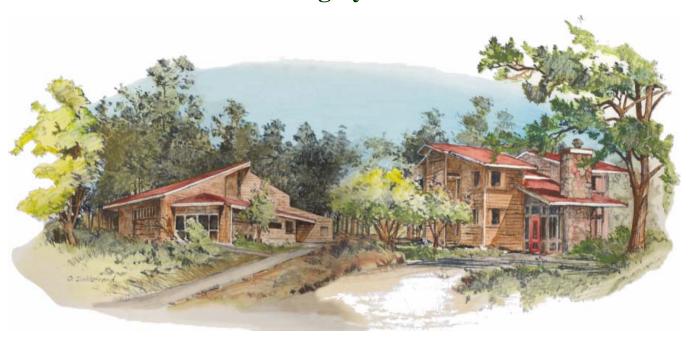
Emergency Medical Technician Refresher

October 8-12, 2007

Training Syllabus



William Penn Mott Jr. Training Center



Memorandum

Date: August 27, 2007

To: Supervisor

From: Department of Parks and Recreation

William Penn Mott Jr. Training Center

Subject: Employee Attendance at Formal Training

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.

Michael D. Green

Michael Oreen

Department Training Officer (Acting)

Attachment

cc: Participant

TABLE OF CONTENTS

Formal Training Guidelines	1
Program Attendance Checklist/Pre-Training Assignment	7
Post-Training Assignment	8
Agenda	9
Program Outline	10
Performance Objectives	11
Course Passing Criteria	12
ocation Map	13

Mission Statement Training Office

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

TRAINING CENTER STAFF

Michael Green	Department Training Officer (Acting)
Pat Bost	Office Manager
Joanne Danielson	Academy Coordinator
Chuck Combs	Training Specialist
Dave Galanti	Training Specialist
Sara Skinner	Training Specialist
Michelle Gardner	Cadet Training Officer
Connie Breakfield	Cadet Training Officer
Pamela Yaeger	Assistant Program Coordinator
Bill Spencer	Assistant Program Coordinator
Edith Alhambra	Assistant Program Coordinator
Summer Kincaid	Assistant Program Coordinator
Eric Marks	Program Assistant
Patrick Moxon	Program Assistant

THE MISSION

of the California Department of Parks and Recreation 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 and, most recently, the Two Rivers Training Facility in Sacramento. 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:

- SYLLABUS: The syllabus is now accessible on the Employee Training Management System (ETMS). You should print a copy of the syllabus to bring with you to class. 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.)

8/30/2007

- 3. TRAVEL: Arrange your travel to and from the training 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 Training Center does not have the capability to provide transportation to/from Monterey Airport.
- 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 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 Department Training Officer 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.

HOUSING CANCELLATION POLICY: If you do not need lodging or must change or cancel your reservation, you must contact the Training Center at least 72 hours prior to your date of arrival. The Training Center is committed to ensuring that the reservation that has been made for you is accurate and needed.

- 5. 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 Training Center staff upon your arrival, for instructions on arranging a transport.
- 6. OFF-GROUNDS ACCOMMODATIONS: When authorized to stay off-grounds by the Department Training Officer, the 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 Training Center will authorize only what the Department pays Asilomar for lodging.

- 7. 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 <u>unless</u> <u>otherwise specified in the Program Attendance Checklist</u>. Non-uniformed employees shall wear professional business attire.
 - 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.
- 8. ROOM SAFES: Two safes have been installed in each of the lodge rooms used by the 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 Training Center has a master key for emergency entry. Safes are to be left in the open position when checking out of your room.
- 9. WEAPONS: Weapons are permitted in rooms under the following conditions. Authorized firearms and magazines stored while at the 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 Training Center's safes in the Whitehead Room or secured in your vehicle.
- 10 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 Delaware North.
- 11. SMOKING: Smoking is not permitted in the Training Center or in any lodge or guest room on the Asilomar Conference Grounds.
- 12. TRAINING CENTER: The 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.
- 13. 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.

- 14. 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.
- 15. TRAINING CENTER STAFF: A Training Center staff member has been assigned responsibility for your training group as well as for your training program. That staff member usually serves as a Course Leader as well as a Coordinator. During the program, you may be asked to assist Training Center staff in the logistics of your training program (organizing field trip transportation, supervising classroom breaks, etc.). Center staff will do all within their power to make your training experience pleasant and meaningful.
- 16. TRAINING 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 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.
- 17. ATTENDANCE: Regular attendance is a critical course requirement and your participation is important to the success of this training. All absences, except those of an emergency nature, must be approved in advance by the Training Specialist.
- 18. COLLEGE CREDIT: Most training programs are accredited by Monterey Peninsula College for lower division credit. If you successfully complete an accredited program, you will receive either a letter grade or a credit/no-credit designation.
- 19. MPC STUDENT ID: If you have filled out an MPC application before, you have already been issued a student ID number to use in lieu of your SSN on future applications. You can obtain your MPC ID number by going to their secure website and providing your SSN number (no name required) and birthdate.

https://autobahn.mpc.edu/scripts/autobahn.exe/Execute?Application=WebReg&Program=REPORT-SR-FIND-SSN

Newcomers to training will still need to provide their SSN on the first MPC application only, after which a student ID number will be assigned and available at the web address above within a few weeks of the program's conclusion. You can store your MPC ID numbers in your ETMS Profile for future reference.

- 20. VEHICLES: All vehicles should be parked in the lots adjacent to the Training Center. Any questions regarding use of a State vehicle while at the Training Center should be discussed with your supervisor prior to your departure for training, or with your Program Coordinator while at the Training Center.
- 21. BICYCLES: If you bring your bicycle, store it in the bicycle shed next to the Training Center. Bicycles may not be brought into any building nor chained to lamp posts, trees, etc. The 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.
- 22. 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

- 23. 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.
- 24. FAX: The Training Center's FAX number is (831) 649-2824.
- 25. 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 Department of Parks and Recreations training group. Please Note: There are no longer pay telephones outside of the Training Center. There are pay telephones located at the Asilomar Administration Building.
- 26. LAUNDRY AND DRY CLEANING: May be taken care of by you at one of several local establishments. An iron is available for 24-hour checkout from the Training Center front desk.
- 27. RECREATION: Facilities available on grounds include a heated swimming pool, ping-pong and 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.
- 28. 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.

29. COFFEE BREAK REFRESHMENTS: Will be available throughout each session at the Center. You will be asked to contribute to the "Hospitality Fund" to defray expenses. Please bring your own coffee cup.

PROGRAM ATTENDANCE CHECKLIST/PRE-TRAINING ASSIGNMENTS

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

- 1. Be sure you have read and understand the EMT Refresher Training Program Syllabus prior to the first scheduled session.
- 2. Arrange your travel through your District Office.
- 3. Uniforms will not be required. Informal clothing is permitted; however, clothing should reflect a professional and positive image.
 - ♦ Such casual clothing as undershirts, crop or midriff tops, tank tops, shorts/miniskirts, clothing with inappropriate designs or wording, and ragged and/or badly faded jeans do not reflect a positive image. Closed toe shoes must be worn, no sandals.

4.	Con	nplete the following pre-training assignments prior to arriving:
		Study your Emergency Care Book. Bring what you have. This is an EMT refresher course so get ready!! Bring text book with you .
		Visit the National Registry website and become familiar with their program, skills, and their testing process.
		Review all of the skills for CPR, AED, and EMT.
		Memorize all of the National Registry Skills, especially the Patient Assessment/Management for Trauma and Medical (attached).
		Prepare to take the CPR and AED written finals on the first day of class.
		Prepare to perform all of the skills tests for CPR and AED on the first day of class.
5.	Rem	nember to bring the following with you to training:
		EMT Instructor Refresher Program Syllabus.
		Brady 10th or similar EMT text book. Pens, pencils, etc.
		Proper clothing for working on skills.
		Proof of current EMT Certification is REQUIRED

POST-TRAINING ASSIGNMENT

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). Once you login to the ETMS, you will need to fill out the evaluation form before you will be able to do anything else.

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 Center in providing a return on the investment the Department has on training.

EMT REFRESHER GROUP 1 October 8-12, 2007

Monday October 8 1500-	Registration at the Asilomar Administration Building	All
Tuesday October 9 0800-0900 0900-1200 1200-1300 1300-1400 1400-1500 1500-1600 1600-1800	EMT-I Refresher Orientation and Objectives CPR/AED Refresher with Written and Skills Testing Lunch Initial Assessment Trauma Assessment Medical Assessment Skills Lab	Staff
Wednesday October 10 0800-0900 0900-1000 1000-1100 1100-1200 1200-1300 1300-1500 1500-1700 1700-1800	Preparatory (Modules 1 - 5) Airway Behavioral Emergencies Infants and Children Lunch Skills Review (traction, bleeding control, cardiac management) Skills Lab Obstetrics	Staff
Thursday October 11 0800-1100 1100-1200 1200-1300 1300-1400 1400-1600 1600-1800	Trauma and Medical Emergencies Environmental Emergencies Lunch Environmental Emergencies Skills Review (c-spine, childbirth) Skills Lab	Staff
Friday October 12 0800-1200 1200-	EMT-I Final Skills Competency Verification Lunch and Departure	Staff

8/30/2007 9

EMT REFRESHER TRAINING PROGRAM

PROGRAM OUTLINE	28 Hours
ORIENTATION AND INTRODUCTION	5
CPR/AED REFRESHER	3
EMT REFRESHER Preparatory/Patient Assessment Operations Airway Management Behavioral Emergencies Infants and Children Trauma and Medical Emergencies Environmental Emergencies Lifting and Moving Patients Obstetrics and Gynecological Emergencies	
TESTING EMT – Skills Testing (Includes Bleeding Control/Shock Management, Emergency Childbirth, Patient Assessment – Trauma, Patient Assessment Management – Medical, Cardiac Management with AED, Bag-Valve-Ask Apneic Patient, Spinal Immobilization – Supine Patient, Traction Splint)	
PROGRAM EVALUATION AND WRAP-UP	<u>.5</u>
TOTAL HOURS	28

EMT REFRESHER

PROGRAM ORIENTATION

<u>Purpose</u>: The course content and logistics of the Training Center will be reviewed. Formal registration materials for Monterey Peninsula College will be completed.

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

- 1. Be formally registered through Monterey Peninsula College.
- 2. Review course content, procedure, grading and evaluation process.
- 3. Adhere to all Training Center Guidelines.

HEALTH SERVICES EDUCATION

<u>Purpose</u>: To provide updated information and skills refresher necessary to maintain EMT Certification. This includes a complete EMT Refresher course based on National Registry Skills and Title 22 Guidelines.

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

- 1. Be updated in the CPR, AED and CD Programs.
- 2. Successfully complete a DPR EMT Refresher Course.
- 3. Demonstrate proficiency in all of the skills for AED, CPR and EMT.

SUMMARY

Purpose: To summarize and evaluate the EMT Refresher Program.

<u>Performance Objectives</u>: By the close of the session the participant will

- 1. Review the program and evaluate staff instructors.
- 2. Complete the staff instructor and program evaluations.
- 3. Have the opportunity to provide verbal feedback for future programs.

COURSE PASSING CRITERIA

1. Written Exams:

The passing criteria are 80% on all of the written exams. Remediation may be allowed at the discretion of the staff instructors and/or Medical Director.

Exams include: AED 25 questions, CD 50 questions, CPR 50 questions.

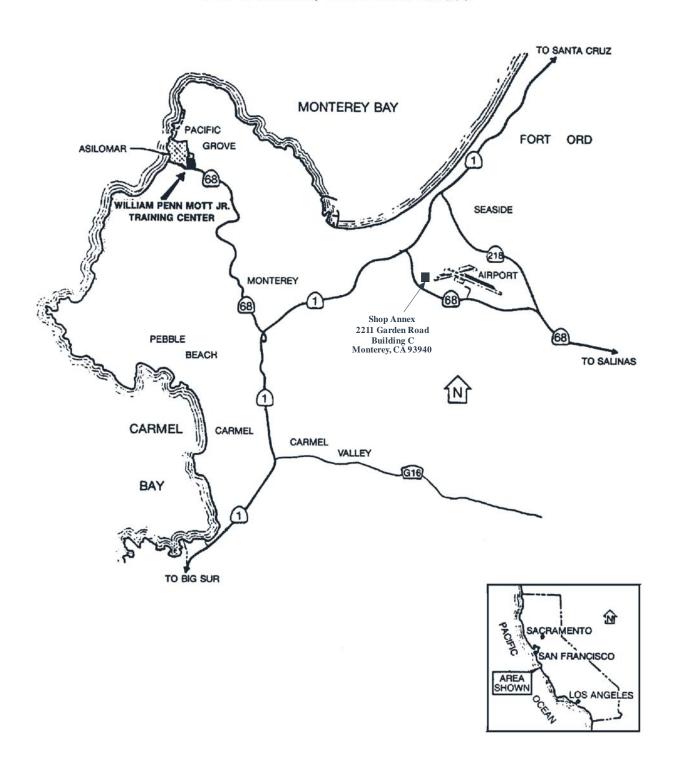
2. Skills Testing:

The passing criteria are 80% on all of the skills exams. Remediation may be allowed at the discretion of the staff instructors and/or Medical Director.

Skills include: CPR/FBAO, Cardiac Management with AED, Bleeding Control/Shock Management, Emergency Childbirth, Patient Assessment Management – Trauma, Patient Assessment Management – Medical, Bag-Valve-Mask Apneic Patient, Spinal Immobilization – Supine Patient, Traction Splint.

3. Complete POST-TRAINING EVALUATION.

location map for WILLIAM PENN MOTT JR. TRAINING CENTER 837 ASILOMAR BLVD. PACIFIC GROVE, CALIFORNIA 93950



AIRWAY, OXYGEN AND VENTILATION SKILLS UPPER AIRWAY ADJUNCTS AND SUCTION

Start Time:	<u> </u>		
Stop Time:	Date:		
Candidate's Name:			
Evaluator's Name:			
	OROPHARYNGEAL AIRWAY	Points Possible	Points Awarded
Takes, or verbalizes, body sub-	stance isolation precautions	1	Awarded
Selects appropriately sized airw		- 	
Measures airway		1	
Inserts airway without pushing	the tongue posteriorly	1	
	vise the candidate that the patient is gage		<u>'</u>
becoming conscious	3-3.	55	
Removes the oropharyngeal air	way	1	\Box
	SUCTION		
	vise the candidate to suction the patient's	s airway	
Turns on/prepares suction devi		1	
Assures presence of mechanical suction 1			
Inserts the suction tip without s	1		
Applies suction to the oropharynx/nasopharynx			
···	NASOPHARYNGEAL AIRWAY		
	vise the candidate to insert a nasopharyn	geal airway	
Selects appropriately sized airw	/ay	1	
Measures airway		1	·
Verbalizes lubrication of the nas		1	
Fully inserts the airway with the	bevel facing toward the septum	1 1	
	Total	l: 13	
Critical Criteria Did not take, or ve	rbalize, body substance isolation precautions	8	
Did not obtain a pa	tent airway with the oropharyngeal airway		
Did not obtain a pa	tent airway with the nasopharyngeal airway		
Did not demonstra	te an acceptable suction technique		
Inserted any adjun	ct in a manner dangerous to the patient		

BAG-VALVE-MASK APNEIC PATIENT

Start Time:	-			
Stop Time:	Date:			
Candidate's Name:				
Evaluator's Name:			Points Possible	Points Awarded
Takes, or verbalizes, body substa	nce isolation precautions		1	Avvaided
Voices opening the airway			1	
Voices inserting an airway adjunc	et		1	
Selects appropriately sized mask			1	
Creates a proper mask-to-face se	al		1	
Ventilates patient at no less than	800 ml volume		1	
(The examiner must witness fo	r at least 30 seconds)			
Connects reservoir and oxygen			1	
Adjusts liter flow to 15 liters/minu	te or greater	·	1	
	of a second EMT. The second EM			
	candidate controls the mask and	the airw	ay	
Voices re-opening the airway			1	
Creates a proper mask-to-face se			1	
	ilation at proper volume per breath		1	
(The examiner must witness fo		-		_
	Т	otal:	11	
Critical Criteria				
Did not take, or verba	alize, body substance isolation preca	utions		
Did not immediately v	ventilate the patient			
Interrupted ventilation	s for more than 20 seconds			
Did not provide high o	concentration of oxygen			
	rect assistant to provide proper volum tions per minute are below 800 ml)	ne/breath		
Did not allow adequa	te exhalation			

BLEEDING CONTROL/SHOCK MANAGEMENT

Start Time:	_		
Stop Time:	Date:		
Candidate's Name:			
Evaluator's Name:		Points Possible	Points Awarded
Takes, or verbalizes, body substa	ance isolation precautions	1	
Applies direct pressure to the wo	und	1	
Elevates the extremity		1	
Note: The examiner must now	inform the candidate that the wound cor	itinues to I	bleed.
Applies an additional dressing to		1	
bleed. The second dressing d		continues	to
Locates and applies pressure to a		1	
Note: The examiner must now	inform the candidate that the bleeding is	controlle	đ
Bandages the wound		1	
Note: The examiner must now and symptoms indicative of hy	inform the candidate the patient is now spoperfusion	showing si	gns
Properly position the patient		1	
Applies high concentration oxyge	n	1	_
Initiates steps to prevent heat loss	s from the patient	1	_
Indicates the need for immediate	transportation	1	
	Total:	10	
Critical Criteria Did not take, or verba	alize, body substance isolation precautions		
Did not apply high co	ncentration oxygen		
Applied a tourniquet b	pefore attempting other methods of bleeding of	ontrol	
Did not control hemor	rhage in a timely manner		
Did not indicate a nee	ed for immediate transportation		

CARDIAC ARREST MANAGEMENT/AED

Start Time:					
Stop Time:	Date:				
Candidate's Name:	<u>_</u>				
Evaluator's Name:				Points Possible	Points Awarded
ASSESSMENT				I OSSIDIE	Awarueu
Takes, or verbalizes, bod	v substance isolati	ion precautions		1	
Briefly questions the resc			_	1 1	
Directs rescuer to stop C				1	
Verifies absence of spont	aneous pulse (ski	Il station examiner state	s "no pulse")	1	
Directs resumption of CP		.,	<u> </u>	1	_
Turns on defibrillator power	er			1	
Attaches automated defib				1	
Directs rescuer to stop Cf	PR and ensures all	I individuals are clear of th	e patient	1	
Initiates analysis of the rh				1	
Delivers shock (up to three				1	
	aneous pulse (ski	Il station examiner state:	s "no pulse")	1	
TRANSITION					
Directs resumption of CP				1	
Gathers additional informa				1	
Confirms effectiveness of	CPR (ventilation a	and compressions)		1	
INTEGRATION					
		irway adjunct (oral/nasal a	irway)	1	
Ventilates, or directs vent				1	
Assures high concentration				1	
Assures CPR continues v			<u> </u>	1	
Re-evaluates patient/CPR		one minute		1	
Repeats defibrillator sequ	ence			1	
TRANSPORTATION					
Verbalizes transportation	of the patient			1	
			Total:	21	
Critical Criteria					
	or verbelize body	aubatanaa laatatian musaa			
Did flot take,	or verbalize, body	substance isolation preca	utions		
Did not evalue	ate the need for im	nmediate use of the AED			
Did not direct	initiation/resumpti	ion of ventilation/compress	sions at appropriate tim	es	
Did not assur	e all individuals we	ere clear of patient before o	delivering each shock		
Did not opera	te the AED proper	rly (inability to deliver shoc	k)		
Prevented the	e defibrillator from	delivering indicated stacke	d shocks		

Emergency Childbirth

Start Time :	En	d Time :	Date :	
Candidate Name :				
Examiner Name :				

	Points	Points
	Possible	Awarded
ASSESSMENT		
Takes or verbalizes 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 – suctions 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	

CRITITCAL CRITERIA:

	Did not take or verbalize body substance isolation precautions
_	Did not determine if delivery was immenent
	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

IMMOBILIZATION SKILLS JOINT INJURY

Start Time:		_		
Stop Time:				
Candidate's	Name:			
Evaluator's	Name:		Points Possible	Points Awarded
Takes, or v	erbalizes, body substa	ance isolation precautions	1 0331516	Awarded
		pilization of the shoulder injury	1	
		culatory function in the injured extremity	1	_
		dges "motor, sensory and circulatory f	unction are p	resent
and norma		,		
Selects the	proper splinting mate	rial	1	
Immobilizes	the site of the injury		1	
Immobilizes	the bone above the ir	njured joint	1	
Immobilizes	the bone below the ir	njured joint	1	
Reassesse	s motor, sensory and	circulatory function in the injured extremity	1	
Note: The and norma	examiner acknowle	dges "motor, sensory and circulatory f	unction are p	resent
		Total:	8	
Critical Cri		sink on the skills of the skil		
_	Dia not support the Jo	oint so that the joint did not bear distal weig	nt	
	Did not immobilize the	e bone above and below the injured site		
	Did not reassess mot	or, sensory and circulatory function in the i	njured extremi	ty before

IMMOBILIZATION SKILLS LONG BONE INJURY

Start Time: _					
Stop Time: _		Date:			
Candidate's I	Name:				
Evaluator's N	lame:			Points	Points
Takes or ver	halizae hody euhetan	ce isolation precautions		Possible	Awarded
	cation of manual stabil			1	
		latory function in the injured extremi	nv.	1	
		jes "motor, sensory and circulator			
present and		inotor, sensory and enculator	y runction	ale	
Measures the				1	
Applies the s	•				
	he joint above the inju	ry site	-	$\frac{1}{1}$	
	he joint below the inju		-	- 1	<u></u>
	entire injured extremit			1	
	he hand/foot in the po			-1 $-$ 1	
Reassesses	motor, sensory and ci	culatory function in the injured extre	mity	1	
		es "motor, sensory and circulator		are	
present and		•			
		7	Total	10	
Critical Crite	ria				
(Grossly moves the inju	ured extremity			
	Did not immobilize the	joint above and the joint below the ir	njury site		
	Did not reassess moto pefore and after splinti	r, sensory and circulatory function in	the injured	extremity	

IMMOBILIZATION SKILLS TRACTION SPLINTING

Start Time:	_		
Stop Time:	Date:		
Candidate's Name:	****		
Evaluator's Name:		Points	Points
		Possible	Awarded
Takes, or verbalizes, body subst	tance isolation precautions	1	
Directs application of manual sta		1	
Directs the application of manua		1	_
	rculatory function in the injured extremity	1	
	edges "motor, sensory and circulatory function	on are	
present and normal"			
Prepares/adjusts splint to the pr	oper length	1	
Positions the splint next to the in		1	
Applies the proximal securing de		1	
Applies the distal securing device		1	
Applies mechanical traction	· · · · · · · · · · · · · · · · · · ·	1	
Positions/secures the support st	traps	1 1	
Re-evaluates the proximal/distal		1	
	d circulatory function in the injured extremity	1	
	edges "motor, sensory and circulatory function	on are	
Note: The examiner must as	k the candidate how he/she would prepare th	ıe	
patient for transportation		1 . 1	
	the long board to immobilize the hip	1 1	
Verbalizes securing the splint to	the long board to prevent movement of the splint	1 1	
	Total:	14	
Critical Criteria			
Loss of traction at a	ny point after it was applied		
Did not reassess me and after splinting	otor, sensory and circulatory function in the injure	d extremity	before
The foot was excess	sively rotated or extended after splint was applied		
Did not secure the i	schial strap before taking traction		
Final immobilization	failed to support the femur or prevent rotation of t	he injured le	g:g
Secured the leg to t	he splint before applying mechanical traction		

Note: If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded one (1) point as if manual traction were applied.

Note: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

MOUTH TO MASK WITH SUPPLEMENTAL OXYGEN

Start Time:	_		
Stop Time:			
Candidate's Name:			
Evaluator's Name:		Points	Points
<u></u>		Possible	Awarded
Takes, or verbalizes, body substa	ince isolation precautions	1	<u> </u>
Connects one-way valve to mask		1 1	
Opens patient's airway or confirm	s patient's airway is open	1	
(manually or with adjunct)			
Establishes and maintains a prop	er mask to face seal	1	
Ventilates the patient at the prope	er volume and rate	1	
(800-1200 ml per breath/10-20 breaths p	per minute)		
Connects the mask to high conce	entration or oxygen	1	
Adjusts flow rate to at least 15 lite		1	
Continues ventilation of the patien		1	
(800-1200 ml per breath/10-20 breaths p			
	ess ventilations for at least 30 seconds		
	Total:	8	
Critical Criteria	rotan		
	alize, body substance isolation precautions		
Did not adjust liter flo	w to at least 15 liters per minute		
Did not provide prope	r volume per breath		
(more than 2 ventiliations	per minute were below 800 ml)		
Did not ventilate the p	patient at a rate of 10-20 breaths per minute		
Did not allow for com	plete exhalation		

OXYGEN ADMINISTRATION

Start Time:	_		
Stop Time:	Date:		
Candidate's Name:			
Evaluator's Name:		Points Possible	Points Awarded
Takes, or verbalizes, body substa	ance isolation precautions	1	, /twaraca
Assembles the regulator to the ta		1	_
Opens the tank			
Checks for leaks		1	
Checks tank pressure		1	
Attaches non-rebreather mask to	oxygen	1	
Prefills reservoir		1 1	_
Adjusts liter flow to 12 liters per r	ninute or greater	1	
Applies and adjusts the mask to	the patient's face	1	
Note: The examiner must adv	ise the candidate that the patient is not to	lerating th	e
	dical director has ordered you to apply a		
to the patient.			
Attaches nasal cannula to oxyge	n	1	
Adjusts liter flow to six (6) liters p	per minute or less	1	
Applies nasal cannula to the patie	ent	1	
Note: The examiner must adv	ise the candidate to discontinue oxygen t	herapy	
Removes the nasal cannula from	the patient	1	
Shuts off the regulator		1	
Relieves the pressure within the r	egulator	1	
	Total:	15	
Critical Criteria			
Did not take, or verba	alize, body substance isolation precautions		
Did not assemble the	e tank and regulator without leaks		
Did not prefill the rese	ervoir bag		
Did not adjust the de (12 liters per minute or gr	vice to the correct liter flow for the non-rebrear eater)	ther mask	
Did not adjust the de (6 liters per minute or les	vice to the correct liter flow for the nasal cann	ula	

Patient Assessment/Management - Medical

Start Time:		_					
Stop Time:		_Date:		_			
Candidate's Na	me:			_			
Evaluator's Nan	ne:			_		Points Possible	Points Awarded
Takes, or verba	lizes, body substa	ince isolation preca	utions		_	1 1	Awarded
SCENE SIZE-U	P					<u> </u>	
Determines the	scene is safe					1	
		ury/nature of illness				1	
	number of patient					1	
	onal help if neces	sary			<u> </u>	1	
Considers stabil					<u> </u>	11	
INITIAL ASSES							
	ral impression of		<u> </u>			1	
:		of consciousness	<u> </u>			1	
Determines chie	ef complaint/appar	ent life threats				11	
			Assessment			1	
Assesses airwa	y and breatning		1	iate oxygen therap	ру	1	İ
			Assures adequate			1	
Assesses circula			Assesses/control	s major bleeding		1	
Assesses circuit	ation		Assesses pulse			1	,
Idantifian autaut	. = =4':= =4=/1 4		Assesses skin (co	olor, temperature a	and condition)	1	
		ransport decisions	NIDADID ADDED				
		ICAL EXAMINATIO		SMENT			,
Respiratory	Cardiac	Altered Mental	Allergic	Poisoning/	Environmental	1	
respiratory	Juvanac	Status	Reaction	Overdose	Emergency	Obstetrics	Behavioral
*Onset?	*Onset?	*Description of	*History of	*Substance?	*Source?	*^~	*11- 1 6 10
*Provokes?	*Provokes?	the episode.	allergies?	When did you	*Environment?	*Are you pregnant?	*How do you fee!?
*Quality?	*Quality?	*Onset?	*What were	ingest/become	*Duration?	*How long have you	*Determine
*Radiates?	*Radiates?	*Duration?	you exposed	exposed?	*Loss of	been pregnant? *Pain or	suicidal
*Severity?	*Severity?	*Associated	to?	*How much did	consciousness?	contractions?	tendencies.
*Time?	*Time?	Symptoms?	*How were	you ingest?	*Effects-		*Is the patient a
*Interventions?	*Interventions?	*Evidence of	you	l: _ ~	general or	*Bleeding or	threat to self or
		Trauma?	exposed?	period?	local?	discharge?	others?
		*Interventions?	*Effects?	*Interventions?	local:	*Do you feel the	Is there a medical
		*Seizures?	*Progression?	*Estimated		need to push?	problem?
		*Fever?	*Interventions?	weight?		*Last menstrual period?	Interventions?
Allergies			interventions:	weight:		period r 1	
Medications							
Past pertinent his	story					1	
ast oral intake					_	1	
Event leading to	present illness (ru	ile out trauma)				1	 -
erforms focuse	d physical examin	ation (assesses affe	ected body part/sy	stem or.		1	
		letes rapid assessn		•		·	
√itals (obtains ba	aseline vital signs)					1	
nterventions (ob	tains medical dire	ction or verbalizes :	standing order for	medication interve	ntions	1	
	and verbalizes pro	oper additional inter	vention/treatment))			
	aluates the transpo					1	
		mpleting a detailed	physical examinat	tion		1	
	SSMENT (verbal	ized)					
Repeats initial as						1	
Repeats vital sigi						1	
	assessment rega	rding patient compl	aint or injuries			1	
Critical Criteria					Total:	30	<u></u>
	Did not take, or ve	erbalize, body subst	ance isolation pred	cautions when nec	essary		
	Did not determine scene safety						
	Did not obtain me	dical direction or ve	rbalize standing or	rders for medical in	nterventions		
Did not provide high concentration of oxygen							
	Did not find or ma	nage problems ass	ociated with airway	y, breathing, hemo	rrhage or shock (hy	poperfusion)	
	Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion) Did not differentiate patient's need for transportation versus continued assessment at the scene						
		used history/physic					
		ons about the prese		5	,	o o	
		ngerous or inappro					

Patient Assessment/Management - Trauma

Start Time:	_		
Stop Time:	_Date:		
Candidate's Name:			
Evaluator's Name:		Points	Points
Takes, or verbalizes, body substan	ce isolation precautions	Possible 1	Awarded
SCENE SIZE-UP			<u> </u>
Determines the scene is safe		1 1	
Determines the mechanism of injur	ry	1 1	
Determines the number of patients		 - ; 	-
Requests additional help if necess	arv	 	
Considers stabilization of spine		1 1	
INITIAL ASSESSMENT		<u> </u>	L
Verbalizes general impression of the	ne patient	T 1 -	-
Determines responsiveness/level of	of consciousness	+ + -	
Determines chief complaint/appare			
2 ottomino omor complaint appare	Assessment	1 1	
Assesses airway and breathing	Initiates appropriate oxygen therapy Assures adequate ventilation Injury management	1 1 1	
Assesses circulation	Assesses/controls major bleeding Assesses pulse	1 1	
	Assesses skin (color, temperature and conditions)	1 1	
Identifies priority patients/makes tra	ansport decision	1	
FOCUSED HISTORY AND PHYSICAL	EXAMINATION/RAPID TRAUMA ASSESSMENT		_
Selects appropriate assessment (for	ocused or rapid assessment)	1 1	
Obtains, or directs assistance to ob	tain, baseline vital signs	1	_
Obtains S.A.M.P.L.E. history		1 1	
DETAILED PHYSICAL EXAMINATION	· · · · · · · · · · · · · · · · · · ·		
Assesses the head	Inspects and palpates the scalp and ears Assesses the eyes Assesses the facial areas including oral and	1 1 1	
Assesses the neck	Inspects and palpates the neck Assesses for JVD Assesses for tracheal deviation	1 1 1	
Assesses the chest	Inspects Palpates Auscultates	1 1 1	
Assesses the abdomen/pelvis	Assesses the abdomen Assesses the pelvis Verbalizes assessment of genitalia/perineum	1 1 1	
Assesses the extremities	as needed 1 point for each extremity includes inspection, palpation, and assessmen of motor, sensory and circulatory function	4	
Assesses the posterior	Assesses lumbar	1 1	-
Manages secondary injuries and wo 1 point for appropriate managemen	ounds appropriately nt of the secondary injury/wound	1 1	
Verbalizes re-assessment of the vita	 	1 1	
Critical Criteria	Total:	40	
Did not take, or verbaliz Did not determine scen Did not assess for spin Did not provide for spin Did not provide high cou	al protection al protection when indicated	shock (hypo	perfusion)
Did other detailed phys	ited to transportation versus continued assessment a cical examination before assessing the airway, breathing and of within (10) minute time limit	u the scene circulation	

SPINAL IMMOBILIZATION SEATED PATIENT

Start Time:	-			
Stop Time:	Date:			
Candidate's Name:				
Evaluator's Name:			Points	Points
Takes or verbalizes hadveubeter	on inclation promitions		Possible	Awarded
Takes, or verbalizes, body substar			1_1_	
Directs assistant to place/maintain Directs assistant to maintain manu			1 1	
	rculatory function in each extremity		1 1	
Applies appropriately sized extricate			1	
Positions the immobilization device			1 -	
Secures the device to the patient's			11	
Evaluates torso fixation and adjust			1	
Evaluates and pads behind the pat		<u> </u>	1	
Secure the patient's head to the de			1_1_	
Verbalizes moving the patient to a			1	
	rculatory function in each extremity		1	
Treaded back motor, sensory and er	culatory function in each extremity	Total:	1 12	
Critical Criteria		i otai.		
	rect, or take, manual immobilization o	f the head		
Released, or ordered	release of, manual immobilization befo	ore it was mainta	ained mecha	nically
Patient manipulated, c	r moved excessively, causing potentia	al spinal compro	omise	
Device moved excess	vely up, down, left or right on the patie	ent's torso		
Head immobilization a	llows for excessive movement			
Torso fixation inhibits	chest rise, resulting in respiratory com	promise		
Upon completion of im	mobilization, head is not in the neutral	position		
Did not assess motor, immobilization to the k	sensory and circulatory function in eac ong board	ch extremity afte	er voicing	
Immobilized head to th				

SPINAL IMMOBILIZATION SUPINE PATIENT

Start Time:	-		
Stop Time:			
Candidate's Name:			
Evaluator's Name:		Points Possible	Points
Takes, or verbalizes, body substa	ince isolation precautions	1	Awarded
	n head in the neutral in-line position	1	_
Directs assistant to maintain man		1	
	circulatory function in each extremity	1	
Applies appropriately sized extric		1	
Positions the immobilization device		1 1	
	onto the device without compromising	1	
the integrity of the spine	and the device that ear comprehensing	,	
	the torso and the board as necessary	1	
Immobilizes the patient's torso to		1 1	
Evaluates and pads behind the pa		1	
Immobilizes the patient's head to		1 1	
Secures the patient's legs to the		1	
Secures the patient's arms to the		1	
	circulatory function in each extremity	1	
	Total:	14	
Critical Criteria		<u> </u>	
Did not immediately o	firect, or take, manual immobilization of the head		
Released, or ordered	release of, manual immobilization before it was ma	intained me	chanically
Patient manipulated,	or moved excessively, causing potential spinal con	npromise	
Patient moves excess	sively up, down, left or right on the device		
Head immobilization a	allows for excessive movement		
Upon completion of in	nmobilization, head is not in the neutral position		
Did not assess motor to the device	, sensory and circulatory function in each extremity	/ after immo	bilization
Immobilized head to to	he board before securing the torso		