EMERGENCY MEDICAL TECHNICIAN

REFRESHER TRAINING PROGRAM

Ohio Approved Curriculum

Instructor Course Guide

OHIO APPROVED EMERGENCY MEDICAL TECHNICIAN
REFRESHER TRAINING PROGRAM CURRICULUM

The Ohio Emergency Medical Technician (EMT) is responsible for a wide range of knowledge and skills which includes material originally learned, as well as new information resulting from the constant growth and evolution of the field of emergency medical care. In order to maintain up-to-date proficiency, an Emergency Medical Technician must regularly participate in educational programs which review the essential components of the Ohio approved curriculum as well as those which provide exposure to new knowledge and skills resulting from advances in emergency medical care.

This document is an EMS instructor course guide for the Ohio EMT Refresher Training Program as approved by the State Board of EMS pursuant to chapter 4765-15-05 of the Ohio Administrative Code. The Ohio EMT Refresher Training Program is based on the National EMS Education Standards and standards adopted in rule by the EMS Board. In implementing the Ohio EMT Refresher Training Program, EMS instructors will develop learning objectives, lesson plans and identification of resources necessary to achieve the educational goals. The EMS instructor may wish to reference the EMT and AEMT Instructional Guidelines approved by the National Highway Traffic Safety Administration (NHSTA). www.ems.gov

Pursuant to ORC 4765.16, each course offered through an emergency medical services training program or an emergency medical services continuing education program, other than ambulance driving, shall be developed under the direction of a physician who specializes in emergency medicine. Each course that deals with trauma care shall be developed in consultation with a physician who specializes in trauma surgery.

COURSE OVERVIEW

The Ohio EMT Refresher Training Program curriculum is the minimum acceptable content that must be included in any Ohio EMT Refresher Training Program. The didactic portion of the Ohio EMT Refresher Training Program may be taught through online or distance learning formats in accordance with OAC 4765-7-11, however cognitive and psychomotor testing shall be conducted in a traditional classroom environment. The Ohio EMT Refresher Training Program consists of 30 classroom hours. The Ohio EMT Refresher Training Program is divided into the following subject areas and hours (including evaluations):

- Airway Management & Ventilation 2 hours
- Medicine
  - Cardiology 2 hours
  - Medical Emergencies 6 hours
- Trauma Issues 8 hours
- Special Populations
  - Obstetrics & Gynecology 2 hours
  - Pediatric Issues 6 hour
  - Geriatric Issues 2 hour
- EMS Preparatory and Operations 2 hours

Emergency Medical Technicians who successfully complete this course must demonstrate competency through written and practical testing over the knowledge and psychomotor skills outlined in this refresher training program prior to receiving a certificate of completion.

NATIONAL REGISTRY OF EMERGENCY MEDICAL TECHNICIANS TRANSITION COURSE POLICY

The Ohio EMR Refresher Training Program course curriculum is approved and adopted in rule by the Ohio board of Emergency Medical Services and meets the requirements of the NREMT-B to NR-EMT transition policy.

EMS EDUCATION STANDARDS

The EMS education standards are divided into three categories: Knowledge, Psychomotor and Clinical Behavior/Judgment. Some standards may be repeated in more than one unit. All standards refer to all patient age groups (pediatric, adult and geriatric) unless otherwise specified or appropriate. Patient assessment standards are grouped together in the curriculum for organization. It is expected that these standards will be covered in each section as appropriate.

PERSONNEL

Each course offered through an EMS training program or continuing education program shall be taught by a person who holds a certificate to teach issued under section 4765.23 of the Revised Code.

An EMS Instructor must hold a current and valid certificate to practice and a certificate to teach issued by the State Board of EMS. An EMS Instructor may teach courses for initial certification and continuing education that are at or below the level of the instructor's certificate to practice.

An Assistant EMS Instructor holds a current and valid certificate to practice and a certificate to teach issued by the State Board of EMS. All course instruction and preparation must occur under the mentorship of a certified EMS Instructor. An Assistant EMS Instructor may teach courses for initial certification and continuing education that are at or below the level of the instructor's certificate to practice.

A Continuing Education Instructor may teach an EMS continuing education program at or below the level of the instructor's certificate ton practice.

A Guest Lecturer may be used to bring a specific area of expertise to the classroom. Whenever a guest lecturer is used, a certified instructor must be present in the classroom.

LESSON PREPARATION

The instructor should be familiar with the subject area and the specific objectives of the subject area. Each instructor will incorporate their own personality and style into the lesson, but the goal of all instructors is to design an organized lesson that maximizes the students' opportunity to achieve the stated standards. A lesson plan that outlines the goals, objectives, content, instructional materials and evaluation methods should be developed for each class session. The lesson plan may also provide a timeline for the appropriate flow of information.

Presentation of lesson objectives may be accomplished by various methods, including lectures, small group discussion, and the use of audio-visual materials. EMS equipment is as an integral part of the classroom presentation and laboratory instruction. The instructor should assure that the necessary types of equipment, in appropriate amounts, are accessible to the students. The instructor should perform demonstrations prior to asking the student perform the skill. The instructor should supervise the students while they practice the psychomotor skills and should reinforce the progress of the student in all areas. The instructor: student ratio should be no more than 1:10 during these practice sessions. If there is difficulty understanding the content or performing the skills, the instructor should remediate as needed.

NEEDS ASSESSMENT

The first step in course planning is the performance of a comprehensive analysis of the many factors which influence the pre-hospital emergency care delivery system in the area. Factors which should be included in this analysis are:

- Recertification requirements (local and state)
- System structure

· Call characteristics (i.e., volume, type)
· Community demographics
· Community hazard assessment

The second step of the needs assessment is an analysis of the education needs of the potential course participants. Information obtained through the assessment process should be used as a guide to selection of specific material to be presented in the classroom, within the limitations imposed by local and state standards. The assessment results should also be used in determining course format, schedule, and methods.

COURSE DESIGN

Once the needs assessment has been performed, the following steps should be accomplished to design and implement the course:

· Course and sponsoring agency approval
· Hours, content, faculty requirements or restrictions in compliance with state requirements
· Identify and orient program staff (medical director and program coordinator)
· Identify and provide equipment sufficient for needs
· Determine class size
· Appropriate physical facilities based on class size
· Presentation can be individual lessons/units, or lessons/units can be combined in a variety of formats

INSTRUCTIONAL APPROACH

Given the repetitive nature of refresher education, it is easy for participants to become bored quickly and to lack enthusiasm about the program. In order to improve the quality of the educational experience for instructors and participants, creative and innovative instructional activities are strongly suggested.

· Cognitive: Participants in refresher programs have a wealth of experience to draw on and enjoy sharing it.

· Affective: A significant concern in EMS today is stress caused by a variety of factors including indifference to quality of education, poor community support, excessive demands on personal time and energy, too many or too few runs, or feelings of inadequacy when dealing with critical patients. Be aware of this and be prepared to provide additional assistance as needed.

·Psychomotor: Students rapidly lose interest in repetitive entry-level skills drills. Be creative and try new ideas.

RECORDS MANAGEMENT

The EMT Refresher Training Program must maintain program and student records which demonstrate compliance with rule 4765-7-09 of the Administrative Code. All class records are to be given to the program coordinator of the sponsoring institution, which will include the following:

Program records
· Syllabus
· Course schedule
· Advertising materials
· Master attendance records
· Copies of exams, lesson plans, handout materials
· Records required by the local training institution and program coordinator

Student records
· Attendance records

· Exam scores
· Copies of exams
· Psychomotor skill evaluations

EVALUATION OF STUDENT ACHIEVEMENT

The primary purpose of refresher training is to assure that EMTs maintain the knowledge and psychomotor competency which are pertinent to their scope of practice. The program standards identify these knowledge and psychomotor skill areas. Training programs must provide for regular evaluation of student performance and achievement through written and practical testing prior to issuance of a Certificate of Completion.

In order to assure that each student has met the knowledge and psychomotor standards, it is necessary for the training program to use a variety of methods for testing and evaluation. If the devices used to measure student performance are faulty, then an accurate appraisal of student performance will be impossible. Written exams should be designed to measure critical components within the EMT knowledge base. The psychomotor skills examination should assess both component skills and the student's ability to apply necessary and appropriate skills to simulated patient care situations. Psychomotor skills proficiency should be measured at several points in the refresher program.

The Certificate of Completion shall be issued to a student who has met the required program training hours and demonstrated competency as measured by formal and documented effective written and psychomotor skills evaluations. Students must attend all refresher training sessions for successful course completion. The certificate must be signed by the program coordinator of the sponsoring institution.

PROGRAM EVALUATION

Process evaluation will help identify specific causes of instructional failure (i.e., the reason why students fail to achieve satisfactory performance during the course). Some possible causes of such failure may include:

· Instructional activities do not conform to the lesson plans
· Resources, facilities, or materials are inadequate
· Instructor is not well qualified to teach a particular lesson
· Lack of student attendance and/or participation

Students must be provided the opportunity to evaluate the class. These evaluations should be reviewed by the instructor(s) and program coordinator and used to develop a quality program. The on-going review of the course is part of the program coordinator's responsibilities. The review process will include the student evaluations, an evaluation by the instructional staff and an evaluation of the class by the program coordinator. If deficiencies are found, corrective measures must be taken. All documentation for the class must be submitted to and maintained by the program coordinator of the sponsoring institution.

AIRWAY MANAGEMENT, RESPIRATION AND ARTIFICIAL VENTILATION
2 HOURS

Applies (fundamental depth, foundational breadth) knowledge of general anatomy and physiology to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.

COGNITIVE:

Airway Management
Fundamental depth, foundational breadth-
Within the scope of practice of the EMT:
• Airway anatomy
• Airway assessment
• Techniques of assuring a patent airway

Respiration
Fundamental depth, foundational breadth-
• Anatomy of the respiratory system
• Physiology and pathophysiology of respiration
• Assessment and management of adequate and inadequate ventilation
• Supplemental oxygen therapy

Artificial Ventilation
Fundamental depth, foundational breadth-
Assessment and management of adequate and inadequate ventilation:
• Artificial ventilation
• Minute ventilation
• Alveolar ventilation
• Effect of artificial ventilation on cardiac output

PSYCHOMOTOR:
Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

• Manual airway maneuvers
• Upper airway suctioning
• BVM ventilation of an apneic patient
• Measure and insert an orpharyngeal airway device
• Measure and insert a nasopharyngeal airway device
• Oxygen administration by non-rebreather , Venturi and partial rebreather masks
• Artificial ventilation of a patient with a flow restricted, oxygen-powered ventilation device
• Orotracheal intubation of pulseless, apneic patient using extraglottic device
• Orotracheal intubation of pulseless, apneic patient using dual-lumen device

CARDIOLOGY
2 HOURS

Medicine- Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.

COGNITIVE:

Cardiovascular
Fundamental depth, foundational breadth-
Anatomy, physiology, pathophysiology, assessment and management of:
- Chest pain
- Cardiac arrest
- Acute coronary syndrome
  - Angina pectoris
  - Myocardial infarction
- Aortic aneurysm/dissection
- Thromboembolism
- Cardiopulmonary resuscitation (CPR)
- Automated external defibrillator (AED)
  - Role of medical director
- Need for ACLS
- Documentation
- Quality Assurance

Simple depth, simple breadth-
- Heart failure
- Hypertensive emergencies

PSYCHOMOTOR:
Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Manual CPR on an adult, pediatric and infant manikin
- Use of the automated external defibrillator
- Use of patient-assisted nitroglycerin
- Assessment and management of a patient exhibiting signs and symptoms of shock

MEDICAL EMERGENCIES
6 HOURS

Patient Assessment- Applies scene information and patient assessment findings (scene size-up, primary and secondary assessment, patient history and reassessment) to guide emergency management.

COGNITIVE:

Scene Size Up
Fundamental depth, foundational breadth-
• Scene safety:
  ° Standard precautions
  ° Impact of the environment on patient care
  ° Addressing hazards and potential hazards
  ° Violence
  ° Need for additional or specialized resources
  ° Multiple patient situations

Primary Assessment
Fundamental depth, foundational breadth-
• Primary assessment for all patient situations:
  ° Initial general impression
  ° Level of consciousness
  ° ABCs
  ° Identifying life threats
  ° Assessment of vital functions
• Integration of treatment/procedures to preserve life

History Taking
Fundamental depth, foundational breadth-
• Investigation of chief complaint
• Mechanism of injury/nature of illness
• Past medical history
• Associated signs and symptoms
• Pertinent negatives

Secondary Assessment
Fundamental depth, foundational breadth-
• Techniques of physical examination
• Respiratory system
• Cardiovascular system
• Neurological system
• Musculoskeletal system
• Anatomical regions

Monitoring Devices
Simple depth, simple breadth-
Within the scope of practice of the EMT:

• Obtaining and using information from patient monitoring devices including (but not limited to)
  ° Pulse oximeter and capnography equipment
  ° Non-invasive blood pressure
  ° End tidal carbon dioxide monitoring and detection

Reassessment
Fundamental depth, foundational breadth-
• How and when to perform reassessment for all patient situations

PSYCHOMOTOR
Safely and effectively perform the following psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

• Scene size up.
• Patient Assessment/Management Medical of an adult, child and infant
  ° Patient assessment
  ° History taking
  ° Secondary Assessment
  ° Reassessment
• Patient Assessment/Management Trauma of an adult, child and infant
  ° Patient assessment
  ° History taking
  ° Secondary Assessment
• Vital signs, to include manual blood pressure, pulse and respirations in the adult, child and infant
• Obtain pulse oximetry value.
• Complete prehospital care report.

Medicine- Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for the acutely ill patient.

COGNITIVE:

Neurology
Fundamental depth, foundational breadth-
Anatomy, physiology, pathophysiology, assessment and management of:
• Headache
• Decreased level of responsiveness
• Seizure
• Stroke/transient ischemic attack

Immunology
Fundamental depth, foundational breadth-
Anatomy, physiology, pathophysiology, assessment and management of hypersensitivity disorders and/or emergencies:
• Allergic reactions
• Anaphylactic reactions
• Risk factors and common allergens
• Medical direction

Endocrine Disorders

Fundamental depth, foundational breadth-

Anatomy, physiology, pathophysiology, assessment and management of:

- Acute diabetic emergencies
- Altered mental status and history of diabetes
- Medical direction

Psychiatric

Fundamental depth, foundational breadth-

Assessment and management of:

- Behaviors that pose a risk to the EMR, patient or others
- Acute psychosis
- Suicidal/risk
- Agitated delirium

Toxicology

Fundamental depth, foundational breadth-

Anatomy, physiology, pathophysiology, assessment and management of:

- Carbon monoxide poisoning
- Nerve agent poisoning
- Inhaled poisons
- Ingested poisons
- Injected poisons
- Absorbed poisons
- Alcohol intoxication and withdrawal
- How and when to contact a poison control center

Respiratory

Fundamental depth, foundational breadth-

Anatomy, physiology, pathophysiology, assessment and management of:

- Upper airway
- Lower airway

Pharmacology – Applies fundamental knowledge of the medications that the EMT may self-administer or administer to a patient during an emergency.

COGNITIVE:

Medication Administration
Fundamental depth, foundational breadth-
Within the scope of practice of the EMT, how to:
• Self-administer medication
• Peer-administer medication
• Patient assist epinephrine auto-injector

Emergency Medications
Fundamental depth, foundational breadth-
Within the scope of practice of the EMT:
• Names
• Effects
• Indications
• Routes of administration
• Side effects
• Dosages for the medications administered

PSYCHOMOTOR:
Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

•Assess patient and properly assist with aerosolized or nebulized medication administration
•Assess patient and properly assist with nitroglycerin medication administration
• Use of epinephrine auto-injector

TRAUMA ISSUES 8 HOURS

Trauma – Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely injured patient.

COGNITIVE:

Shock and Resuscitation
Applies fundamental knowledge of the causes, pathophysiology, and management of shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.

Trauma Overview
Fundamental depth, foundational breadth-
Assessment and management of the trauma patient:
• Assessment and management of adult and pediatric patient
• Rapid transport and destination issues
• Mechanism of injury
• Manual stabilization
• Airway management
• Rapid extrication
• Trauma Triage determination per OAC 4765-14-02

Bleeding
Fundamental depth, foundational breadth-
Pathophysiology, assessment and management of bleeding

Chest Trauma
Fundamental depth, simple breadth-
Pathophysiology, assessment and management of:
• Flail chest
• Blunt versus penetrating mechanisms
• Open chest wound
• Impaled object
• Pneumothorax (open and simple)
• Rapid intervention and transportation

Abdominal and Genitourinary Trauma
Fundamental depth, simple breadth-
Pathophysiology, assessment and management of:
• Blunt versus penetrating mechanisms
• Impaled object
• Rapid intervention and transportation

Orthopedic Trauma
Fundamental depth, foundational breadth-
Pathophysiology, assessment and management of:
• Open fractures
• Closed fractures

• Dislocations
• Amputations

Soft Tissue Trauma
Fundamental depth, foundational breadth-
Pathophysiology, assessment and management of:
• Wounds
• Burns
  ° Electrical
  ° Chemical
  ° Thermal
• Chemicals in the eye and on the skin
• Rapid extrication

Head, Facial, Neck, and Spine Trauma
Fundamental depth, foundational breadth-
Pathophysiology, assessment and management of:
• Head and spine trauma
• Life threats
• Mechanism of injury of spine trauma
• Indications of spine trauma
• Mechanism of injury head trauma
• Indications of hyperventilation in head injury patient
• Rapid intervention and transportation

Nervous System Trauma
Fundamental depth, foundational breadth-
Pathophysiology, assessment and management of:
• Traumatic brain injury
• Spinal cord injury

Special Considerations in Trauma
Fundamental depth, foundational breadth-
Pathophysiology, assessment and management of trauma in the:
• Pregnant patient
• Pediatric patient
• Geriatric patient
• Cognitively impaired patient

Environmental Emergencies
Fundamental depth, foundational breadth-
Pathophysiology, assessment and management of:
• Near drowning
• Temperature-related illness
• Bite wounds
• Electrical injury

Multi-System Trauma
Fundamental depth, foundational breadth-
Pathophysiology, assessment and management of:

• Multi-system trauma
• Blast injuries

PSYCHOMOTOR:
Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

• Patient assessment and management of a patient with signs and symptoms of hemorrhage or shock patient in accordance with triage transportation protocols approved by the State Board of EMS (or regional triage transportation protocols approved by the State Board of EMS).
• Patient assessment and management of a trauma patient
• Immobilization of the urgent and non-urgent patient with assessment finding of spinal injury
• Management of extremity fractures
• Stabilization of a helmet from a potentially spine injured patient
• Management of patients with open and closed chest injuries
• Management of a patient with amputation
• Management of a patient with burns
• Management of extremity fractures
• Airway management of a patient with suspected spinal cord injury
• Procedure for rapid extrication

SPECIAL POPULATIONS –OBSTETRICS & GYNECOLOGY
2 HOURS

Special Patient Populations – Applies a fundamental knowledge of growth, development and aging and assessment finds to provide basic emergency care and transportation for a patient with special needs.

COGNITIVE:

Obstetrics
Fundamental depth, foundational breadth-
• Anatomy and physiology of normal pregnancy
• Pathophysiology of complications of pregnancy
• Assessment of the pregnant patient
• Management of normal delivery
• Management of abnormal delivery
• Vaginal bleeding in the pregnant patient
• Placenta previa
• Spontaneous abortion/miscarriage

Neonatal care
Simple depth, simple breadth-
• Newborn care
• Neonatal resuscitation

PSYCHOMOTOR:
Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

• Assisted normal cephalic delivery
• Post-delivery care of mother
• Assessment and care of newborn
• Care of patient with an abnormal delivery

SPECIAL POPULATIONS -PEDIATRIC ISSUES
6 HOURS

Special Patient Populations – Applies a fundamental knowledge of growth, development and aging and assessment finds to provide basic emergency care and transportation for a patient with special needs.

COGNITIVE:

Neonatal care
Fundamental depth, foundational breadth-
• Newborn care
• Neonatal resuscitation

Pediatrics
Fundamental depth, foundational breadth-

Age-related assessment findings, and age-related assessment and treatment modifications for pediatric specific major diseases and/or emergencies:
• Upper airway obstruction
• Lower airway reactive disease
• Respiratory distress/failure/arrest
• Shock
• Seizures
• Sudden Infant Death Syndrome
• Gastrointestinal disease

PSYCHOMOTOR:
Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

• Emergency childbirth management
• Assessment and care of newborn
• Assessment and management of a pediatric patient
• Assessment and management of an injured or ill pediatric patient

SPECIAL POPULATIONS - GERIATRIC ISSUES
2 HOUR

Special Patient Populations – Applies a fundamental knowledge of growth, development and aging and assessment finds to provide basic emergency care and transportation for a patient with special needs.

COGNITIVE:

Geriatrics
Fundamental depth, foundational breadth-
• Impact of age-related changes on assessment and care
• Recognizing and reporting abuse and neglect

Changes associated with aging, psychosocial aspects of aging and age-related assessment and treatment modifications for the major or common geriatric diseases and/or emergencies:
• Cardiovascular diseases
• Respiratory diseases
• Neurological diseases
• Alzheimer's
• Dementia

PSYCHOMOTOR:
Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

• Assessment and management of a pediatric patient

EMS PREPARATORY AND OPERATIONS
2 HOURS

Preparatory and Operations – Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care, operational roles and responsibilities to ensure safe patient, public, and personnel safety.

COGNITIVE:

EMS Systems
Simple depth, foundational breadth-
• Roles/ responsibilities/professionalism of EMS personnel
• Quality improvement
• Patient safety
• Triage principles and resource management in multiple casualty incidents

Workforce Safety and Wellness
Fundamental depth, foundational breadth-
• Standard safety precautions
• Personal protective equipment
• Stress management
• Prevention of response related injuries
• Lifting and moving patients
• Disease transmission
• Violence and behavioral emergencies

Documentation
Fundamental depth, foundational breadth-
• Recording patient findings
• Principles of medical documentation and report writing

Therapeutic Communication
Simple depth, simple breadth-
Principles of communicating with patients in a manner that achieves a positive relationship:
• Interviewing techniques
• Family presence issues

Medical/Legal and Ethics
Fundamental depth, foundational breadth-
• Consent/refusal of care
• Expressed VS implied consent
• Confidentiality
• Advanced directives
• Tort and criminal actions
• Evidence preservation
• Statutory responsibilities
• Do Not Resuscitate [DNR] (advance directives) and local or state provisions regarding EMS application.
• Ohio Do Not Resuscitate Comfort Care [DNRCC] laws or rules and their impact on impact EMS care.

• Recognizing and reporting abuse and neglect
• Ethical principles/moral obligations
• End-of-life issues

PSYCHOMOTOR:
Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

• Body substance isolation precaution/administration
• Personal protective equipment
• With a partner lifting and moving patient from ground to stretcher

APPENDIX A

Ohio Approved Emergency Medical Technician Refresher

Psychomotor Skills Examination

The psychomotor skills should be measured at several points in the refresher program. The final psychomotor skills examination should assess both component skills and the student's ability to apply necessary and appropriate skills to simulated patient care situations.

The Ohio approved EMT Refresher Training Program psychomotor examination consists of the following seven (7) stations. The psychomotor skills will be evaluated using the National Registry of Emergency Medical Technician skill sheets and guidelines. The candidate is to be tested individually in each station and is expected to direct the actions of any assistant EMT who may be present at the scene. The candidate should pass or fail the examination based solely on his/her actions and decisions.

The following is a list of the stations and the skills to be tested.

Station 1: Patient Assessment Management – Medical

Station 2: Patient Assessment Management – Trauma

Station 3: Cardiac Arrest Management / AED

Station 4: Airway Management

- BVM Ventilation of an Apneic Adult Patient
- Oxygen Administration with NRB

Station 5: Spinal Immobilization Supine Patient

Station 6: Alternative airway with supraglottic device

Station 7: Random Skill

- Bleeding Control/Shock Management
- Spinal Immobilization Seated Patient
- Long Bone Immobilization
- Joint Immobilization

The skill examiners are to observe the candidate’s performance and record the observations on the skill evaluation instruments. Each station is graded on pass/fail criteria.