



Mountain-Valley

EMERGENCY MEDICAL SERVICES AGENCY

Practical Examination Workbook

for the

Emergency Medical Responder (EMR)

And

Emergency Medical Technician (EMT)

Revised Date: June 2018

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FOREWORD

The Primary Purpose of a standardized skills test for Emergency Medical Responders and Emergency Medical Technicians is to insure that a high quality of pre-hospital care is delivered to the patient.

The skills test evaluates that skills necessary for adequate patient care, and includes the minimum required skills identified in Title 22 of the California Code of Regulations.

The Practical Examination Workbook should be made available to students well in advance of testing to allow ample time for study and practice.

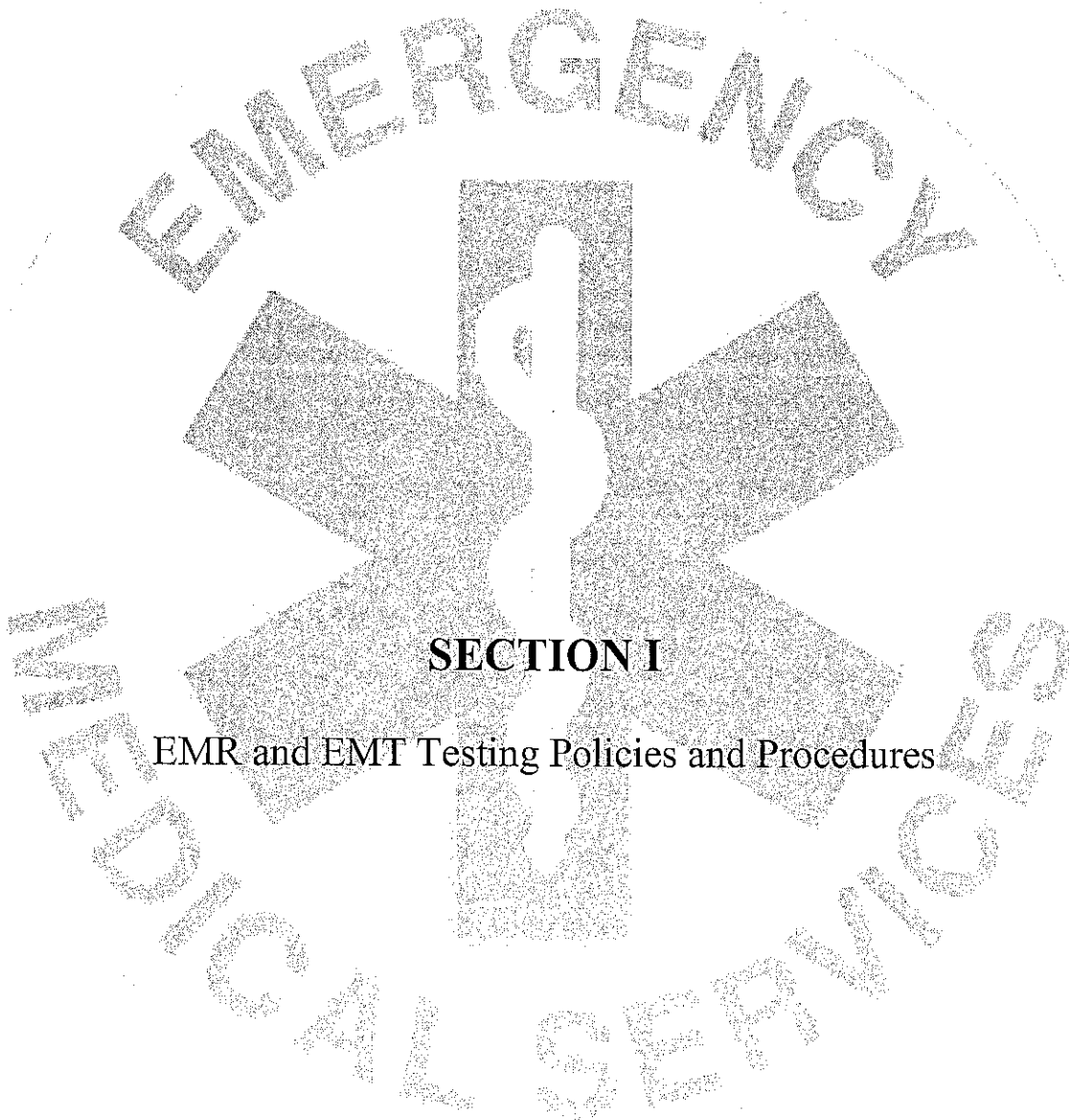
SCORING

The purpose of a scoring checklist is to insure that:

- All candidates are tested to the same standard
- Important steps in each skill are completed
- Minimum competencies for course completion are established

Scoring is accomplished by an evaluator who will observe a candidate's performance. The evaluator will follow the checklist and will grade the candidate's performance as follows:

- Each station has two criteria for evaluation. Candidates must successfully meet both criteria in order to successfully complete a station. Those criteria are:
 1. Points are established for completing certain tasks. Upon completion of a task, the candidate will be awarded the corresponding points. In order to successfully complete the station, the candidate must receive a minimum of 70% of the possible points for a given station.
 2. Critical performances in a station are denoted by an asterisk (*) or listed as Critical Criteria at the bottom of the evaluation form. A candidate who fails to complete a critical performance step will fail the station.



SECTION I

EMR and EMT Testing Policies and Procedures

CERTIFICATION & TESTING POLICIES AND PROCEDURES

1. Application for Initial Certification

A. EMR Certification

1. Receive course completion from an Agency approved EMR Training Program that is taught to the standards of the Emergency Medical Responder National Standard Curriculum which includes first aid practices and CPR.
2. Successfully complete an Agency approved Emergency Medical Responder Certification Examination.
3. Submit an application to the Agency within six (6) months of the date of course completion, which includes:
 - a. A copy of a current CPR certification that is taught to the curriculum standards of the American Heart Association, American Red Cross, or the National Safety Council at the Health Care Provider or equivalent level.
 - b. A copy of a current driver's license or picture identification card.
 - c. A signed affidavit that the candidate is at least 18 years of age.
 - d. A signed affidavit that the candidate is not precluded from certification for reasons defined in Health and Safety Code, Section 1798.200.
 - e. Payment of the appropriate certification application fee.
 - f. Complete the MCI Field Operations Course (4 modules) located at www.mvemsa.org

B. EMT Certification

1. Receive course completion from an approved EMT Training Program that is taught to the standards of the Emergency Medical Technician National Standard Curriculum.
2. Submit an application to the Agency within two (2) years of the date of course completion, which includes:
 - a. A copy of current National Registry Certification
 - b. A signed affidavit that the candidate is at least 18 years of age.
 - c. A signed affidavit that the candidate is not precluded from certification for reasons defined in Health and Safety Code, Section 1798.200.
 - d. A copy of a current driver's license or a government issued identification card.

- e. Completion of a California Department of Justice (DOJ) and a FBI criminal background check (must use the Agency form).
- f. Payment of the appropriate certification application fee.
- g. Complete the MCI Field Operations Course (4 modules) located at www.mvemsa.org

2. Written Testing Requirements

All students must pass the NREMT Computer Based Exam to be eligible for EMT certification. **Individuals applying for EMT registration must meet the following requirements to be eligible for the National Registration as an EMT.**

- Applicant must be 18 years of age or older.
- Successfully complete, within the last two (2) years an EMT course provided by an approved EMT Training Program that is taught to the standards of the Emergency Medical Technician National Standard Curriculum.
- Candidates who are not state certified and fail to become registered within two (2) years following EMT course completion must retake the entire EMT educational program.

If the candidate's initial training is beyond two (2) years and the candidate has maintained state certification, the candidate must complete a current state approved EMT refresher training program. Refresher training programs must be completed within the past two (2) years and meet or exceed the requirements of the National Standard Curriculum.

If the candidate's initial training is beyond two (2) years and state certification has not been maintained, the candidate must complete the entire EMT education program.

- Successfully complete, within the past twelve months, all sections of a state-approved EMT practical examination that equals or exceeds the established criteria of the National Registry.
- Truthfully complete the Licensing Action and Felony statements on the application and submit the requested documentation if necessary.
- Possess a current CPR Credential at the healthcare provider or equivalent level.
- A non-refundable/non-transferable application fee to the National Registry of Emergency Medical Technicians must be submitted with the application to cover the cost of processing the application.

Please Note - Each examination attempt will require an additional application and an additional application fee.

- Successfully complete the above requirements and the National Registry EMT cognitive examination.
- **NREMT Registration and Testing:** Follow the instructions on the NREMT student registration instructions sheet provided on page 3.

EMS Students!

Follow These Steps to Take The NREMT Exam



National Registry of
Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION

Follow these easy steps 3 to 4 weeks in advance of when you plan to test. If you need additional assistance, please contact the NREMT at 614-888-4484. We're ready to help!

Step 1: Create Your Account

- Go to nremt.org and click on 'Login' (found in the blue bar at the top of the NREMT home page).
- Click on 'Set Up New Account' and follow the instructions.

Step 2: Login

- After you have completed Step 1, you can follow the link and login with the username and password you created.

Step 3: Manage Your Account Information

- Complete all the information in the Personal Account Information fields as prompted. The name you include in this area should be the same as what appears on your drivers license (or the ID you will present at the testing center), and is what will appear on your application, National Registry certificate and card upon successful completion of the examination.

Read this to avoid delay! Make sure the name you use to set up your Account matches the name on your drivers license EXACTLY (or the ID you will present at the testing center) or you will be denied access to the testing center on the day of your exam!

Step 4: Create a New Application

- Click on 'Create a New Application' to apply to take your exam.
- Review the Personal Information Summary – if any items are incorrect, you can make corrections by clicking on 'Manage Account Information'.
- Select the application level you wish to complete.

Step 5: Pay Application Fee

- It is recommended that you pay your application fee at the time you complete your online application. However, if you choose, you may pay at a later date.

Read this to avoid delay! An Authorization to Test (ATT) Letter allowing you to schedule your exam will not be issued until payment has been received and all other verifications are complete.

- You can pay by credit/debit online or print a money order tracking slip for mailing your money order to the NREMT.

Step 6: Check to See if You Are Approved to Take Your Exam

- When all areas of the application process are completed and have been verified, you will see the following link: 'Print ATT Letter'.

Read this to avoid delay! You will only see 'Print ATT Letter' when you have been verified to test! This link will not appear if the verification process is not yet complete!

- Monitor the progress of your application and watch for your Authorization to Test (ATT) Letter by going to the NREMT home page and logging in using your username and password.
- Click on 'Candidate Services'.
- Click on 'Application Status'.
- If you see 'Submitted' next to 'Course Completion Verification', this means the NREMT has submitted your information to the program you indicated, and is waiting for authorization from the program indicating that you have completed the course.
- If you see the link 'Print ATT Letter', click on the link.

Step 7: Print the ATT Letter to Schedule Your Exam

- Scroll down to see if the 'Print ATT Letter' appears.

Read this to avoid delay! Click on this link to print your ATT Letter. Print and follow the instructions in your ATT Letter.

Step 8: Call Pearson VUE to Schedule Your Exam

- Your ATT Letter will contain the Pearson VUE phone number to call to schedule your examination.
- Your ATT Letter will also include other important information you should read carefully!

Read this to avoid delay!

- You can reschedule your exam up to 24 hours in advance by calling Pearson VUE at 1-866-673-6896 or visiting the Pearson VUE website. If you fail to appear for your exam, you will have to complete a new application and pay another application fee!
- Refunds cannot be issued for no-shows.
- If you arrive late for your exam, you may lose your appointment!

**Additional informational can be found on the NREMT instructional DVD.
Ask your instructor for more information or visit the NREMT website at www.NREMT.org.**

3. Practical Testing Requirements

1. Practical skills standards and evaluation criteria are listed in the latest edition of the Practical Examination Workbook, published by the Mountain-Valley EMS Agency.
2. Candidates must successfully complete the following practical skills:
 - a. Patient Assessment/Management – Trauma
 - b. Patient Assessment/Management – Medical
 - c. Bag-Valve-Mask Apneic Patient
 - d. Cardiac Arrest Management/AED
 - e. Spinal Immobilization – Seated or Supine
 - f. One of the following randomly chosen skills:
 1. Long Bone Injury
 2. Joint Injury
 3. Bleeding Control/Shock Management
 4. Oxygen Administration by Non-Rebreather Mask

A candidate that fails a practical skill must retest on that practical skill.

Retesting of a practical skill may take place at the same test session if the candidate fails three (3) or fewer practical skill(s).

Candidates failing four (4) or more practical skills must retest all skills at another test session.

Candidates retesting a practical skill may re-test on a failed skill a total of two (2) times.

4. Applicants for Recertification

1. Applicants for recertification must complete the following every two years.
 - Submit an application (see # 2 below)
 - Meet the skills competency requirements (see #3, page 6)
 - Submit proof of continuing education (CE).
 - 16 hours of EMS CE for EMRs
 - 24 hours of EMS CE for EMTs

For more information on approved CE topics, please refer to the Mountain-Valley EMS Agency Policy # 237.00

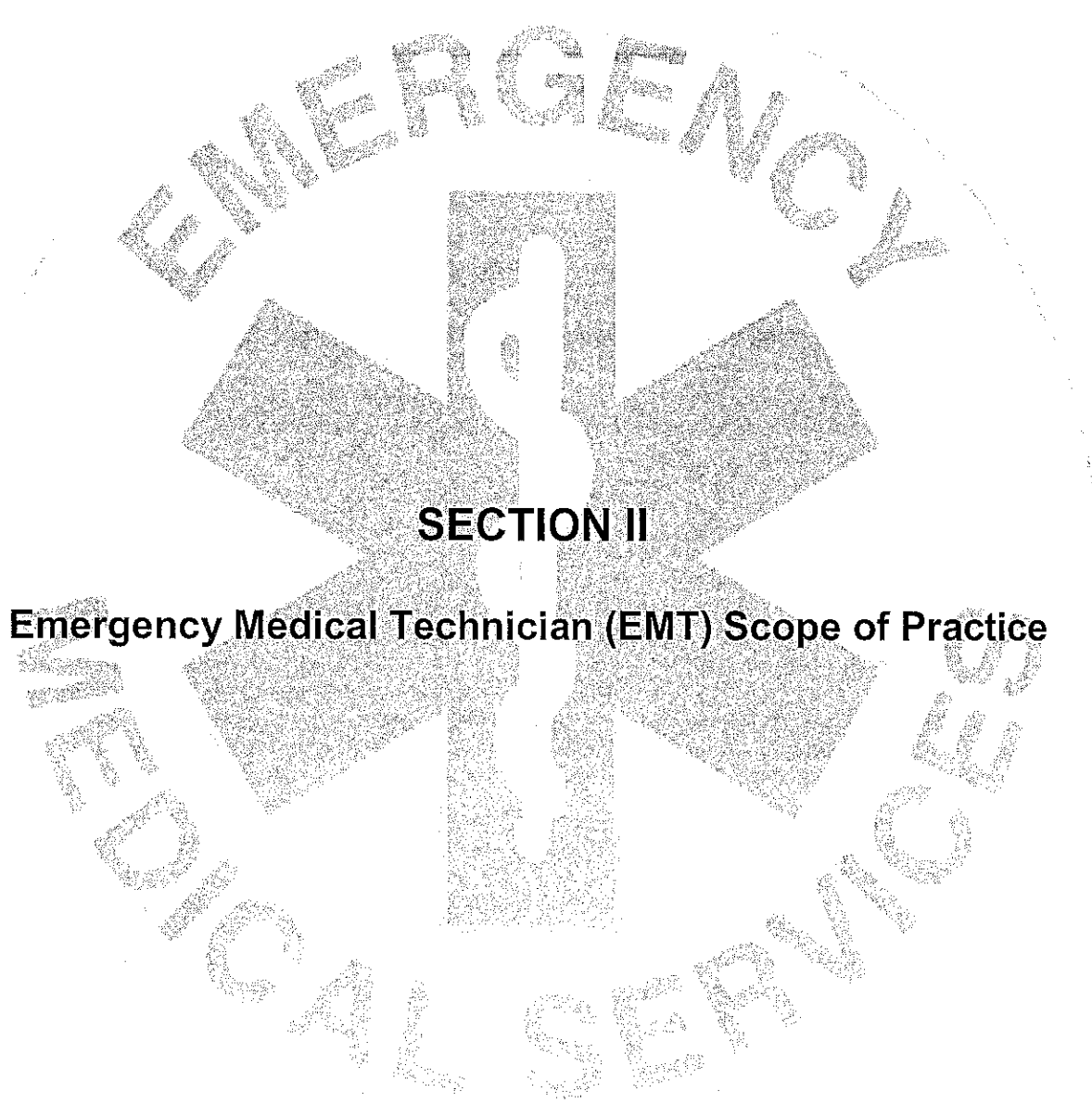
2. Submit a signed application which includes:
 - a. A copy of a current driver's license or a government issued identification card.
 - b. A copy (front and back) of current CPR Certification taught to the curriculum standards of the American Heart Association, American Red Cross or the National Safety Council at the Health Care provider or equivalent level.
 - c. Documentation of twenty-four (24) hours of continuing education.
 - d. A signed affidavit that the individual is at least 18 years of age.
 - e. A signed affidavit that the individual is not precluded for certification for reasons defined in Health and Safety Code, Section 1798.200.
 - f. Completion of a California Department of Justice (DOJ) and FBI criminal background check (**if not previously on file with the Agency**).
 - g. Payment of the appropriate fee.
 - h. Complete the MCI Field Operations Course (4 modules) located at www.mvemsas.org

3. Submit a Mountain-Valley EMS Agency approved form (EMSA-SCV (01/17) that documents competency to the skills outlined in the latest edition of the Mountain-Valley EMS Agency Practical Examination Workbook for the following skills:
 - a. Patient Assessment, trauma patient
 - b. Patient Assessment, medical patient
 - c. Airway Emergencies
 - 1) Bag-Valve-Mask Apneic Patient
 - d. Breathing Emergencies
 - 1) Oxygen Administration by Non-Rebreather Mask
 - e. Cardiac Arrest / AED
 - f. Circulation Emergencies – Bleeding Control/Shock Management
 - g. Neurological Emergencies
 - 1) Spinal Immobilization – Seated Patient
 - 2) Spinal Immobilization – Supine Patient
 - h. Penetrating Chest Injury
 - i. Epinephrine & Naloxone Administration
 - j. Obstetrical Emergencies

Skills competency may be documented by APPROVED evaluators affiliated with:

- Approved EMS CE Provider
- Fire Departments
- Ambulance Provider Agencies
- EMR Training Programs
- EMT Training Programs

Skills evaluators must be identified and on file with MVEMSA for these agencies.



SECTION II

Emergency Medical Technician (EMT) Scope of Practice

Excerpt from Title 22, Division 9, Chapter 2 of the California Code of Regulations

§ 100063. Basic Scope of Practice of Emergency Medical Technician.

(a) During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a certified EMT or supervised EMT student is authorized to do any of the following:

- (1) Evaluate the ill and injured.
- (2) Render basic life support, rescue and emergency medical care to patients.
- (3) Obtain diagnostic signs to include, but not be limited to, temperature, blood pressure, pulse and respiration rates, pulse oximetry, level of consciousness and pupil status.
- (4) Perform cardiopulmonary resuscitation (CPR), including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.
- (5) Administer oxygen.
- (6) Use the following adjunctive airway and breathing aids:
 - (A) Oropharyngeal airway;
 - (B) Nasopharyngeal airway;
 - (C) Suction devices;
 - (D) Basic oxygen delivery devices for supplemental oxygen therapy including, but not limited to, humidifiers, partial rebreathers, and venturi masks; and
 - (E) Manual and mechanical ventilating devices designed for prehospital use including continuous positive airway pressure.
- (7) Use various types of stretchers and spinal motion restriction or immobilization devices.
- (8) Provide initial prehospital emergency care to patients, including, but not limited to:
 - (A) Bleeding control through the application of tourniquets;
 - (B) Use of hemostatic dressings from a list approved by the Authority;
 - (C) Spinal motion restriction or immobilization;
 - (D) Seated spinal motion restriction or immobilization;
 - (E) Extremity splinting; and

- (F) Traction splinting.
 - (G) Administer oral glucose or sugar solutions.
 - (H) Extricate entrapped persons.
 - (I) Perform field triage.
 - (J) Transport patients.
 - (K) Apply mechanical patient restraint.
 - (L) Set up for ALS procedures, under the direction of an Advanced EMT or Paramedic.
 - (M) Perform automated external defibrillation.
 - (N) Assist patients with the administration of physician-prescribed devices including, but not limited to, patient-operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.
- (b) In addition to the activities authorized by subdivision (a) of this Section, the medical director of the LEMSA may also establish policies and procedures to allow a certified EMT or a supervised EMT student who is part of the organized EMS system and in the prehospital setting and/or during interfacility transport to:
- (1) Monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid;
 - (2) Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines;
 - (3) Administer naloxone or other opioid antagonist by intranasal and/or intramuscular routes for suspected narcotic overdose;
 - (4) Administer epinephrine by auto-injector for suspected anaphylaxis and/or severe asthma;
 - (5) Perform finger stick blood glucose testing; and
 - (6) Administer over the counter medications, when approved by the medical director, including, but not limited to:

(A) Aspirin.

(c) The scope of practice of an EMT shall not exceed those activities authorized in this Section, Section 100064, and Section 100064.1.

(d) During a mutual aid response into another jurisdiction, an EMT may utilize the scope of practice for which s/he is trained and authorized according to the policies and procedures established by the LEMSA within the jurisdiction where the EMT is employed as part of an organized EMS system.

Note: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.8, 1797.170, 1797.197 and 1797.221, Health and Safety Code.



Mountain-Valley

EMERGENCY MEDICAL SERVICES AGENCY

SECTION III

Psychomotor Examination

*The National Registry Psychomotor Examination forms can be printed directly from the NREMT website:
nremt.org*

*The Mountain-Valley EMS Agency Psychomotor Examination forms can be printed directly from the Agency website:
mvemsa.org*



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

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____ Note: Areas denoted by "****" may be integrated within sequence of Primary Survey/Resuscitation	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE 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 -Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)	2	
Breathing -Assess breathing (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) -Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation -Checks pulse (1 point) -Assess 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)	4	
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	1	
HISTORY TAKING		
Obtains baseline vital signs [must include BP, P and R] (1 point)	1	
Attempts to obtain SAMPLE history	1	
SECONDARY ASSESSMENT		
Head -Inspects and palpates scalp and ears (1 point) ** -Assesses eyes (1 point) -Inspects mouth**, nose** and assesses facial area (1 point)	3	
Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point)	3	
Chest** -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point)	3	
Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point)	3	
Lower extremities** -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)	2	
Upper extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)	2	
Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point)	2	
Manages secondary injuries and wounds appropriately	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient	1	
Actual Time Ended: _____	TOTAL	40

CRITICAL CRITERIA

- _____ Failure to initiate or call for transport of the patient within 10 minute time limit
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to determine scene safety
- _____ Failure to assess for and provide spinal protection when indicated
- _____ Failure to voice and ultimately provide high concentration oxygen
- _____ Failure to assess/provide adequate ventilation
- _____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- _____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- _____ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- _____ 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 the reverse side of this form.



**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 PPE 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 (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		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	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

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 15 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety before approaching patient
- ____ Failure to voice and ultimately provide appropriate oxygen therapy
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- ____ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- ____ Orders a dangerous or inappropriate intervention
- ____ Failure to provide accurate report to arriving EMS unit
- ____ 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 the reverse side of this form.



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

BVM VENTILATION OF AN APNEIC ADULT PATIENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible Points Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<i>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse 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		
[**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.]	1	
<i>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</i>		
Re-checks pulse for no more than 10 seconds	1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]	1	
Ventilates the patient adequately		
-Proper volume to cause visible chest rise (1 point)	2	
-Proper rate [10 – 12/minute (1 ventilation every 5 – 6 seconds)] (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	16

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 appropriate PPE precautions
- ____ Failure to suction airway **before** ventilating the patient
- ____ Suctions the patient for an excessive and prolonged time
- ____ Failure to check responsiveness, then check breathing and pulse simultaneously for 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 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- ____ 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 the reverse side of this form.



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

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

Possible Points Points Awarded

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
	TOTAL	11

Actual Time Ended: _____

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to assemble the oxygen tank and regulator without leaks
- _____ Failure to prefill the reservoir bag
- _____ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- _____ Failure to ensure a tight mask seal to patient's face
- _____ 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 the reverse side of this form.



**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 PPE precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Checks patient responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<i>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless."</i>		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	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 no more than 10 seconds throughout (1 point)	5	
<i>NOTE: After 2 minutes (5 cycles), candidate assesses patient 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	17

Critical Criteria

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- ____ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ____ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- ____ Interrupts CPR for more than 10 seconds at any point
- ____ Failure to correctly attach the AED to the patient
- ____ Failure to operate the AED properly
- ____ Failure to deliver shock in a timely manner
- ____ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [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

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



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

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Applies direct pressure to the wound	1	
<i>NOTE: The examiner must now inform candidate that the wound continues to bleed.</i>		
Applies tourniquet	1	
<i>NOTE: The examiner must now inform candidate that the patient is exhibiting signs and symptoms of hypoperfusion.</i>		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Actual Time Ended: _____	TOTAL	7

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to administer high concentration oxygen
- ____ Failure to control hemorrhage using correct procedures in a timely manner
- ____ Failure to indicate the need for immediate transportation
- ____ Failure to manage the patient as a competent EMT
- ____ 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 the reverse side of this form.



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

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	12

CRITICAL CRITERIA

- Failure to immediately direct or take manual stabilization of the head
- Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization
- Released or ordered release of manual stabilization before it was maintained mechanically
- Manipulated or moved patient excessively causing potential spinal compromise
- Head immobilized to the device **before** device sufficiently secured to the torso
- Device moves excessively up, down, left or right on the patient's torso
- Head immobilization allows for excessive movement
- Torso fixation inhibits chest rise, resulting in respiratory compromise
- Upon completion of immobilization, head is not in a neutral, in-line position
- Failure to reassess motor, sensory and circulatory functions in each extremity after voicing immobilization to the long backboard
- Failure to manage the patient as a competent EMT
- 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 the reverse side of this form.



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

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to void between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	14

CRITICAL CRITERIA

- ___ Failure to immediately direct or take manual stabilization of the head
- ___ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ___ Released or ordered release of manual stabilization before it was maintained mechanically
- ___ Manipulated or moved the patient excessively causing potential spinal compromise
- ___ Head immobilized to the device **before** device sufficiently secured to the torso
- ___ Patient moves excessively up, down, left or right on the device
- ___ Head immobilization allows for excessive movement
- ___ Upon completion of immobilization, head is not in a neutral, in-line position
- ___ Failure to reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- ___ Failure to manage the patient as a competent EMT
- ___ 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 the reverse side of this form.



Penetrating Chest Injury

Start Time: _____

Stop Time: _____ Date: _____

Candidate's Name: _____

Evaluator's Name: _____

Examiner states: <u>"You arrive to find this patient who was involved in an altercation and was shot in the chest"</u> Begin your assessment.	Points Possible	Points Awarded
Takes, or verbalizes, body substance isolation (BSI)	1	
Assessment of the primary survey	1	
Maintains an open airway and provides basic life support if necessary	1	
Assesses breathing and visualizes chest during primary assessment	1	
Recognizes and seals open chest wound as quickly as possible. Places gloved hand over wound.	1	
Applies an occlusive dressing to wound	1	
Assesses lung sounds	1	
Administers appropriate O2 delivery	1	
Reassesses for pneumothorax	1	
Removes dressing as appropriate to relieve pneumothorax	1	
Treats for shock if appropriate	*	
Places patient in position of comfort to allow for best breathing, maintaining best position for injury	1	
Determines appropriate transport method	1	
Did not successfully complete the station within 10 minutes		
TOTAL:	12	

Critical Failures:

- _____ Failure to take standard precautions prior to skill
- _____ Failure to identify wound within 10 seconds
- _____ Failure to occlude wound as soon as possible
- _____ Failure to apply occlusive dressing and/or occluding all four sides
- _____ Failure to recognize shock
- _____ Failure to position patient based on need for spinal precautions, if needed
- _____ Failure to manage patient as a competent EMT



EMERGENCY MEDICAL SERVICES AGENCY

EPINEPHRINE AUTO-INJECTOR
Skills Competency Verification Form

PERFORMANCE OBJECTIVE

Demonstrate proficiency in administering epinephrine intramuscularly via an auto-injector.

TESTING CONDITIONS

The student will be requested to administer epinephrine 0.3 mg in 0.3 ml intramuscularly via an auto-injector to a patient who has known allergies to bee stings. Necessary equipment will be adjacent to patient or simulated patient.

EQUIPMENT

Simulated patient, epinephrine auto-injector 0.3 mg in 0.3 ml and epinephrine auto-injector 0.15 mg in 0.3 ml, antiseptic wipes, adhesive bandages, sharps container, and gloves.

PERFORMANCE CRITERIA

Perform all * criteria: Yes or No
 Overall Score: Pass or Fail

EMT Name: _____ Date _____

		Yes	No
*1	Take or verbalize universal body/substance isolation precautions.		
*2	Verbalize performing scene size-up.		
*3	Verbalize performing primary survey.		
4	Verbalize performing decontamination by removing any allergy irritants e.g. bee stingers, latex dust.		
*5	State the indications for administration of epinephrine auto-injectors.		
*6	Ask the patient if they are allergic to any medications.		
*7	Check for correct medication, concentration, integrity of container, dosage, and expiration date.		
*8	Select and prepare injection site using aseptic technique.		
*9	Remove safety cap from the auto-injector.		
*10	Place tip of auto-injector against the patient's lateral mid-thigh at a 90 degree angle.		
*11	Uses a quick motion, presses hard onto thigh until auto-injector mechanism functions, and holds in place for 10 seconds.		
*12	Withdraw auto-injector and using a dressing/bandage apply pressure to injection site and massage area for 10 seconds.		
*13	Verbalize disposing of auto-injector in sharps container.		
*14	Verbalize continued monitoring of patient and observing for improvement or worsening of the patient's respiratory distress.		
*15	Verbalize completing the secondary survey and providing supplemental oxygen and respiratory support as needed.		

Pass Fail

Name of evaluator _____ Signature of evaluator _____



Mountain-Valley

EMERGENCY MEDICAL SERVICES AGENCY

NALOXONE INTRANASAL (IN) Skills Competency Verification Form

PERFORMANCE OBJECTIVE

Demonstrate proficiency in administering naloxone for opiate overdose via intranasally (IN).

TESTING CONDITIONS

The student will be requested to administer 2 mg - 1 mg in each nostril to an adult patient who has mixed opioids together (e.g. fentanyl patch and Vicodin). Necessary equipment will be adjacent to patient or simulated patient.

EQUIPMENT

Simulated patient, naloxone 2 mg (vial adapter/preload syringe), and gloves.

PERFORMANCE CRITERIA

Perform all * criteria: Yes or No

Overall Score: Pass or Fail

EMT Name: _____

Date _____

		Yes	No
*1	Take or verbalize universal body/substance isolation precautions.		
*2	Verbalize performing scene size-up.		
*3	Verbalize performing primary survey.		
*4	Verbalize providing supplemental oxygen or respiratory support as needed.		
*5	Verbalize the removal of any transdermal opioid patches or hypodermic needles.		
*6	State the indications for the administration of naloxone.		
*7	Ask the patient if they are allergic to any medications.		
*8	Check for correct medication, concentration, integrity of container, dosage and expiration date.		
Vial	*9 Demonstrate or verbalize removing the syringe from the vial adapter.		
	*10 Attach the MAD to the syringe via the luer lock connector.		
Syringe	*9 Demonstrate or verbalize removing yellow and purple caps and screwing capsule of naloxone into barrel of syringe.		
	*10 Attach the MAD to the syringe via the luer lock connector.		
*11	Uses the free hand to hold the occiput of the head stable, places the tip of the MAD snugly against the nostril aiming slightly up and outward (toward the top to the ear).		
*12	Rapidly depress the syringe plunger to administer 1mg of medication into the first nostril.		
*13	Reposition and repeat steps 11 & 12, administering the remaining 1mg of medication into the second nostril.		
*14	Verbalize disposing of the syringe and MAD in sharps container.		
*15	Verbalize continued monitoring of patient and observing for improvement or worsening of the patient's respiratory distress.		
*16	Verbalize completing the secondary survey.		
*17	State indications for repeating naloxone administration.		

Pass Fail

Name of evaluator _____

Signature of evaluator _____



**Obstetric Emergency
Emergency Childbirth**

Start Time: _____

Stop Time: _____ Date: _____

Candidate's Name: _____

Evaluator's Name: _____

	Points Possible	Points Awarded
Introduces self, reassure patient and request consent to treat	1	
Takes, or verbalizes, body substance isolation precautions	1	
Determined if patient is under a doctors care	*	
Determined when the patient's baby is due	*	
Determined if this is the patient's first baby	*	
Determined when the patient's contractions began	*	
Determined how far apart the patients contractions are occurring	*	
Determined if the patient's water has broken	*	
Determined if the patient feels the need to bear down or move her bowels	*	
Reassure patient and examined for crowning or abnormal bleeding	*	
Reported to Examiner the presence or absence of prolapsed cord or abnormal presentation	*	
Opened , or verbalized opening, OB Kit and prepares for delivery	1	
Put on clean medical gloves	1	
Cleansed and draped the patient	1	
Applied gentle pressure to baby's head, utilizing one hand	*	
Applied gentle pressure to baby's head, utilizing one hand	*	
Applied gentle downward pressure to perineum as head emerged using other hand	*	
Reported to Examiner presence or absence of cord around baby's neck once head is visible	*	
If cord is present around baby's neck: Loosened cord form around neck	*	
Cleared baby's airway by suctioning baby's mouth and then nose, once head is delivered	*	
Applied gentle downward pressure on baby's head to release upper shoulder	1	
Applied gentle upward pressure on baby's head to release lower shoulder	1	
Held baby securely once delivered	*	
Suctioned airway	*	
Examiner States: Baby is out and not breathing but has a pulse		
Stimulated baby	*	
Wrapped baby in clean blanket	*	
Stated would check APGAR	1	
Double clamped cord. First clamp 6-8" from baby, second 2-4" from first clamp, towards mother	*	
Cut cord between clamps	*	
Gave baby to mother and noted time of birth	1	
Placed placenta in plastic bag	1	
Externally massaged fundus after deliver of placenta	1	
Did not successfully complete station within 10 minute time limit	*	
TOTAL:	11	



See attached for instructions for completion

This section is to be filled out by the EMT whose skills are being verified:

I certify that I have performed the below listed skills before an approved verifier and have been found competent to perform these skills in the field.

Name as shown on California EMT Certificate	EMT Certificate Number	Signature
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This section is to be filled out by an approved Verifier (see instructions for information on approved Verifiers).

By filling out this section the Verifier certifies that they have, through direct observation, verified that the above EMT is competent in the skills below.

Skill Verified	Verifiers Information	
1. Trauma Assessment (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
2. Medical Assessment (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
3. Bag-Valve-Mask Ventilation (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
4. Oxygen Administration (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
5. Cardiac Arrest Management w/ AED (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
6. Hemorrhage Control & Shock Management (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
7. Spinal Motion Restriction- Supine & Seated (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
8. Penetrating Chest Injury (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
9. Epinephrine & Naloxone Administration (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:
10. Childbirth & Neonatal Resuscitation (Signature of Verification)	Name of Verifier:	Date of Verification:
	Approval to Verify from:	Cert./License Info. of Verifier:



INSTRUCTIONS FOR COMPLETION OF EMT SKILLS COMPETENCY VERIFICATION FORM

1. A completed EMT Skills Verification Form (EMSA-SCV 01/17) is required for those individuals who are either renewing or reinstating their EMT certification. This verification form must accompany the application.
2. Verification of skills competency shall be accepted as valid to apply for EMT renewal or reinstatement for a maximum of two (2) years from the date of skill verification.
3. The EMT that is being skills tested shall provide their complete name as shown on their California EMT certification, the EMT certificate number and signature in the spaces provided.

4. Verification of Competency

Once skills competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall:

- a. Sign the EMT Skills Competency Verification Form for that skill.
 - b. Print their name on the EMT Skills Competency Verification Form for that skill.
 - c. Enter the date that the individual demonstrated the competency of the skill.
 - d. Provide the name of the organization that has approved them to verify skills.
 - e. Provide their certification or license type and number.
5. In order to be an **approved skills verifier** you must meet the following qualifications:
- a. Be currently licensed or certified as an EMT, AEMT, Paramedic, Registered Nurse, Physician Assistant, or Physician, and
 - b. Be approved to verify by:
 - EMT training program, or
 - AEMT training program, or
 - Paramedic training program, or
 - Continuing education providers, or
 - EMS service provider (including but limited to public safety agencies, private ambulance providers, and other EMS providers).