

# **APPENDIX A**

## **FUNCTIONAL JOB ANALYSIS**

## **APPENDIX A FUNCTIONAL JOB ANALYSIS**

The attached Functional Job Analysis was developed at the request of the Board of Directors of the National Registry of EMTs. This job analysis should be used to assist in meeting the requirements of the Americans with Disabilities Act. Readers and persons interested in utilizing this functional job analysis should refer questions related to specific indicators to occupational health rehabilitation specialists for interpretation.

## **Functional Job Analysis**

### **First Responder Characteristics**

The First Responder must be a person who can remain calm while working in difficult and stressful circumstances, as well as one who is capable of combining technical skills, theoretical knowledge, and good judgment to insure optimal level of fundamental emergency care to sick or injured patients while adhering to specific guidelines within the given scope of practice.

The First Responder is expected to be able to work alone, but must also be a team player. Personal qualities such as the ability to "take charge" and control the situation are essential, as are the maintaining of a caring and professional attitude, controlling one's own fears, presenting a professional appearance, staying physically fit, and keeping one's skills and abilities up to date. The First Responder must be willing to adhere to the established ongoing medical control and evaluation required for the maintenance of quality medical care.

Self-confidence, a desire to work with people, emotional stability, tolerance for high stress, honesty, a pleasant demeanor, and the ability to meet the physical and intellectual requirements demanded by this position are characteristics of the competent First Responder. The First Responder also must be able to deal with adverse social situations which include responding to calls in districts known to have high crime rates. The First Responder ideally possesses an interest in working for the good of society and has a commitment to doing so.

### **Physical Demands**

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's and the First Responder's well being, as well as other workers' well being must not be jeopardized.

### **Comments**

Use of the telephone or radio dispatch for coordination of prompt emergency services is essential. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to dispatcher and other concerned staff, one's impression of patient's condition, is critical as the First Responder works in emergency conditions where there may not be time for deliberation. The First Responder must also be able to accurately report all relevant patient data, which is generally, but not always, outlined on a prescribed form. Verbal and reasoning skills are used extensively. The ability to perform mathematical tasks is minimal, however, it does play a part in activities such as taking vital signs, making estimates of time, calculating the number of persons at scene, and counting the number of persons requiring specific care.

## Job Analysis Schedule

1. **ESTABLISH JOB TITLE:** First Responder
2. **CODE 079026 WTA GROUP:** Occupations in medicine and health
3. **JOB SUMMARY:** Activates the EMS system, surveys the scene for hazards, contains those hazards, gains access to the injured or sick, gathers relevant patient data, provides immediate emergency medical care using a limited amount of equipment, controls the scene, and prepares for the arrival of the ambulance.

### 4. WORK PERFORMED ESTIMATES:

Worker Functions	Data	People	Things
	3	7	4

3. Compiling
7. Serving
4. Manipulating

Work Field: 294 Health, Caring, and Medical

M.P.S.M.S. 920 (**M**aterials, **P**roducts, **S**ubject **M**atter, and **S**ervices) Medical and other health services.

### 5. WORKER TRAITS RATINGS:

GENERAL EDUCATION DEVELOPMENT (GED) encompasses three broad areas which are rated independently in relation to the occupation being assessed: Reasoning development, Mathematical development, and Language development.

General Educational Development (GED) embraces those aspects of education (formal and Informal) which contribute to the worker's reasoning development, and ability to follow instructions, and to acquisition of "tool" knowledge such as language and mathematical skills. This is education of a general nature which does not have a recognized, fairly specific occupational objective. Ordinarily, such education is obtained in elementary school, high school, or college. However, it may be obtained from experience and self study.

Description of rating on the GED Scale: Level 1 - lowest level; Level 6 - highest level.

Lowest			Highest			
GED	1	<u>M1, L2</u>	3	R4	5	6

**Reasoning development (R)**

Level 4 - Apply principles of rational systems to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Interpret a variety of instructions furnished in written, oral, diagrammatic, or schedule form.

**Mathematical development (M)**

Level 2 - Add, subtract, multiply and divide all units of measure. Complete ratio, rate, and percent. Perform the four operations with like on common decimals, fractions. Perform arithmetic operations involving all American monetary units.

**NOTE:** In the analyst's opinion, the degree of math skills required for this position is minimal, however, reducing the mathematical component to a level 1, the lowest level, appears slightly too low. For example, in Level 1, a person would only be required to add and subtract up to two digit numbers. There could be instances where higher level skills are required, such as the total number of persons with slight injuries compared to those with more serious injuries.

**Language development (L)**

Level 2 - Reading: Passive vocabulary of 5000-6000 words; read at rate of 190-215 words per minute; read adventure stories and comic books; looking up unfamiliar words in dictionary for meaning, spelling and pronunciation; and read instructions for assembling model cars and airplanes.

Writing: Write compound and complex sentences using cursive style, proper end punctuation, and employing adjectives and adverbs.

Speaking: Speak clearly and distinctly with appropriate pauses and emphasis, correct pronunciation, variation in word order, using present, perfect, and future tenses.

SPECIAL VOCATIONAL PREPARATION (SVP) (Time requirement of 40 classroom hours)

SVP	1	<u>2</u>	3	4	5	6	7	8	9
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Explanation of scale:

Level      Time<sup>1</sup>

- 1 Short demonstration only
- 2 Anything beyond short demonstration up to and including one month
- 3 Over one month up to and including three months
- 4 Over three months up to and including six months
- 5 Over six months up to and including one year
- 6 Over one year up to and including two years
- 7 Over two years up to and including four years
- 8 Over four years up to and including ten years
- 9 Over ten years

**NOTE:** The levels of this scale are mutually exclusive and do not overlap

<sup>1</sup>Time that applies to General Educational Development is not considered in estimating SVP

Level 2.

**NOTE:** In the analyst's opinion, the requirement of 40 hours of formal classroom study, and competency based on formal written and practical examination, when judged only by a time perspective, appear to qualify the preparation time as less than 30 days. While this may be true in some instances, preparation time may vary and span a longer period of calendar time, depending upon the student, the instructor, and the locality of training. First Responder applicants typically make application in writing at least thirty days before the start of the training program. This requirement will vary depending upon locality. Because First Responder program guidelines can permit a student up to six months for course completion, the SVP could, in essence, be as high as a Level 4.

APTITUDE LEVELS: G 3 V 3 N 4 S 3 P 2 Q 3 K 2 F 2 M 2 E 2 C 1

**Scale:** Level 1 - indicates the highest degree of particular aptitude; Level 5 indicates the lowest degree of an aptitude.

Lowest				Highest
5	4	3	2	1

**G - Intelligence**

Level 3

Level G-3:1 Renders general nursing care to patients in hospital, infirmary, sanitarium, or similar institution:

Intelligence is required to learn and apply principles of anatomy, physiology, and patient care used in emergency medical care; to make independent judgments in absence of doctor; and to determine methods and treatments to use when caring for patients with varying illnesses or injuries, and to exercise judgment concerning ethical and legal considerations within scope of practice.

**V - Verbal Aptitude**

Level 3

Level V-3:9 Questions patients to obtain their medical history, personal data, and to determine if they are allergic to dental drugs or have any complicating illnesses. Converses with patient in reassuring manner; explains post-operative care, oral hygiene, and importance of preventive dentistry to patients.

**N - Numerical Aptitude (Perform arithmetic operations quickly and accurately)**

Level 4 Lower degree of aptitude required. No illustrations in medical area. Closely related skills appear comparable to 4:7 Records business transactions in journals, ledgers, on special forms, and transfers entries from one accounting record to another. Adds totals of entries and original record and compares to check for posting errors.

**S - Spatial Aptitude (Comprehend forms in space and understand relationships to plane and solid objects)**

Level 3

Level S-3:1 Spatial aptitude is required to visualize anatomic and the relationship between the point of application of forces and the area affected (as in traction); and to place treatment devices or administer manual treatment in relationship to the affected body part.

**P - Form Perception (Ability to make visual comparisons and discriminations and see slight differences in shapes and shadings of figures and widths and lengths of lines)**

Level 2

P - 2:6 High degree of aptitude required. Form perception is required to perceive pertinent details of size, shape, and form in skeletal structure, organs, tissue, and specimens of various animals.

**Q - Clerical Perception (Ability to perceive pertinent detail in verbal or tabular material-proof read)**

Level 3

Q - 3:13 Assists in care of hospital patients under direction of nursing and medical staff. Clerical perception is required to read and report such data as temperatures, pulse rate

and respiration rate, to report patient's food and fluid intake and output, and to read charts and instructions accurately. Generally completes documentation of relevant data on pre-printed form. Must be able to read form accurately and report patient information in appropriate allocated space. Occasionally, may be required to submit short narrative report.

**K - Motor Coordination (Ability to make a movement response quickly and accurately and coordinate eye-hand)**

Level 2

K - 2:5 Renders general nursing care to patients in hospital, infirmary, sanitarium, or similar institution. Aptitude and ability are required to coordinate vision, finger and hand movements, to take vital signs, to assist with freeing airway, and to balance self when lifting/moving or stabilizing patients.

**F - Finger Dexterity (Ability to move fingers and manipulate small objects rapidly and quickly)**

Level 2

No illustrations in medical field. Recommended due to necessity of ability to open and maintain airway, ventilate patient, control hemorrhage, bandage wounds, and manually stabilize painful swollen and deformed extremities.

**M - Manual Dexterity (Ability to move the hands easily and skillfully)**

Level 2

No illustrations given. Manual dexterity is required during emergency situations to control and extinguish fires, protect life and property, and maintain equipment as volunteer or employee of city, township, or industrial plant. Manual dexterity is also required in positioning ladders and nets, clasping rungs to climb ladders, giving artificial respiration, and in lifting of patient.

**E - Eye-Hand-Foot Coordination (Ability to coordinate these)**

Level 2

No illustrations given. Recommended as job may require balancing on ladders, stairs, or walking on uneven terrain while assisting in carrying patients. In the interest of time and safety, may be required to move quickly.

**C - Color Discrimination (Ability to perceive difference in colors, shades, or harmonious combinations, or to match colors)**

Level 1

High degree of aptitude and ability required. C-1:4 Uses color discrimination and color memory in making diagnosis of patients' affliction or condition, by recognizing any deviations in color of diseased tissue from healthy tissue; evaluating color characteristics such

as hue and saturation of affected body parts; and making determination as to extent or origin of condition

### TEMPERAMENT

Temperament	<u>A</u>	<u>D</u>	F	<u>I</u>	<u>J</u>	<u>M</u>	<u>P</u>	R	<u>S</u>	<u>V</u>
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Explanation of terms:

- A - Working alone or apart in physical isolation from others
- D - Directing, controlling or planning the activities of others.
- I - Influencing Adaptability to influencing people in their opinions, attitudes, or judgments about ideas or things.
- J - Adaptability to making generalizations, evaluations or decisions based on sensory or judgmental criteria.
- M - Adaptability to making generalizations, judgments, or decisions based on measurable or verifiable criteria.
- P - Adaptability to dealing with people beyond giving and receiving instructions.
- S - Adaptability to performing under stress when confronted with emergency, critical, unusual, or dangerous situations; or in situations in which working where speed and sustained attention are make or break aspects of the job.
- V - Adaptability to performing a variety of duties, often changing from one task to another of a different nature without loss of efficiency or composure.

### INTERESTS

Interests	1a	1b	2a	2b	3a	3b	4a	4b	5a	5b
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4a - A preference for working for the presumed good of the people.

### PHYSICAL DEMANDS

Physical Demands	S	L	M	H	<u>V</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>
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Explanation of terms:

1. Strengths

- S - Sedentary (10 pounds maximum)
- L - Light work (10 pounds frequently, 20 pounds maximum)
- M - Medium work (25 pounds frequently, 50 pounds maximum)
- H - Heavy work (50 pounds frequently, 100 pounds maximum)
- V - Very heavy work (50 pounds frequently, no maximum)
- 2. Climbing and/or balancing
- 3. Stooping, kneeling, crouching and crawling
- 4. Reaching, handling, fingering and/or feeling
- 5. Talking and hearing
- 6. Seeing

**ENVIRONMENTAL CONDITIONS**

Environmental Conditions	<u>1</u>	<u>0</u>	<u>B</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>
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**Explanation of terms:**

- 1. Work location (I = Indoors, O = Outdoors, B = Both)
- 2. Extreme cold, with or without temperature changes.
- 3. Extreme heat, with or without temperature changes.
- 4. Wet and or/humid.
- 5. Noise and/or vibration
- 6. Hazards.
- 7. Atmospheric Conditions

**NOTE:** In the analyst's opinion, the general environmental conditions in which the First Responder works cannot be adequately assessed in an indoor evaluative environment. First Responders in actual situations are exposed to a variety of hot and cold temperatures and may be, at times, exposed to hazardous fumes and areas which are unsafe. Because of the variance in climate in the United States and because of the infinite possibilities to which a First Responder may be expected to respond, it must be assumed that some environments may be extremely hazardous, i.e., mine shafts, high exposed places, explosives, radiation, toxic chemicals, close proximity to moving vehicles or mechanical parts. First Responders may be required to walk, climb crawl, bend, pull, push, or lift and balance over less than ideal terrain, and are also exposed to a variety of noise levels, which at times can be quite high, particularly when multiple sirens are sounding, and crowds/bystanders are upset and may be screaming or crying hysterically.

**U. S. Department of Labor  
Manpower Administration**

**Analyst:** Cathy Cain, Ph.D. **Date:** 1/27/95

**Physical Demands and Environmental Conditions**

**ESTAB. JOB TITLE** First Responder **ESTAB. & SCHED. NO.**

**DOT TITLE & CODE** 079.010

**GOE CODE & TITLE** 100302 Medical services; SOC 3690

**Code:** F = Frequently  
O = Occasionally  
NP = Not Present  
C = Constantly

**Job Summary:** Activates the EMS system, surveys the scene for hazards, contains those hazards, gains access to the injured or sick, gathers relevant patient data, provides immediate emergency medical care using a limited amount of equipment, controls the scene, and prepares for the arrival of the ambulance.

<b>Physical Demands</b>		<b>Comments</b>	
<b>1.</b>	<b>Strength</b>		
<b>a.</b>	<b>Standing</b>	47%	1a Walking and standing are major components of this job. Sitting is necessary for transportation to and from scene of emergency.
	<b>Walking</b>	50%	
	<b>Sitting</b>	3%	
<b>b.</b>	<b>Lifting</b>	F	1b First Responders are required to assist in lifting and carrying injured or sick persons to ambulance. May be required to engage in pushing and/or pulling to assist other EMS providers to extricate patient from scenes to include but not limited to closed upright vehicles, patient in closed overturned vehicle, patient pinned beneath vehicle, pinned inside vehicle, in vehicles with electrical hazards.
	<b>Carrying</b>	F	
	<b>Pushing</b>	O	
	<b>Pulling</b>	O	
<b>2.</b>	<b>Climbing</b>	F	2 Climbing and balancing may be required for First Responder to gain access to site of emergency, i.e., stairs, hillsides, ladders, and in safely assisting in transporting patient.
	<b>Balancing</b>	F	
<b>3.</b>	<b>Stooping</b>	F	3 Patients are often found injured or sick in

	<b>Kneeling</b>	F		locations where assessment of patient is possible only through the First Responder's stooping, kneeling, crouching, or crawling.
	<b>Crouching</b>	F		
	<b>Crawling</b>	F		
<b>4.</b>	<b>Reaching</b>	F	<b>4</b>	Required for assessing pulse, assessing breathing, blocking nose and cheek for ventilation, lifting chin, head, or jaw for opening airway, following angle of ribs to determine correct position for hands after each ventilation, compressing sternum, and assisting in lifting of patient. Extension of arms to use hands and fingers to assess vital signs, feeling and touching of patient's skin to assess body warmth, handling limited equipment, and transporting of patient are important aspects of this position.
	<b>Handling</b>	F		
	<b>Fingering</b>	F		
	<b>Feeling</b>	F		
<b>5.</b>	<b>Talking</b>		<b>5</b>	Responding to patients, physicians, and co-workers through hearing is necessary in transmitting patient information and following directions.  May be required to shout for help and additional assistance.
	<b>Ordinary</b>	F		
	<b>Other</b>			
	<b>Hearing</b>	5		Verbally responding to dispatcher's messages on phone or radio is necessary for quick efficient service that can be vital to life in emergency situations. Communication on scene is critical for interviewing patient and in some instances, significant others, and in relaying this information in most expedient manner. Sounds of vehicles may alert First Responder that additional help is on the way. Other sounds can alert First Responder that other persons may be hurt or injured, i.e., someone thrown behind a bush in a vehicle accident who cannot be seen and whose voice may be barely audible.
	<b>Ord. Conv.</b>	F		
	<b>Other</b>	F		
<b>6.</b>	<b>Seeing</b>		<b>6</b>	Sight is used to drive self, or in some cases, ambulance to scene of injury or illness, to visually inspect patient and area, and to administer treatment using limited equipment.
	<b>Acuity, Near</b>	F		
	<b>Acuity, Far</b>	F		
	<b>Depth Perception</b>	F		
	<b>Accomodat</b>	F		

**Color Vision** F  
**Field of Vision** F

7. **General Education:** High school graduation or equivalency is not required.

8. **Vocational Preparation:**

a. **College:** None

b. **Vocational Education Courses:** Forty hours of specialized training at the First Responder Level

c. **Apprenticeship:** None

d. **In-plant Training:** None

e. **On-the-Job-Training:** None

f. **Performance on Other Jobs:** None

9. **Experience:** None

10. **Orientation:** Must be affiliated with public safety personnel such as a law enforcement agency, fire department (either as an employee or as a non-paid volunteer), and/or as industrial safety personnel, athletic trainers, ski patrol members, emergency management personnel, disaster team personnel, first aid section attendants, lifeguards, teachers, hotel employees, and others responsible for the safety of others where there are gatherings of people. As such, the First Responder will receive orientation relevant to tasks and scope of practice.

11. **Licenses, Etc.:** Certification or licensure.

12. **Relation to Other Jobs and Workers:**

**Promotion:** In some locations, First Responders may take bridge courses which will permit them, upon successful completion of written and practical examination, to progress to higher level EMS providers. First Responders may also take additional course hours which will permit them to become trainers of First Responders.

**Transfers:** None

**Supervision Received:** Physicians

**Supervision Given:** None

- 13. Machines, Tools, Equipment, and Work Aids:**  
Radio/telephone, oral airway device, suction equipment, and resuscitation mask.
- 14. Materials and Products:** Disposable latex gloves, bandages, universal dressings such as gauze pads, tape, blankets, and pillows.

### **Description of tasks**

Answers verbally to telephone or radio emergency calls from dispatcher to provide efficient and immediate care to critically ill and injured persons using a limited amount of equipment. Responds safely to the address or location as directed by radio dispatcher, Visually inspects and assesses or "sizes up" the scene upon arrival to determine if scene is safe, to determine the mechanism of illness or injury, and the total number of patients involved. Directly reports verbally to the responding EMS unit or communications center as to the nature and extent of injuries, the number of patients, and the condition of each patient, and identifies assessment findings which may require communication with medical direction for advice.

Assesses patient constantly while awaiting additional EMS resources, administers care as indicated. Requests additional help if necessary. Creates a safe traffic environment in the absence of law enforcement. Renders emergency care to adults, children and infants based on assessment findings, using a limited amount of equipment. Opens and maintains patient airway, ventilates patient, performs cardiopulmonary resuscitation. Provides pre-hospital emergency care of simple and multiple system trauma such as controlling hemorrhage, bandaging wounds, manually stabilizing painful, swollen and deformed extremities. Provides emergency medical care to include assisting in childbirth, management of respiratory problems, altered mental status, and environmental emergencies.

Searches for medical identification as clue in providing emergency care. Reassures patients and bystanders while working in a confident and efficient manner, avoids misunderstandings and undue haste while working expeditiously to accomplish the task. Extricates patients from entrapment, assesses extent of injury, assists other EMS providers in rendering emergency care and protection to the entrapped patient. Performs emergency moves, assists other EMS providers in the use of prescribed techniques and appliances for safe removal of the patient.

Assists other EMS providers in lifting patient onto stretcher, placing patient in ambulance, and insuring that patient and stretcher are secured. Radios dispatcher for additional help or special rescue and /or utility services. Reports verbally all observations and medical care of the patient to the transporting EMS unit, provides assistance to transporting staff. Performs basic triage where multiple patient needs exist. Restocks and replaces used supplies, uses appropriate disinfecting procedures to clean equipment, checks all equipment to insure adequate working condition for next response. Attends continuing education and refresher courses as required by employers, medical direction, and licensing or certifying agencies. Meets qualifications within the functional job analysis.

### **Qualifications**

Must be at least 18 years of age. Ability to communicate verbally; via telephone and radio equipment; ability to lift, carry, and balance up to 125 pounds (250 with assistance); ability to interpret and respond to written, oral, and diagnostic form instructions; ability to use good judgment and remain calm in high-stress situations; ability to work as the most basic fundamental unit of a team with personal recognition of limitations within the scope of practice of the First Responder.

Must have the ability to read road maps; drive vehicle, accurately discern street signs and address numbers; ability to communicate verbally to interview patient, family members, and bystanders; ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; ability to converse with dispatcher and EMS providers via phone or radio as to status of patient. Proof of driver's license. Good manual dexterity with ability to perform all tasks related to level of care being provided. Ability to bend, stoop, balance, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture. Ability to perform basic arithmetic.

Must have successful completion of approved curriculum, with achievement of passing scores on written and practical certification examinations as defined by programmatic guidelines, and be certified in cardiopulmonary resuscitation (CPR) by the American Heart Association or its equivalent. Reauthorization for certification is dependent upon an individual's currently being active as a pre-hospital emergency care provider, successful completion of an inter-agency approved First Responder refresher course, or successful completion of all requirements of a higher level training course such as EMT-B, EMT-I or EMT-P. Conditional reciprocity may be granted to individuals who have completed a First Responder program in another state. Documentation of course completion of a DOT First Responder course, current recognition as a First Responder in the state in which the individual was originally trained, a resident of the state to which the individual is applying and successful completion of an inter-agency approved written and practical examination.

Activates EMS system and provides immediate emergency medical care to sick and injured persons using a limited amount of equipment. Controls the scene, and prepares for the arrival of the ambulance. Receives call from dispatcher, responds verbally to emergency calls, reads maps, uses most expeditious route, and observes traffic ordinances and regulations. Uses own vehicle to arrive at site of emergency or designated public safety facility, drives ambulance to emergency site when called upon to do so. Works alone as well as member of team. Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, establishes priority for emergency care, renders appropriate emergency care (based on the competency level required of a First Responder). Uses limited equipment to

open airways and ventilate patient, and improve patient's blood circulation until higher skilled EMS providers arrive on scene. Assists in lifting, carrying, and transporting patient to ambulance. Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care. Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care. Complies with regulations in handling deceased. Reports verbally and in writing observations about and care of patient at the scene, provides assistance to emergency staff as required. Checks and sanitizes all equipment for future readiness.



# **APPENDIX B**

# **BLS HEARTSAVER INFORMATION AND SKILL SHEETS**

**Appendix B**  
**BLS Heart Saver Information**

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# **APPENDIX C**

**ADULT AND PEDIATRIC  
BASIC CARDIAC LIFE  
SUPPORT GUIDELINES  
REPRINTED FROM JAMA**

**Appendix C**  
**JAMA Reprint**

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# APPENDIX D

## ENRICHMENT LESSON PLAN

## **Appendix D**

### **Enrichment Lesson Plan**

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#### **APPENDIX D**

The following enrichment lesson sheets should be copied and used as needed to assist with augmenting the core curriculum.

These sheets are designed to be used as a template to ensure that added materials are presented in format and similar style to the other lessons. These sheets may be added to any of the lessons in the core curriculum.

# Objectives

## Objectives Legend

C=Cognitive P=Psychomotor A=Affective

1 = Knowledge level

2 = Application level

3 = Problem solving level

### Cognitive Objectives

At the completion of this lesson, the First Responder student will be able to:

- 
- 
- 

### Affective Objectives

At the completion of this lesson, the First Responder student will be able to:

- 
- 
- 

### Psychomotor Objectives

At the completion of this lesson, the First Responder student will be able to:

- 
- 
- 

# Preparation

**Motivation:**

**Prerequisites:**

**Material**

**AV Equipment:**

**EMS Equipment:**

**Appendix D**  
**Enrichment Lesson Plan**

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**Personnel**

**Primary Instructor:**

**Assistant Instructor:**

**Recommended Minimum Time to Complete:**

**Presentation**

**Declarative (What)**

**Application**

**Procedural (How)**

**Contextual (When, Where and Why)**

## **Student Activities**

### **Auditory (Hearing)**

- 1.
- 2.
- 3.

### **Visual (Seeing)**

- 1.
- 2.
- 3.

### **Kinesthetic (Doing)**

- 1.
- 2.
- 3.

## **Instructor Activities**

Supervise student practice.

Reinforce student progress in cognitive, affective, and psychomotor domains.

Redirect students having difficulty with content (complete remediation forms).

# **Evaluation**

### **Written:**

Develop evaluation instruments, e.g., quizzes, oral reviews, and handouts, to determine if the students have met the cognitive and affective objectives of this lesson.

### **Practical:**

Evaluate the actions of the First Responder students during role play, practice or other skill stations to determine their compliance with the cognitive and affective objectives and their mastery of the psychomotor objectives of this lesson.

# **Remediation**

Identify students or groups of students who are having difficulty with this subject content. Complete remediation sheet from the instructor's course guide.

# APPENDIX E

## REMEDIATION SHEET

## **Appendix E Remediation Sheet**

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### **APPENDIX E**

The following remediation sheet should be completed after every class for individual students or groups of students having difficulty with knowledge, skills, and/or attitude. The primary instructor or an assistant instructor should work with the individual or group as soon as possible to ensure that they achieve success in the program.

**Appendix E  
Remediation Sheet**

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**First Responder National Standard Curriculum  
Remediation Sheet**

Date:	Student:
Area of Difficulty:	
Action Plan:	
Completed:	

  

Date:	Student:
Area of Difficulty:	
Action Plan:	
Completed:	

  

Date:	Student:
Area of Difficulty:	
Action Plan:	
Completed:	

  

Date:	Student:
Area of Difficulty:	
Action Plan:	
Completed:	



**APPENDIX F**

**PATIENT ASSESSMENT FLOW CHARTS**

## **Appendix F**

### **Patient Assessment Flow Sheets**

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## **APPENDIX F**

The flow chart has been developed to assist in the assessment of all patients, regardless of age or chief complaint. The five components of assessment (scene size-up; initial assessment; focused history and physical exam - medical and trauma; detailed assessment; and on-going assessment) should be appropriately conducted. The flow chart should be used in conjunction with the lesson plan for each specific area and should be copied and given to each student before the lesson.

**Appendix F**  
**Patient Assessment Flow Sheets**

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**APPENDIX G**

**NATIONAL EMS EDUCATION AND  
PRACTICE BLUEPRINT**

**Appendix G**  
**National EMS Education and Practice Blueprint**

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**Appendix G**  
**National EMS Education and Practice Blueprint**

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# APPENDIX H

## FINAL PRACTICAL SKILLS EXAM

## **Appendix H**

### **Final Practical Skills Examination**

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#### **ORIENTATION TO THE PRACTICAL SKILLS EXAMINER**

You should read and understand the following orientation information before entering the specific skill station you will be evaluating. If there is any information within this orientation that you do not understand, you should contact the examination coordinator for clarification.

On behalf of the training institute I would like to thank you for donating your valuable time to assist with the evaluation of candidates in the practical examination. Your role as a skill station examiner is critically important. You are to serve as an observer and recorder of the candidate's actions based on the criteria listed on the score sheet. There are a number of ways to successfully perform a skill. You should always remember that the way you were taught to perform a skill is not the only correct way to perform the skill. The ultimate criterion for successful completion of a skill is: "Was effective patient therapy rendered?"

This is a formal examination and not a teaching situation. We discourage excessive dialogue between the examiner and the candidate. Peripheral or "nice to know" areas of prehospital EMS should not be discussed. Situations or questions that require you to demonstrate a procedure should be avoided. You should not ask leading questions. Do not condemn or condone a candidate's actions by expression, gesture, tone of voice, or attitude. Often, candidates interpret a word or action delivered in jest as being indicative of pass or fail, a value judgment, or a non-caring attitude. Pay special attention to verbal and non-verbal language.

The reason you were asked to be an examiner for this station is that your expertise adds to the credibility of the examination and gives you the knowledge to ask the candidates related questions to substantiate or define an action. If qualifying questions are necessary, they should be asked at the end of the station. At no time should you discuss any phase of the candidate's performance with the candidate.

Candidates are allowed to perform each skill once. If they appear overly nervous when first starting the exam, you may stop them and allow them to collect themselves before starting again. However, once a candidate initiates a course of action the candidate must be evaluated on the merits of that singular performance, as would happen in the field. You must provide qualifying information in the comments section of the score sheet for any performance that is identified as a mandatory failure item.

Visitors are not allowed in the station while testing is being conducted. The examination coordinator and the medical director may be in the station if they are not obstructive to the testing.

You should meet the candidate at the door and introduce yourself. Print the candidate's

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name, your name, and the date at the top of the score sheet. Next, you should read aloud the "Instructions to the Candidate" and ask if there are any questions. If there are no questions, start the time clock and observe the candidate as he/she progresses through the procedure.

The score sheets were designed to be generic so that the brand name of the particular equipment used in the skill station would have no effect on the scoring process. Points should be awarded on a full point increment basis and fractions of a point are not allowed. Each task is given a point value of one. If there are two tasks indicated in one step, one point should be awarded for each individual task. If a task is not completed or is completed improperly, place a zero in the "points awarded" column.

You must document in the comments section the reason you marked a mandatory failure item. Additional comments are welcome, but remember to be specific. Instead of writing "He did a poor job", write exactly what the candidate did right or wrong. At no time should you discuss the performance with the candidate. You should never condemn or condone the candidate's actions by verbal or nonverbal means.

If the candidate reaches the time limit indicated on the score sheet before completing the procedure, you must stop the candidate and direct him/her to return to the staging area and wait for instructions to report to the next station. All tasks not completed should be scored a zero in the "points awarded" column.

Be very aware of the importance of consistency in giving instructions, setting up scenarios, and making and recording observations. Every effort should be made to ensure that all details of the examination scenario are identical for each candidate. Be aware of your own fatigue and if necessary take a break after notifying the examination coordinator.

You should have received individual written instructions concerning the specific skill and/or skill station you will be evaluating. If you do not understand any part of these instructions, do not start the evaluation process. Contact the examination coordinator for clarification.

Some of the skill stations require the presence of a simulated victim (i.e., - Trauma Assessment/Management). The simulated victim should be trained at the level of the First Responder or higher. He should be thoroughly briefed on the actions expected from him during the candidate's performance. This will help ensure that the scenario and skill station are identical for each candidate. Once a candidate has successfully passed a skill station, he/she may be used as a simulated victim in that skill station.

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### INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER BLEEDING CONTROL/SHOCK MANAGEMENT

This station is designed to test the candidate's ability to treat a life threatening hemorrhage and subsequent hypoperfusion. This station will be scenario based and will require some dialogue between the candidate and the examiner. The candidate will be required to properly treat a life threatening hemorrhage.

The victim will present with an arterial bleed from a severe laceration of the extremity. The examiner will prompt the actions of the candidate at predetermined intervals as indicated on the skill sheet. The candidate will be required to provide the appropriate intervention at each interval when the patient's condition changes. It is essential, due to the purpose of this station, that the patient's condition not deteriorate to a point where CPR would be initiated. This station is not designed to test CPR.

The equipment and supplies needed at this station include field dressings and bandages and a blanket.

The scenario in the "Instructions to the Candidate" is an example of an acceptable scenario for this station. It is not intended to be the only possible scenario for this station. Variations of the scenario are possible and should be utilized in order to reduce the possibility of a candidate knowing the scenario before entering the test. If the scenario is to be changed, the following guidelines must be used:

- An isolated laceration to an extremity producing an arterial bleed must be present.
- The scene must be safe.
- As the scenario continues the victim must present signs and symptoms of hypoperfusion.

It is essential that once a scenario is established for a specific test, it remain the same for all candidates being tested on that date. This will ensure a consistent examination for all candidates.

Due to the scenario format of this station, you are required to prompt the student at various places during the exam. Controversy exists in the national EMS community concerning the removal of dressings by First Responders when controlling hemorrhage. This station does not require the First Responder to remove any dressing once applied. When the bleeding is initially managed with a pressure dressing and bandage, you should inform the student that the wound is still bleeding. If the candidate places a second pressure dressing over the first, you should again state that the wound

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continues to bleed. After the candidate uses an appropriate arterial pressure point to control the hemorrhage, you should say that the bleeding is controlled. If the candidate attempts to remove the initial dressing to apply direct finger tip pressure, you should inform him/her, that for the purposes of this station, this step is not required. Additionally, you should indicate to the candidate that the victim is in a hypoperfused state by indicating signs and symptoms appropriate for this level of shock (example: cool clammy skin, restlessness, P 118, R 30).

This skill station requires the presence of one examiner and a victim. The victim may be an appropriate mannequin or a live person. The mannequin must be a hard shell anatomically accurate mannequin.

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**INSTRUCTIONS TO THE CANDIDATE**  
**BLEEDING CONTROL/SHOCK MANAGEMENT**

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be offered various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you; and you will be given an opportunity to ask clarifying questions about the scenario; however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this room. You have 15 minutes to complete this skill station.

**SCENARIO (sample)**  
**BLEEDING CONTROL/SHOCK MANAGEMENT**

You respond to a stabbing and find a 25 year old male victim. Upon examination you find a 2-inch stab wound to the inside of the right arm at the anterior elbow crease (antecubital fascia). Bright red blood is spurting from the wound. The scene is safe and the patient is conscious and alert. His airway is open and he is breathing adequately. Do you have any questions?

**BLEEDING CONTROL/SHOCK MANAGEMENT**

	Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
<b><i>Note: The examiner must now inform the candidate that the wound continues to bleed.</i></b>		
Applies an additional dressing to the wound	1	
<b><i>Note: The examiner must now inform the candidate that the wound still continues to bleed. The second dressing does not control the bleeding.</i></b>		
Locates and applies pressure to appropriate arterial pressure point	1	
<b><i>Note: The examiner must now inform the candidate that the bleeding is controlled</i></b>		
Applies a dressing to the wound	1	
Bandages the wound	1	
<b><i>Note: The examiner must now inform the candidate that the patient is showing signs and symptoms indicative of hypoperfusion.</i></b>		
Properly positions the patient	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates need for immediate transportation	1	
<b>TOTAL:</b>	<b>10</b>	

**CRITICAL CRITERIA**

- Did not take or verbalize body substance isolation precautions
- Applies tourniquet before attempting other methods of bleeding control
- Did not control hemorrhage in a timely manner
- Did not indicate a need for immediate transportation

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#### **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

#### **PATIENT ASSESSMENT/MANAGEMENT**

#### **TRAUMA**

This station is designed to test the candidate's ability to integrate patient assessment and intervention skills on a victim with multi-systems trauma. Since this is a scenario based station, it will require some dialogue between the examiner and the candidate. The candidate will be required to physically accomplish all assessment steps listed on the skill sheet. However, all interventions should be spoken instead of physically accomplished. Because of the limitations of moulage, you must establish a dialogue with the candidate throughout this station. If a candidate quickly inspects, assesses, or palpates the patient in a way that makes you uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain the actions. For example, if the candidate stares at the patient's face, you must ask what he/she is assessing to precisely determine if he/she was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or an injury that cannot be realistically moulaged but would be immediately evident in a real patient encounter, must be supplied by the examiner as soon as the candidate exposes or assesses that area of the patient.

The victim will present with a minimum of an airway, breathing, or circulatory problem and one associated injury or wound. The mechanism and location of the injury may vary, as long as the guidelines listed above are followed. It is essential that once a scenario is established for a specific test site, it remain the same for all candidates being tested at that site. This will ensure a consistent examination for all candidates.

This skill station requires the presence of one victim and one candidate. The victim should be briefed on his/her role in this station as well as on how to respond while being assessed by the candidate. Additionally, the victim should have read thoroughly the "Instructions to the Simulated Trauma Victim." Trauma moulage should be used as appropriate. Moulage may range from commercially prepared moulage kits to theatrical moulage. Excessive/dramatic use of moulage must not interfere with the candidate's ability to expose the victim for assessment.

Once the scene size-up and initial assessment are completed, the exact location of vital signs within a prehospital assessment is dependent upon the patient's condition. As an examiner, you should award one point for vital signs as long as they are accomplished according to the patient's condition.

The scenario format of a multi-trauma assessment/management testing station requires that the examiner provide the candidate with essential information throughout the examination process. Since this station uses a simulated patient, the examiner must

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supply all information pertaining sight, sound, smell, or touch. This information should be given to the candidate **when the area of the patient is exposed or assessed.**

The examiner must present assessment findings that are appropriate for the patient and the treatment that has been rendered. In other words, if a candidate has correctly treated for hypoperfusion, do not offer assessment findings that deteriorate the patient's condition. This may cause the candidate to assume he/she has rendered inadequate or inappropriate care. The examiner should not offer information that overly improves or deteriorates a patient. Overly improving a patient invites the candidate to discontinue treatment and may lead to the candidate failing the examination. Overly deteriorating the patient may lead to the candidate initiating C.P.R. This station was not designed to test C.P.R.

Due to the scenario format and voiced treatments, a candidate may forget what he/she has already done to the patient. This may result in the candidate attempting to do assessment/intervention steps on the patient that are physically impossible. As an examiner should remind the candidate that previous treatment prevents assessing the area. This same situation may occur with bandages.

Each candidate is required to complete a full patient assessment. The candidate must complete all components of the physical examination with the exception of those areas which are covered by dressings and bandages.

NOTE: You may choose to write the exact steps the candidate follows during this station as the sequence is performed. You may then use this documentation to fill out the score sheet after the candidate completes the station. This documentation may then be used to validate the score on the skill sheet if questions arise later.

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#### **INSTRUCTIONS TO THE SIMULATED TRAUMA VICTIM**

The following should be reviewed by the skill station examiner with the person serving as victim.

When serving as a victim for the scenario today, make every attempt to be consistent with every candidate in presenting the symptoms. The level of respiratory distress acted out by you and the degree of pain you describe at injury sites must be consistent for all candidates. As the candidate progresses with the examination, be aware of any period in which the candidate touched a simulated injured area. If the scenario indicates that you are to respond with deep painful stimuli and the candidate only lightly touches the area, do not respond. Only respond in the situation as you feel a real victim would in a multiple trauma situation. Do not give the candidate any clues while you are acting as a victim. For example, it is inappropriate to moan that your wrist hurts after you become aware that the candidate has not found that injury. Please remember what areas have been assessed and treated because we may need to discuss the candidate's performance after the candidate leaves the room.

The skill station examiner may utilize information provided by the First Responder trained and well coached victim as data in determining the awarding of points for specific steps in the evaluation instrument.

**INSTRUCTIONS TO THE CANDIDATE**  
**PATIENT ASSESSMENT/MANAGEMENT**  
**TRAUMA**

This station is designed to test your ability to perform a patient assessment of a victim of multi-system trauma and "voice" treat all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you approach the patient you should assume the scene is clear of safety hazards. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection, will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two First Responders working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this skill station. Do you have any questions?

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**TRAUMA SITUATION #1 - PATIENT ASSESSMENT/MANAGEMENT**

**Mechanism of Injury.** You are called to the scene of a motor vehicle accident where you find a victim who was ejected from the car. You find severe damage to the front end of the car. The victim is found lying face down in a field 30 feet from the upright car.

**Injuries** All injuries will be moulaged. Each examiner should program the patient to respond appropriately throughout the assessment and should assure that the victim has read the "Instructions to the Simulated Trauma Victims". The patient will present with the following injuries.

1. Unresponsive
2. Left side flail chest
3. Decreased breath sounds, left side
4. Cool, clammy skin; no distal pulses
5. Distended abdomen
6. Pelvis stable
7. Open injury of the left femur with capillary bleeding

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### PATIENT ASSESSMENT/MANAGEMENT TRAUMA

		Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions		1	
<b>SCENE SIZE-UP</b>			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of patient		1	
Determines chief complaint/apparent life threats		1	
Determines responsiveness		1	
Assesses airway and breathing	Assessment Initiates appropriate oxygen therapy Assures adequate ventilation Injury management	1 1 1 1	
Assesses circulation	Assesses for and controls major bleeding Assesses pulse Assesses skin (color, temperature and condition)	1 1 1	
Identifies priority patients/makes transport decision		1	
<b>FOCUSED PHYSICAL EXAM AND HISTORY/RAPID TRAUMA ASSESSMENT</b>			
Selects appropriate assessment (focused or rapid assessment)		1	
Obtains baseline vital signs		1	
Obtains S.A.M.P.L.E. history		1	
<b>DETAILED PHYSICAL EXAMINATION</b>			
Assesses the head	Inspects and palpates the scalp and ears Assesses the eyes Assesses the facial area including oral and nasal area	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 the chest	1 1 1	
Assesses the abdomen/pelvis	Assesses the abdomen Assesses the pelvis Verbalizes assessment of genitalia/perineum as needed	1 1 1	
Assesses the extremities	1 point for each extremity includes inspection, palpation, and assessment of pulses, sensory and motor activities	4	
Assesses the posterior	Assesses thorax Assesses lumbar	1 1	
Manages secondary injuries and wounds appropriately <b>1 point for appropriate management of each injury/wound up to a maximum of 2 points</b>		2	
Verbalizes reassessment of the vital signs		1	
<b>TOTAL:</b>		41	

#### CRITICAL CRITERIA

- Did not take or verbalize body substance isolation precautions
- Did not assess for spinal protection
- Did not provide for spinal protection when indicated
- Did not provide high concentration of oxygen
- Did not evaluate and find conditions of airway, breathing, circulation (hypoperfusion)
- Did not manage/provide airway, breathing, hemorrhage control or treatment for shock (hypoperfusion)

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- \_\_Did not differentiate patient's needing transportation versus continued on scene survey
- \_\_Does other detailed physical examination before assessing airway, breathing and circulation
- \_\_Did not transport patient within ten (10) minute time limit

### PATIENT ASSESSMENT/MANAGEMENT MEDICAL

								Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions								1	
<b>SCENE SIZE-UP</b>									
Determines the scene is safe								1	
Determines the mechanism of injury/nature of illness								1	
Determines the number of patients								1	
Requests additional help if necessary								1	
Considers stabilization of spine								1	
<b>INITIAL ASSESSMENT</b>									
Verbalizes general impression of the patient								1	
Determines chief complaint/apparent life threats								1	
Determines responsiveness/level of consciousness								1	
Assesses airway and breathing				Assessment				1	
				Initiates appropriate oxygen therapy				1	
				Assures adequate ventilation				1	
Assesses circulation				Assesses/controls major bleeding				1	
				Assesses pulse				1	
				Assesses skin (color, temperature and condition)				1	
Identifies priority patients/makes transport decision								1	
<b>FOCUSED PHYSICAL EXAM AND HISTORY/RAPID ASSESSMENT</b>									
Signs and Symptoms (Assess history of present illness)								1	
<b>Respiratory</b>	<b>Cardiac</b>	<b>Altered Level of Consciousness</b>	<b>Allergic Reaction</b>	<b>Poisoning/Overdose</b>	<b>Environmental Emergency</b>	<b>Obstetrics</b>	<b>Behavioral</b>		
*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions?	*Description of the episode *Onset? *Duration? *Associated symptoms? *Evidence of trauma? *Interventions? *Seizures? *Fever?	*History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progressions? *Interventions?	*Substance? *When did you ingest/become exposed? *How much did you ingest? *Over what time period? *Interventions? *Estimated weight? *Effects?	*Source? *Environment? *Duration? *Loss of consciousness? *Effects - General or local?	*Are you pregnant? *How long have you been pregnant? *Pain or contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period? *Crowning?	*How do you feel? *Determine suicidal tendencies *Is the patient a threat to self or others? *Is there a medical problem? *Past medical history? *Interventions? *Medications?		
Allergies								1	
Medications								1	
Past medical history								1	
Last meal								1	
Events leading to present illness (rule out trauma)								1	
Performs focused physical examination Assesses affected body part/system or, if indicated, completes rapid assessment								1	
VITALS (Obtains baseline vital signs)								1	
INTERVENTIONS Obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment								1	
TRANSPORT (Re-evaluates transport decision)								1	
Completes detailed physical examination								1	
<b>ONGOING ASSESSMENT (verbalized)</b>									
Repeats initial assessment								1	
Repeats vital signs								1	
Repeats focused assessment regarding patient complaint or injuries								1	
Checks interventions								1	
<b>TOTAL:</b>								<b>31</b>	

### CRITICAL CRITERIA

- \_\_Did not take or verbalize body substance isolation precautions if necessary
- \_\_Did not determine scene safety
- \_\_Did not obtain medical direction or verbalize standing orders for medication interventions
- \_\_Did not provide high concentration of oxygen

- Did not evaluate and find conditions of airway, breathing, circulation
- Did not manage/provide airway, breathing, hemorrhage control or treatment for shock
- Did not differentiate patient's needing transportation versus continued assessment at the scene
- Does detailed or focused history/physical examination before assessing airway, breathing and circulation

## **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

### **UPPER AIRWAY ADJUNCTS AND SUCTION**

This station is comprised of three separate skills. The candidate will be required to measure, insert, and remove an oropharyngeal and a nasopharyngeal airway and to suction the patient's upper airway.

The oropharyngeal airway, nasopharyngeal airway, and suction are in one skill station for scoring purposes only. It should not be inferred, nor are we implying, that there is a sequential connection between the three skills. You should not test these as sequential skills but as three distinct, isolated skills.

The technique for opening a patient's mouth and inserting an oropharyngeal airway varies from text to text, i.e., - 90 degree rotation, 180 degree rotation, direct insertion. Since concern for spinal immobilization is not required at this station, the criteria for appropriately opening the patient's mouth and inserting the oropharyngeal airway should be that the tongue is not pushed posteriorly.

The equipment needed at this station includes various sizes of oropharyngeal nasopharyngeal airways and a suction device (manual or battery operated device). Additionally, this station requires the presence of a mannequin that can accept the insertion of an oropharyngeal and nasopharyngeal airway. The mannequin may be an intubation head; however, it should be life size and have anatomically correct airway structures.

Once the candidate has the oropharyngeal airway in place, advise the candidate that the patient is vomiting. If the candidate fails to immediately remove the oropharyngeal airway, place a zero in the "points awarded" column. Once the candidate has finished the procedure for oropharyngeal airway insertion and removal, direct him/her to demonstrate the proper procedure for suctioning a patient's upper airway. Finally the candidate instruct the candidate to insert a nasopharyngeal airway into the mannequin.

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**INSTRUCTIONS TO THE CANDIDATE**  
**UPPER AIRWAY ADJUNCTS AND SUCTION**

This station is designed to test your ability to properly measure, insert, and remove an oropharyngeal and a nasopharyngeal airway as well as to suction a patient's upper airway. This is an isolated skills test comprised of three separate skills. You may use any equipment available in this room. Do you have any question?

**UPPER AIRWAY ADJUNCTS AND SUCTION**

**OROPHARYNGEAL AIRWAY**

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Selects appropriate size airway	1	
Measures airway	1	
Inserts airway without pushing the tongue posteriorly	1	
<b><i>NOTE: The examiner must advise the candidate that the patient is gagging and becoming conscious</i></b>		
Removes oropharyngeal airway	1	

**SUCTION**

<b><i>NOTE: The examiner must advise the candidate to suction the patient's oropharynx/nasopharynx</i></b>		
Turns on/prepares suction device	1	
Assures presence of mechanical suction	1	
Inserts suction tip without suction	1	
Applies suction to the oropharynx/nasopharynx	1	

**NASOPHARYNGEAL AIRWAY**

<b><i>NOTE: The examiner must advise the candidate to insert a nasopharyngeal airway</i></b>		
Selects appropriate size airway	1	
Measures airway	1	
Verbalizes lubrication of the nasal airway	1	
Fully inserts the airway with the bevel facing toward the septum	1	
<b>TOTAL:</b>	<b>13</b>	

**CRITICAL CRITERIA**

- Did not take or verbalize body substance isolation precautions
- Did not obtain a patent airway with the oropharyngeal airway
- Did not obtain a patent airway with the nasopharyngeal airway

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#### **INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER**

##### **MOUTH-TO-MASK**

This station is designed to test the candidate's ability to effectively ventilate a patient using a mouth-to-mask technique. This station is testing an isolated skill. The candidate will be advised that the patient is already being ventilated, mouth-to-mouth, by another first responder. Upon entering the skill station, the candidate will be required to ventilate the patient using a mouth-to-mask technique. The candidate may assume that the patient has a central pulse and that the only patient management required is ventilation.

When ventilating the patient, the candidate must provide a minimum of 800 ml volume per breath. This equals the current standards established for appropriate rescue breathing volumes during basic and advanced life support.

This station requires a mannequin capable of being ventilated with volumes of 800 ml or more. It must also be able to register successful lung inflations of 800 ml to 1200 ml per breath. This may be accomplished by using a system that lights up when successful volumes are reached or a system that graphs successful volumes. The mannequin must be life size, possess anatomically correct airway structures, and meet the criteria listed above.

Due to the nature of this station, infection control measures must be enforced. You should follow the current infection control measures established by the American Heart Association for mannequin disinfection.

You should observe the candidate ventilating the mannequin for a period of 30 seconds. During this time you should pay close attention to volumes. The volumes should be in the range of 800 ml - 1200 ml per breath. If you observe one ventilation error or less in 30 seconds (volume only), you should award 1 point. No point should be awarded if you observe two ventilation errors or more in 30 seconds.

**INSTRUCTIONS TO THE CANDIDATE**  
**MOUTH-TO-MASK**

This station is designed to test your ability to ventilate a patient using a mouth-to-mask technique. This is an isolated skills test. You may assume that mouth-to-mouth ventilation is in progress and that the patient has a central pulse. The only patient management required is ventilator support using a mouth-to-mask technique. You must ventilate the patient for at least 30 seconds. You will be evaluated on the appropriateness of ventilatory volumes. You may use any equipment available in this room. Do you have any questions?

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**MOUTH-TO-MASK**

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Connects one-way valve to mask	1	
Opens airway (manually or with adjunct)	1	
Establishes and maintains a proper mask to face seal	1	
Ventilates the patient at the proper volume and rate <i>(800-1200 ml per breath/10-20 breaths per minute)</i>	1	
<b>NOTE: the examiner must witness ventilations for at least 30 seconds</b>		
<b>TOTAL:</b>		5

**CRITICAL CRITERIA**

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not provide proper volume per breath  
*(more than 2 ventilations per minute are below 800 ml)*
- \_\_\_ Did not ventilate the patient at 10-20 breaths per minute
- \_\_\_ Did not allow for complete exhalation