



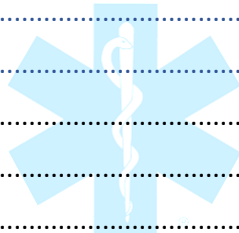
Michigan Requirements and Objectives for Initial Education Programs All Levels

All initial education programs must utilize this guidebook and objectives along with the current National Education Standards and Scope of Practice documents.

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Preface

I. General Provisions

Each initial education program shall:

- A. Ensure the course is approved through the [MDHHS-BETP Initial Program Sponsor Application](#) process as outlined by MDHHS-BEPT, Division of EMS.
 - 1. Students who complete an unapproved program course will not be eligible for NREMT certification exam or Michigan EMS licensure.
- B. Utilize clearly stated behavioral objectives and performance criteria for the didactic, psychomotor, affective, and clinical activities. Affective evaluations must be performed on every student during the course.
 - 1. Medical First Responder/EMR courses do not require clinical activities.
 - 2. Paramedic courses require a field internship, in addition to clinical activities.
- C. Provide clinical training with a BLS (Basic Life Support), LALS (Limited Advanced Life Support), or ALS (Advanced Life Support) life support transporting agency (LSA) and a hospital. Each clinical site shall be capable of meeting the clinical educational objectives developed by the Program Director and Program Sponsor Representative.
 - 1. While Emergency Department clinical experience is recommended for the EMT student, it is not required. They are required to perform clinical activities with a licensed transporting life support agency at the BLS, LALS, or ALS levels.
 - 2. A Specialist/AEMT student must perform clinical activities on an LALS or ALS LSA *or* a hospital, and meet minimum competencies, as described below.
 - 3. A Paramedic student must perform clinical activities on an ALS LSA and a hospital. The program may offer alternative clinical sites, as approved by CoAEMSP.
- D. A Paramedic education program must have a Letter of Review from the Committee of Accreditation of the EMS Professions (CoAEMSP) or full accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP).
- E. The program may utilize a subject matter expert in the class, following the [MDHHS-BETP Subject Matter Expert/Qualified Instructor Policy](#).

II. Program Admission Prerequisites

- A. There are no prerequisites for MFR/EMR or EMT students.
- B. Specialist/AEMT students must have successfully completed an EMT course and have passed the NREMT certification exam and have Michigan EMT license prior to completing this course.
- C. Paramedic students must have successfully completed an EMT course and have passed the NREMT certification exam and have Michigan EMT or Specialist/AEMT license prior to completing the Paramedic course.
 - 1. Human Anatomy and Physiology is a pre or co-requisite for the Paramedic course.

III. Course Requirements

Once a course has been approved by MDHHS-BETP, the Instructor Coordinator is responsible to provide each student with, or make available for their review and study, the following information:

- A. Course syllabus
- B. A copy of the MDHHS-BETP education program approval
- C. Published textbook meeting the National Education Standards and National EMS Scope of Practice
- D. Michigan Requirements and Objectives for Initial Education Programs (this document)
- E. [National EMS Education Standards](#)
- F. [Michigan EMS Scope of Practice](#)
- G. [National EMS Scope of Practice Model-Current](#)
- H. [Michigan Public Health Code and Administrative Rules](#)
- I. [Michigan EMS Code of Ethics](#)

The education program sponsor and program director is responsible for notifying the Department of any modifications to their program schedule utilizing the [MDHHS-BETP Notification of Change to Program Form](#).

[Human Trafficking](#), [DOSE-Infant Safe Sleep](#), [Autism Spectrum Disorder](#), and the [Michigan EMS Code of Ethics](#) are required components of the initial education curriculum. Human Trafficking is in the National Education standards and you may use the links listed above to webinars available on the MDHHS-BETP [website](#).

IV. Text

The text utilized in the course must be a published text that meets the most recent National Education Standards and National EMS Scope of Practice for the level of course being taught.

V. Course length and Organization

It is expected that Specialist/AEMT and Paramedic students are up to date with the current EMT curriculum.

The chart below shows the minimum number of hours per level of course that includes didactic presentations, psychomotor demonstrations, skills practice, affective evaluations, examination time, clinical experience (EMT, Specialist/AEMT, and Paramedic), and field internship (Paramedic level only). It is expected that Module 1 (Preparatory) topics will be presented first.

MFR/EMR	EMT	Specialist/AEMT	Paramedic
60	194	134	1,024

- A. The Program Director must ensure that all curricula are taught during the initial education course and student competency is documented utilizing the task analysis sheets attached to this document and skill sheets published in the student textbook.
- B. The Program Director is responsible for submitting the course completion roster to MDHHS-BETP within 30 days of course end date, following the course schedule submitted to the Department.

VI. Clinical Objectives

The program director must develop clinical objectives for the EMT, Specialist/AEMT, or Paramedic student to be utilized for this portion of the program. The objectives must be specific to the clinical area and records maintained by the program sponsor. The minimum number of clinical hours and locations are listed in the chart below:

MFR/EMR	EMT	Specialist/AEMT	Paramedic
0	32	50	250
N/A	BLS, LALS, or ALS transporting agency. ED recommended but not required	Either LALS or ALS transporting agency, or Hospital	ALS and Hospital. Alternate sites with specific patient care opportunities may also be utilized (Approved by CoAEMSP)

- A. Specialist/AEMT curriculum requires competencies within the clinical requirements. This program focuses on Intravenous/Intraosseous administration and therapy, as well as pharmacology. The following competencies must be met by the Specialist/AEMT student either on a live patient or in a simulated lab experience:
 1. Successful medication administration a minimum of 15 times.
 2. Successful supraglottic airway on a minimum of 5 patients.
 3. Successful venous access on a minimum of 25 patients.
- B. Paramedic students must complete a field internship after the didactic, psychomotor, and clinical portions of the class. This field internship must meet the minimum standards approved by CoAEMSP.

VII. Refresher Courses

- A. An approved initial education program may hold a refresher course during their approval period. These courses may be utilized to refresh initial education materials for renewal of licensure or for the attendee to continue in the NREMT certification exam process. The minimum required hours for a refresher course are listed in the chart below:

MFR/EMR	EMT	Specialist/AEMT	Paramedic
15	30	36	45

- B. A final psychomotor exam must be held at the end of the refresher course to verify psychomotor skill competency.

VIII. Program Staff

- A. Program Director: The program director is responsible for the instructional content and materials needed for the course to be held. The PD is the liaison between the class, instructional staff, program sponsor, physician director (EMT, Specialist/AEMT, Paramedic levels), and MDHHS-BETP.
- B. Instructors: Each instructor shall possess expertise and background in the topic areas covered in the course and must be either a licensed Instructor Coordinator at or above the level of course being taught, or a subject matter expert. A subject matter expert is limited in teaching time and identified in the [MDHHS-BETP Subject Matter Expert Policy](#).
 - 1. Lab instructors are not required to be a licensed instructor coordinator but must be closely monitored by the lead instructor or program director to assure that education standards are being met.
 - 2. Lab instructors who are not licensed as a Michigan Instructor Coordinator must be licensed as an EMS provider at the level (or higher) they are facilitating. In addition, they must be current with education standards and have experience in the EMS field.

IX. Final Exams

- A. Each student must pass a final didactic and psychomotor exam held by the program at the end of the course.
 - 1. The syllabus must clearly define the passing score of the final exam.
 - 2. The lead instructor of the program may not evaluate their students in the psychomotor exam.
 - a. Skill sheets utilized for the final psychomotor exam must meet the minimum competencies of the entry-level EMS professional for the EMS program being conducted.
 - b. The [BLS psychomotor skills assurance statement](#) signed by the Program Sponsor Representative, Program Director, and Medical Director (EMT level) designates the skills that must be tested in the final psychomotor exam.

X. Objectives

The objectives listed in this document are state objectives that are required to be taught in each program and are in addition to the National Education Standards. They are identified by the level of program.

Specialist/AEMT and Paramedic levels of education in Michigan must meet the National Education Standards, and the objectives listed on pages 9-11.

XI. Task Analysis Sheets

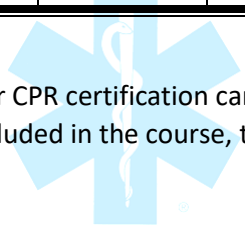
The task analysis sheets in this document are for those tasks that are not in the National Education Standards for the MFR/EMR and EMT levels but are in the Michigan EMS Scope of Practice.

XII. Minimum Category Hours Per Level of Course

These minimum required hours include didactic, psychomotor, assessments, and exams. Clinical and field internship hours are in addition to these hours and are listed above.

Category	MFR/EMR	EMT	Specialist/AEMT	Paramedic
Preparatory	8	30	42	101
Airway	3	16	4	22
Patient Assessment	4	15	8	46
Medical	20	39	16	167
Trauma	11	38	6	71
Special Considerations	6	10	6	60
Operations	8	14	2	57
Total Hours	60	162	84	524

NOTE: Possession of a Healthcare Provider CPR certification card may be used as a prerequisite for the course, however, if CPR certification is included in the course, these hours are not identified in the above chart.



Michigan Required Objectives-All Levels

Preparatory

Michigan Medical Legal Curriculum

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

[Link to Michigan Medical Legal Curriculum](#)

1. Define the terms and discuss implications of: (Cognitive)

Abandonment	Actual consent	Informed consent	
Implied consent	Assault	Battery	
Breach of duty	Damages	Patient confidentiality	
Duty to act	Liability	Emancipated Minor	
Malpractice	Negligence	Good Samaritan Law	
Proximate cause	Standard of Care	Living wills	Mi POST
False Imprisonment	Scope of Practice	Tort	DNR
2. Define the MFR/EMR scope of practice. (Cognitive)
3. List the levels of EMS licensure in Michigan. (Cognitive)
4. List the requirements for maintaining an MFR/EMR license. (Cognitive)
5. Explain the benefits and responsibilities of continuing education. (Cognitive)
6. Discuss the methods of obtaining consent. (Cognitive)
7. Differentiate between expressed and implied consent. (Cognitive)
8. Explain the role of consent of minors in providing care. (Cognitive)
9. Discuss the issues of abandonment, negligence, and battery and their implications to the MFR. (Cognitive)
10. State the conditions necessary for the Medical First Responder/EMR to have a duty to act. (Cognitive)
11. Explain the importance, necessity, and legality of patient confidentiality. (Cognitive)
12. List the actions that an MFR/EMR should take to assist in the preservation of a crime scene. (Cognitive)
13. State the conditions that require an MFR/EMR to notify local law enforcement officials. (Cognitive)
14. Discuss issues concerning the fundamental components of documentation. (Cognitive)
15. Discuss the importance of Do Not Resuscitate [DNR] (advance directives) legislation and local or state provisions regarding EMS application. (Cognitive)
16. Explain who has authority for management of the scene and management of the patient according to Michigan statute. (Cognitive)
17. Demonstrates thorough knowledge of the Michigan EMS Code of Ethics. (Cognitive, Psychomotor, Affective)

Michigan Code of Ethics

At the end of this session, the student will be able to:

[Michigan EMS Code of Ethics Document](#)

1. Define ethics. (Cognitive)
2. Understand and practice concepts of ethics and professional behaviors. (Cognitive and Psychomotor)
3. Define the importance of confidentiality of all patients. (Cognitive)
4. Practice professional behaviors in the classroom and on clinical rotations (for those levels of education where clinical rotations are performed). (Psychomotor)

Patient Assessment

Human Trafficking

By the end of this session, the student will be able to:

1. Define Human Trafficking. (Cognitive)
2. Recognize red flags of a potential human trafficking victim. (Cognitive)
3. Recognize the importance of communicating with a suspected human trafficking victim. (Cognitive)
4. Perform an assessment of a potential human trafficking victim. (Psychomotor)
5. Demonstrate knowledge of the Human Trafficking Hotline number: 1-888-373-7888. (Cognitive)
6. Demonstrate knowledge and ability of completing the [Report of Actual or Suspected Child Abuse or Neglect Form DHS-3200](#). (Didactic/Psychomotor)

Special Considerations

DOSE-Infant Safe Sleep

By the end of this session, the student will be able to:

1. Understand the importance of the first responder role in evaluating and educating on infant safe sleep. (Cognitive)
2. Demonstrate the ability to identify risk factors for the infant and caretakers. (Cognitive/Psychomotor)
3. Demonstrate the ability to identify hazards in the home for infants in their sleep environment. (Psychomotor)
4. Discuss the importance of recognition of unsafe sleep environments for infants. (Cognitive)
5. Demonstrates understanding of SIDS and SUIDS. (Cognitive)
6. Identify current infant sleep related death statistics in the state and community: [MDHHS Infant Safe Sleep Information for Professionals](#) (Cognitive)
7. Demonstrate knowledge of available resources to help a family who needs a safe sleep environment for their infant: [MDHHS-BETP EMSC](#). (Cognitive)

Autism Spectrum Disorder

By the end of this session, the student will be able to:

1. Define Autism Spectrum Disorder. (Cognitive)
2. Understands considerations with communication skills necessary when dealing with a patient or bystander with ASD. (Cognitive)
3. Demonstrates effective assessment skills on a (real or simulated) patient diagnosed with ASD. (Psychomotor)

Child Abuse

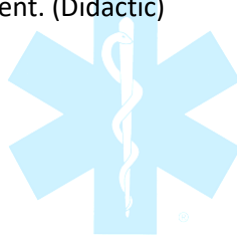
By the end of this session, the student will be able to:

1. Recognize signs and symptoms of child abuse. (Cognitive)
2. Demonstrate knowledge of reporting child abuse in Michigan. (Cognitive)
3. Completes a thorough [Michigan Report of Actual or Suspected Child Abuse Form](#). (Psychomotor)
4. Demonstrated understanding of the Michigan Child Abuse Laws and mandatory reporting. (Cognitive)

Behavioral Emergencies-Patient Restraint

By the end of this session, the student will be able to:

1. List the indications and procedures for restraining a violent patient. (Cognitive)
2. Explain the rationale for learning how to modify your behavior toward the patient with a behavioral emergency. (Affective)
3. Demonstrate the assessment and emergency medical care of the patient experiencing a behavioral emergency. (Psychomotor)
4. Identifies and demonstrates appropriate patient restraint (Didactic/Psychomotor)
5. Demonstrates knowledge that EMS Personnel may not use hard plastic ties, backboards for sandwiching, extremities secured behind the back or any device or manner that may restrict normal breathing on any patient. (Didactic)



Objectives: Medical First Responder/Emergency Medical Responder

Pharmacology for the MFR/EMR

At the completion of this lesson, the MFR/EMR student will be able to:

1. Define these terms: (Cognitive)

Intramuscular	Subcutaneous	Intranasal
Action	Indication	Contraindication
Precaution	Side-effect	Hypersensitivity
2. Identify route of Epi-pen® administration. (Cognitive).
3. Identify routes of narcotic antagonist administration. (Cognitive).
4. Identify the methods of administration of oral glucose. (Cognitive).
5. Define the 5 rights.
6. Describe the steps to assisting a patient in taking their medication. (Cognitive)
7. State the action, the indications, the contraindications, the precautions, the dosage, the side effects, and when to assist the patient with or administer these medications. (Cognitive)
8. Demonstrate general steps for assisting patient with both auto-injector medications and intranasal medications. (Psychomotor).
9. Demonstrate general steps for assisting a patient with oral glucose medication. (Psychomotor)

Patient Assessment-Altered Mental Status

At the completion of this lesson, the MFR/EMR student will be able to:

1. Perform a proper assessment of a patient with an altered mental status. (Psychomotor)
2. Demonstrate a proper aseptic technique to check a blood glucose on a patient with an altered mental status, who has their own BLG unit. (Psychomotor)
3. Demonstrate a proper assessment of a patient after treating with oral glucose. (Psychomotor)

Airway

At the completion of this lesson, the MFR/EMR student will be able to:

1. List the indications and contraindications for using a nasopharyngeal airway. (Cognitive)
2. Describe how to measure and insert nasopharyngeal airways. (Cognitive)
3. Demonstrate measurement and insertion of an NPA. (Psychomotor)
4. Understand the i-gel® supraglottic airway. (Cognitive)
<https://www.intersurgical.com/info/igel>
5. Identify indications for the use of the i-gel® supraglottic airway. (Cognitive)
6. Identify the contraindications for the use of the i-gel® supraglottic airway. (Cognitive)
7. Describe the procedures for insertion of the i-gel®. (Cognitive).
8. Demonstrate insertion of the i-gel® airway. (Psychomotor).
9. Demonstrates verification of i-gel® placement. (Psychomotor).
10. Describes situations that may require removal of i-gel® supraglottic airway. (Cognitive).
11. Understand the assessment of oxygen saturation by applying and reading pulse oximetry. (Cognitive)

12. Demonstrates effective monitoring of pulse oximetry. (Psychomotor)
13. Understands procedures for utilizing a colormetric CO₂ device. (Cognitive)
14. Demonstrates effective application and result of colormetric CO₂ device. (Psychomotor)

Trauma-Head and Spinal Injuries

At the completion of this lesson, the MFR/EMR student will be able to:

1. Define these terms: (Cognitive)

Spinal Motion Restriction	Neutral Position	Paralysis
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2. Review the structures and functions of the central nervous system. (Cognitive)
3. Describe the treatment of a bleeding scalp wound in relation to possible skull fracture. (Cognitive)
4. Describe and recognize major signs and symptoms of a head injury. (Cognitive)
5. Describe the treatment of the patient with a head injury. (Cognitive)
6. Explain the rationale for closely monitoring the head injured, immobilized patient for vomiting and aspiration. (Cognitive)
7. Explain the use of the modified jaw thrust in patients with suspected head, or neck trauma. (Cognitive)
8. Demonstrate opening the airway in a patient with suspected head or spinal injury. (Psychomotor)
9. Explain the situations when spinal injury should be suspected. (Cognitive)
10. Recognize and list signs and symptoms of a spinal injury. (Cognitive)
11. Describe assessment of sensory and motor function as part of a neurological exam. (Cognitive)
12. Describe how to stabilize the cervical spine. (Cognitive)
13. Demonstrate stabilization of the cervical spine. (Psychomotor)
14. Explain how to properly measure or choose the correct size cervical collar for a patient. (Cognitive)
15. Demonstrate the proper application of a cervical collar. (Psychomotor)
16. Demonstrate how to log roll a patient with a suspected spine injury. (Psychomotor)
17. Describe how to utilize spinal motion restriction. (Cognitive)
18. Demonstrate how to secure a patient to a long back board. (Psychomotor)
19. Identify situations in which a short back board should be used. (Cognitive)
20. Demonstrate spinal motion restriction using the short back board device. (Psychomotor)
21. Describe the indications for the use of a rapid extrication procedure. (Cognitive)
22. List the steps in performing a rapid extrication procedure. (Cognitive)
23. Explain the rationale for utilizing rapid extrication in life and death situations. (Cognitive)
24. Demonstrate the procedure for rapid extrication. (Psychomotor)
25. Describe the emergency medical care for a patient with suspected spinal injury. (Cognitive)
26. Describe the complete spinal motion restriction procedure for a patient with suspected head or spinal injury, and cases when this is necessary. (Cognitive)
27. Demonstrate the proper spinal motion restriction to the patient with suspected head, neck or spinal trauma. (Psychomotor)
28. Explain special considerations in caring for trauma of the geriatric patient. (Affective)
29. Demonstrate the appropriate emergency medical care of a geriatric trauma patient. (Psychomotor)

Trauma-Musculoskeletal Injuries

At the completion of this lesson, the MFR/EMR student will be able to:

1. Identify and/or describe the treatment for the closed fracture, dislocation, open fracture, sprain and strain. (Cognitive)
2. Identify and/or describe various immobilization techniques used for fractures or dislocations. (Cognitive)
3. List the general rules of splinting. (Cognitive)
4. List the complications of splinting. (Cognitive)
5. Explain the indications for using a traction splint. (Cognitive)
6. Explain the rationale for splinting at the scene versus splinting enroute, or not splinting. (Cognitive)
7. Demonstrates immobilization of a long bone sprain, strain, or fracture. (Psychomotor)
8. Demonstrates immobilization of a joint sprain, strain, or fracture. (Psychomotor)
9. Demonstrates immobilization of a mid-shaft closed femur fracture. (Psychomotor)
10. Demonstrates appropriate emergency medical care for the patient with a musculoskeletal injury. (Psychomotor)



Task Analysis-MFR/EMR Medication Administration		Weight	Score 0,1,2
1.	Identifies the 5 rights to medication administration.		
2.	Utilizes universal precautions as indicated.		
3.	Confirms the medication to be administered.		
4.	Administers the medication by proper route.		
5.	Performs a thorough re-assessment of the patient after medication is administered.		
6.	Properly disposes of medication container.		
7.	Properly documents the medication administration.		
Total Possible Score= 14 Passing Score= 12		Total=	

Comments:



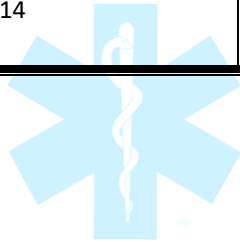
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Evaluation Key:

- 0=Did not accomplish and/or did harm to patient.
- 1=Completed procedure but was not totally effective.
- 2=Accomplished task, meeting minimum objective.

Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

Auto-injected Epinephrine Administration	Weight	Score 0, 1, 2
1. Assures scene safety and PPE		
2. Able to identify route of Epi-pen administration		
3. Can state the 5 rights		
5. Can state the appropriate patient conditions for the use of Epi-pen		
5. Can state the dose of Epi-pen® for both adult and pediatrics		
6. Demonstrates general steps for administering Epi-pen® injection		
7. Reassesses patient after administration of Epi-pen®		
7. Documents time of drug administration and reassessment findings		
Total Possible Score: 16 Passing Score: 14		



□

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE _____

Evaluation Key: 0=Did not accomplish and/or did harm to patient.
 1=Completed procedure but was not totally effective.
 2=Accomplished task, meeting minimum objective.

Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

Narcotic Antagonist Administration-Intranasal	Weight	Score 0, 1, 2
1. Assures scene safety and PPE		
2. Assures ventilations have been established, and patient is unresponsive		
3. Identifies the 5 rights		
8. States the appropriate patient conditions for the use of a narcotic antagonist		
5. Verbalizes the dose of the narcotic antagonist		
6. Demonstrates general steps for administering intranasal medication		
7. Reassesses patient after administration of medication		
8. Documents time of drug administration and reassessment findings		
Total Possible Score: 16 Passing Score: 14		



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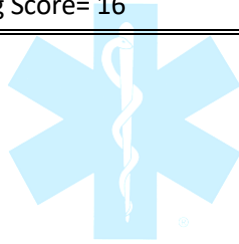
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Evaluation Key: 0=Did not accomplish and/or did harm to patient.
1=Completed procedure but was not totally effective.
2=Accomplished task, meeting minimum objective.

Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

Blood Glucose Check	Weight	Score 0,1,2
1. Gathers equipment for blood glucose check.		
2. Utilizes universal precautions as indicated.		
3. Identifies the normal parameters for blood glucose level		
4. Identifies potential complications (erroneous reading, BSI exposure)		
5. Verifies all equipment needed (glucometer, test strip, needle or spring-loaded puncture device, alcohol wipe, band aid or other dressing)		
6. Lances the prepped site with device to draw capillary blood.		
7. Proper disposal of needle/lancet.		
9. Expresses blood sample and transfers to the test strip.		
10. Applies pressure and dresses fingertip wound.		
11. Records reading from glucometer and documents appropriately.		
Total Possible Score= 20 Passing Score= 16	Total=	

Comments:



_____ PASS _____ FAIL EVALUATOR'S SIGNATURE _____

Evaluation Key:

- 0=Did not accomplish and/or did harm to patient.
- 1=Completed procedure but was not totally effective.
- 2=Accomplished task, meeting minimum objective.

Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

Airway Management: Nasopharyngeal Airway (NPA)		Weight	Score 0,1,2
1.	States indications for use: to assist in managing airway in patient who is at risk for loss of airway. May be tolerated in patient with presence of gag reflex.		
2.	Utilizes universal precautions as appropriate.		
3.	Chooses and measures proper size NPA. (Center of mouth down to angle of jaw or tip of nose up to ear lobe.)		
4.	Lubricates NPA with water soluble jelly.		
5.	Inserts NPA with bevel to floor of nostril or towards the septum following the curvature of the nasopharynx.		
6.	Does not insert NPA too far, flange of NPA remains outside of nose.		
7.	States that if resistance is met, NPA is removed and insertion is attempted in other nostril.		
8.	Maintains patient airway with manual maneuver during scenario.		
9.	NPA is inserted gently without trauma to nasal cavity.		
10.	Can state that patient airway must be monitored closely for change in position of NPA and presence of emesis.		
Total Possible Score= 20		Passing Score= 16	Total=

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE _____

Evaluation Key:

- 0=Did not accomplish and/or did harm to patient.
- 1=Completed procedure but was not totally effective.
- 2=Accomplished task, meeting minimum objective.

Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

i-gel® Supraglottic Airway	Weight	Score 0,1,2
1. Identifies indications for insertion		
2. Identifies contraindications for the use of i-gel®		
3. Patient placed in “sniffing” position		
4. Identifies correct size airway for patient.		
5. Provides BVM ventilation using 2-person technique with OPA in place.		
6. Removes the i-gel®, opens the lubricant and places a small amount on the base of the inner side of the main shell of the packaging.		
7. Lubricates the back, sides and front of the cuff.		
8. Inspects the device carefully to ensure there are no foreign bodies or bolus of lubricant obstructing the distal opening.		
9. Ensures the supplementary oxygen port is firmly closed with the integral cap in place.		
10. Patient head in positioned “sniffing” if no suspected c-spine injury, or neutral if suspected c-spine injury.		
11. Positions the airway support strap behind the patient’s neck.		
12. Grasps the lubricated i-gel® firmly along the integral bite block and position the device so the cuff outlet is facing toward the chin of the patient. The chin should be gently pressed down.		
13. Glides the device downward and backward along the hard palate with continuous, gentle push until definitive resistance is felt.		
14. Ensures that the tip of the airway should be located in the upper esophageal opening and the cuff against the laryngeal framework.		
15. Secures i-gel® with airway support strap.		
16. Verifies placement by positive end-tidal CO2 levels by waveform capnography or colormetric qualitative end-tidal CO2.		
17. Verifies placement by chest rise and fall.		
18. Verifies placement with bilateral breath sounds and absent gastric sounds.		
19. Connects BVM to i-gel® and ventilates patient every 5-6 seconds.		
20. Describes the indications of, and process to remove an i-gel® airway.		
Total Possible Score: 20	Passing score: 14	Total:

Comments:

___ Pass ___ Fail Evaluator’s Signature _____

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Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

Spinal Motion Restriction-Cervical Collar Application	Weight	Score 0,1,2
1. States indications for spinal motion restriction (immobilization): a. Any patient at risk to spinal injury as evaluated by mechanism of injury b. Spinal tenderness, pain, deformity c. Presence of head injury		
2. Manually stabilizes cervical spine using bony prominences of head.		
3. Returns and maintains the head in neutral position.		
4. Appropriate size C-collar is chosen.		
5. Assesses status of neck veins and trachea before collar applied.		
6. Applies collar while strict spinal stabilization is maintained.		
7. Stabilization of spine is continued until further spinal motion restriction (immobilization) equipment is applied.		
8. When questioned, states complications of poor fitting collar: a. Too tight can cause venous back flow b. Too loose does not immobilize head on neck		
9. When questioned, states that cervical collars come in many sizes and must be fitted according to manufacturer's directions.		
Total Possible Score= 18	Passing Score=12	Total=

Comments:

___ PASS ___ FAIL EVALUATOR'S SIGNATURE _____

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Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

Spinal Motion Restriction: Log Roll Procedure onto Backboard	Weight	Score 0,1,2
1. States indications for spinal motion restriction (immobilization): a. Any patient at risk to spinal injury as evaluated by mechanism of injury b. Spinal tenderness, pain, deformity c. Presence of head injury		
2. Manual stabilization of cervical spine is in place.		
3. Head is maintained in neutral position.		
4. Cervical collar has been fitted and properly put in place.		
5. Patient's extremities are placed in neutral position in preparation for log roll.		
6. Long backboard is placed along side of the patient.		
7. Rescuers are positioned to control the (head and neck), the thorax, and the pelvis with lower extremities.		
8. The patient is rolled up on to their side, past 90° if possible, without torsion or flexion to the spine.		
9. The posterior of the patient is assessed during this time.		
10. The long backboard is placed tightly against the patient.		
11. The patient is rolled down on to the backboard, without losing spinal alignment.		
12. If necessary, the patient is slid on the long axis into proper position without losing spinal alignment.		
13. Neurological status of patient is assessed before and after movement.		
14. Stabilization of the spine is maintained throughout patient handling.		
Total Possible Score= 28 Passing Score=20	Total=	

Comments:

____ PASS ____ FAIL EVALUATOR'S SIGNATURE _____

Evaluation Key: 0=Did not accomplish and/or did harm to patient.

1=Completed procedure but was not totally effective.

2=Accomplished task, meeting minimum objective.

Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.



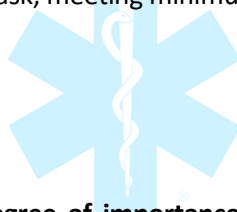
Spinal Motion Restriction: Short Backboard/KED Application		Weight	Score 0,1,2
1.	Knows indication for use: suspected or known cervical spine injury for stable patient in sitting position.		
2.	Manual stabilization of the spine is maintained in neutral position throughout application of the device.		
3.	Prioritized assessment is performed prior to application of device.		
4.	Neurovascular assessment is done prior to application of device.		
5.	Cervical collar is applied correctly.		
6.	Any movement of the patient is done to gain access to positioning of the device. Patient's spine remains stabilized in neutral position.		
7.	Device is positioned correctly behind patient.		
8.	Device is strapped to the patient's torso correctly.		
9.	Device is strapped to the patient's pelvis correctly.		
10.	Patient's position is corrected to a neutral position as necessary during application of device.		
11.	Patient's head is secured correctly to the device.		
12.	Padding is applied as necessary for comfort and positioning.		
13.	Patient's condition is monitored throughout application of equipment.		
14.	Patient is rotated (or lowered) correctly onto a long backboard.		
15.	Movement of patient is done with safety precautions for patient and rescuers.		
16.	Patient is secured on to long back board in correct position.		
17.	Patient is re-secured to device as necessary to maintain neutral positioning of spine.		
18.	Neurovascular status is assessed after patient movement.		
19.	Patient comfort is monitored and maintained as indicated.		
Total Possible Score= 38		Total Possible Score= 30	Total=

Short Backboard Application continued:

Comments:

_____ PASS _____ FAIL EVALUATOR'S SIGNATURE _____

Evaluation Key: 0=Did not accomplish and/or did harm to patient.
 1=Completed procedure but was not totally effective.
 2=Accomplished task, meeting minimum objective.



Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

Spinal Motion Restriction-Rapid Extrication Procedure		Weight	Score 0,1,2
1.	Can state indications for procedure: unstable patient with known or suspected spinal injury.		
2.	Upon gaining access to patient, immediately stabilizes cervical spine in neutral position.		
3.	Patient assessment is performed including distal neuro-vascular exam.		
4.	When questioned, can state why this patient requires rapid extrication.		
5.	Correctly applies cervical collar.		
6.	One rescuer stabilizes head and c-spine through the access opening of vehicle.		
7.	Second rescuer slides hand and arm down behind the patient to serve as a "splint" for the back. The rescuer's other arm is used to grasp patient's torso.		
8.	A third rescuer moves the patient's lower extremities, typically lifting the weight to ease in patient rotation and movement.		
9.	In one unified motion, the patient is rotated from a sitting position, to line up with the long backboard and is lowered to long backboard.		
10.	Rescuers supporting head, neck, and torso, move the patient in a neutral position without causing movement of the spinal column that may cause further injury.		
11.	Spinal motion restriction is performed on long backboard with padding of voids to maintain neutral spinal alignment.		
12.	Torso is secured, before head is secured to long backboard.		
13.	Patient's condition is monitored throughout procedure.		
14.	Neurovascular status is assessed before and after patient movement.		
15.	All patient movement is performed safely without risk to rescuers or patient.		
Total Possible Score= 30		Passing Score= 24	Total=

Rapid Extrication continued:

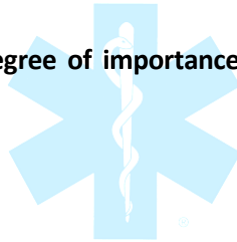
Comments:

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Evaluation Key:

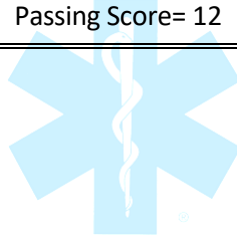
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Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.



Splinting: Rigid Splint		Weight	Score 0,1,2
1.	Prepares equipment, selecting splint that will splint joints above and below the injury site.		
2.	Utilizes universal precautions as indicated.		
3.	Stabilizes injury site manually.		
4.	Assesses neurovascular status distal to injury.		
5.	Pads splint and stabilizes injury in appropriate position.		
6.	Secures splint in a manner which results in the injury being immobilized in all planes.		
7.	Splinting is done without causing further harm to patient.		
8.	Neurovascular status is re-evaluated distal to the injury site after splinting and further movement.		
Total Possible Score= 16		Passing Score= 12	Total=

Comments:



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Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

Splinting: Traction Splint		Weight	Score 0,1,2
1.	States the indication for traction splinting: a patient with mid-shaft femur fracture (when prioritization of other injuries allows time for splinting).		
2.	Can state that the purpose of traction is to reduce muscle spasm and is not intended to align the fracture. (Should not be used with severely deformed compound fracture.)		
3.	Utilizes universal precautions as appropriate.		
4.	Stabilizes the site of injury. Applies manual traction to the distal extremity until the patient feels some relief.		
5.	Once traction is applied, it is not released.		
6.	Applies device to foot or ankle that will apply traction from splint. Device is padded so circulation is not occluded.		
7.	Sizes splint and places in correct position.		
8.	Pads splint as needed and attaches ischial strap.		
9.	Attaches device securing foot/ankle to traction splint and applies traction.		
10.	Applies smooth mechanical traction equivalent to the manual traction that was held.		
11.	Places any additional support to splint that is needed. (Additional bandaging, foot-rest, etc.)		
12.	Re-evaluates distal neurovascular status.		
13.	Splinting is performed without further injury to patient.		
Total Possible Score=26		Passing Score=20	Total=

Comments:

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Objectives-Emergency Medical Technician

IV Maintenance

By the end of this lesson, the EMT student will be able to:

1. List the purposes for starting an IV. (Cognitive)
2. List the types of patients which an EMT may accept care for, in relation to IV therapy. (Cognitive) TKO/KVO only Saline lock
3. List the types of patients which an EMT may not accept care for, in relation to IV therapy. (Cognitive)
4. List the procedures for properly monitoring an IV's patency. (Cognitive)
5. List IV therapy techniques that the EMT may not perform. (Cognitive)
6. Identify and/or describe the following types of administration sets: (Cognitive)
Macro drip Micro drip Blood or "y" type tubing
7. List the indications for the following types of administration sets: (Cognitive)
Macro Micro Blood tubing
8. List common peripheral IV sites. (Cognitive)
9. Explain the difference between peripheral and central venipuncture sites. (Cognitive)
10. State the common types of IV fluids used. (Cognitive)
 - Sodium Chloride 0.9%
 - D5W
 - Lactated Ringers
11. Explain the postural and positional effects on the flow of IV fluid. (Cognitive)
12. Explain techniques for stopping an IV (Cognitive)
13. List complications of IV therapy. (Cognitive)

General Pharmacology

By the end of this lesson, the EMT student will be able to:

1. Define these terms: (Cognitive)

Intramuscular	Intradermal	Subcutaneous
Intravenous	Intranasal	Buccal
Oral	Action	Indication
Contraindication	Precaution	Side-effect
Hypersensitivity	Suspension	Generic name
Nebulizer		
2. Identify sources of drug derivatives. (Cognitive)
3. Identify common routes of medication administration. (Cognitive)
4. Discuss the forms in which the medications may be found. (Cognitive)
5. Differentiate between the chemical name, generic name, and trade name of a drug. (Cognitive)
6. Describe routes of medication administration from the slowest to fastest absorption. (Cognitive)
7. Identify which medications may be carried on the BLS EMS unit. (Cognitive)
8. State the medications carried on the unit by the generic name. (Cognitive)
9. Identify the medications with which the EMT may assist the patient with administering. (Cognitive)
10. State the medications the EMT can assist the patient with by the generic name. (Cognitive)
11. Describe the steps to assisting a patient in taking their medication. (Cognitive)

12. State the action, the indications, the contraindications, the precautions, the common dose, and when to assist the patient, with these medications: (Cognitive)

Nitroglycerin	Epi-pen®
Aspirin	Metered Dose Bronchodilators
Albuterol-nebulized	Oral Glucose preparations
Oxygen	
Narcotic Antagonist	
13. Demonstrate general steps for assisting patient with self-administration of medications, read the labels and inspect each type of medication. (Psychomotor)
14. State the medications that the EMT can administer, including the routes and dosage.
15. Identify route of Epi-pen® administration. (Cognitive)
16. Identify routes of narcotic antagonist administration. (Cognitive).
17. Demonstrate general steps for administering Epi-pen® and narcotic antagonist medications. (Psychomotor)

Airway-Supraglottic

By the end of this lesson, the EMT student will be able to:

1. Identify the various types of supraglottic airways. (Cognitive)

Combitube®	King Airway®	igel®
------------	--------------	-------
2. List the indications for use of the Supraglottic airways. (Cognitive)
3. List the contraindications for use of the Supraglottic airways. (Cognitive)
4. Explain why the ETDLA most often inserts into the esophagus. (Cognitive)
5. Describe the procedure for insertion of the various supraglottic airways. (Cognitive)
6. Describe the procedure for securing the devices according to manufacturer's instructions. (Cognitive)
7. Explain the situations for when a supraglottic airway would be removed. (Cognitive)
8. Demonstrate proper insertion and removal of a Supraglottic airway device. (Psychomotor)

Task Analysis-EMT IV Maintenance		Weight	Score 0,1,2
1.	Identifies the peripheral veins utilized by IV administration.		
2.	Takes proper PPE precautions.		
3.	Verbalizes that transport can take place only if IV has been initiated and is running at a TKO/KVO rate.		
4.	Checks IV fluid for type, expiration date, and any foreign substances.		
5.	Ensures skin around site is not inflamed.		
6.	Ensures enough fluid in bag for transport time estimated.		
7.	Identifies situations when an IV must be discontinued.		
8.	Verbalizes the need for accurate documentation of IV stabilization.		
9.	When questioned, states complications of IV administration: a. Subcutaneous infiltration b. blood back-up in tubing c. fluid overload		
10.	Demonstrates effective techniques in removing an IV with medical control order.		
Total Possible Score= 20		Passing Score=16	Total=

Comments:

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Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

Medication Administration		Weight	Score 0,1,2
1.	Identifies the 5 rights to medication administration.		
2.	Utilizes universal precautions as indicated.		
3.	Confirms the medication to be administered.		
4.	Administers the medication by proper route.		
5.	Performs a thorough re-assessment of the patient after medication is administered.		
6.	Properly disposes of medication container.		
7.	Properly documents the medication administration.		
Total Possible Score= 14 Passing Score= 12		Total=	

Comments:

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Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

i-gel® Supraglottic Airway	Weight	Score 0,1,2
1. Identifies indications for insertion		
2. Identifies contraindications for the use of i-gel®		
3. Patient placed in “sniffing” position		
4. Identifies correct size airway for patient.		
5. Provides BVM ventilation using 2-person technique with OPA in place.		
6. Removes the i-gel®, opens the lubricant and places a small amount on the base of the inner side of the main shell of the packaging.		
7. Lubricates the back, sides and front of the cuff.		
8. Inspects the device carefully to ensure there are no foreign bodies or bolus of lubricant obstructing the distal opening.		
9. Ensures the supplementary oxygen port is firmly closed with the integral cap in place.		
10. Patient head in positioned “sniffing” if no suspected c-spine injury, or neutral if suspected c-spine injury.		
11. Positions the airway support strap behind the patient’s neck.		
12. Grasps the lubricated i-gel® firmly along the integral bite block and position the device so the cuff outlet is facing toward the chin of the patient. The chin should be gently pressed down.		
13. Glides the device downward and backward along the hard palate with continuous, gentle push until definitive resistance is felt.		
14. Ensures that the tip of the airway should be located in the upper esophageal opening and the cuff against the laryngeal framework.		
15. Secures i-gel® with airway support strap.		
16. Verifies placement by positive end-tidal CO2 levels by waveform capnography or colormetric qualitative end-tidal CO2.		
17. Verifies placement by chest rise and fall.		
18. Verifies placement with bilateral breath sounds and absent gastric sounds.		
19. Connects BVM to i-gel® and ventilates patient every 5-6 seconds.		
20. Describes the indications of, and process to remove an i-gel® airway.		
Total Possible Score: 20	Passing score: 15	Total:

Comments:

___ Pass ___ Fail Evaluator’s Signature _____

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Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

Esophageal Tracheal Double Lumen Airway (Combitube®) Insertion		Weight	Score 0,1,2
1.	Knows indications for use of ETDLA: when endotracheal intubation cannot be obtained in the patient who is unable to maintain their own airway.		
2.	Knows contraindications: a. Gag reflex present b. History of corrosive ingestion c. History of esophageal disease d. Patient less than 16 years, under 5 ft. tall, persons over 6 ft. 7in		
3.	Uses universal precautions throughout procedure.		
4.	Prepares equipment: Checks tube, cuff, mask, suction ready.		
5.	Preoxygenates patient with supplemental O ₂ .		
6.	Places patient head in neutral position, (with manual immobilization throughout procedure for trauma patient). Lifts jaw with one hand.		
7.	Inserts tube following curvature of oropharynx. The tube is advanced gently until the printed ring is aligned with teeth.		
8.	Inflates line 1, blue pilot balloon leading to the pharyngeal cuff, with 100ml of air using the 140ml syringe.		
9.	Inflates line 2, white pilot balloon leading to the distal cuff, with approximately 15ml of air using the 20ml syringe.		
10.	Begins ventilation through the longer blue connecting tube. If auscultation of breath sounds is positive and auscultation of gastric insufflation is negative, continues ventilation.		
11.	If auscultation of breath sounds is negative, and gastric insufflation is positive, immediately begins ventilation through the short clear connecting tube.		
12.	Confirms tracheal ventilation by auscultation of breath sounds and absence of gastric insufflation.		
13.	Removes syringe and monitors that cuffs remain inflated.		
Total Possible Score-26		Passing Score-22	Total=

Comments:

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Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

Esophageal Tracheal Double Lumen Airway (Combitube) Removal	Weight	Score 0,1,2
1. Knows indications for use of King Airway		
2. Uses universal precautions throughout procedure.		
3. Suction is prepared for immediate use.		
4. Places patient on his side if possible.		
5. Deflates cuffs.		
6. Withdraws tube.		
7. Expects vomiting and immediately begins suctioning oropharynx.		
8. Knows complications: soft tissue trauma, vomiting, aspiration.		
Total Possible Score= 16 Passing Score= 14	Total=	

Comments:



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Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

King Airway		Weight	Score 0,1,2
1.	Knows indications for use of King Airway: Patient unable to maintain own airway, who has no gag reflex, and is unresponsive.		
2.	Utilizes universal precautions throughout procedure.		
3.	Knows contraindications: gag reflex, history of corrosive ingestion, history of esophageal disease		
4.	Is able to identify the correct sizes with the correct height of patients.		
5.	Prepares equipment: Check tube, cuff, and has suction ready.		
6.	Preoxygenates patient.		
7.	Places head in sniffing position (unless cervical injury suspected). Lifts jaw with one hand.		
8.	Inserts tube at 90 degrees and follows curvature of hypopharynx. The tube is advanced to the teeth.		
9.	Inflates bulb, and slowly pulls on tube while ventilating, until the tube sets into place, as noted by chest rise, skin color improvement.		
10:	Confirms airway by absence of gastric sounds and positive breath sounds bilaterally with auscultation.		
11.	After confirmation of placement, secures device.		
12.	Verbalizes the importance of reassessment of patient and device.		
Total Possible Score= 24 Passing Score= 20		Total=	

Comments:

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Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

King Airway Removal		Weight	Score 0,1,2
1.	Knows indications for removal of tube: gag reflex present		
2.	Uses universal precautions throughout procedure.		
3.	Suction is prepared for immediate use.		
4.	Places patient on his side if possible.		
5.	Deflates cuffs.		
6.	Withdraws tube.		
7.	Expects vomiting and immediately begins suctioning oropharynx.		
8.	Knows complications: soft tissue trauma, vomiting, aspiration.		
Total Possible Score= 16		Passing Score=14	Total=

Comments:



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Instructors may choose to establish a degree of importance factor for each step of the task prior to execution of the evaluation.

Medical First Responder/EMR Audit Sheet for Course Schedule

Name of Program:

Program Director:

Lead Instructor:

Class Location:

Start Date:

End Date:

Category	Required Topics	Didactic	Psychomotor	Total hours:
Preparatory (Minimum 8 hours)	<ul style="list-style-type: none"> • Intro. To EMS • Well-being of the MFR/EMR • Medical/Legal & Ethical Issues • The Human Body • Communicable Diseases • Lifting & Moving Patients • Pharmacology for the MFR/EMR 			
Airway (Minimum 3 hours)	<ul style="list-style-type: none"> • Airway/Oxygenation/Ventilation • Suctioning • igel® Supraglottic Airway 			
Patient Assessment (Minimum 4 hours)	<ul style="list-style-type: none"> • Scene Assessment • Patient Assessment • Human Trafficking 			
Medical (Minimum 20 hours)	<ul style="list-style-type: none"> • Respiratory Emergencies • Cardiovascular Emergencies • Diabetic Emergencies • Poisoning/Overdose/Allergic Reactions • Environmental Emergencies • Behavioral Emergencies • Abdominal Emergencies • CNS Emergencies • Childbirth 			
Trauma (Minimum 11 hours)	<ul style="list-style-type: none"> • Bleeding/Shock • Soft Tissue Injuries • Musculoskeletal Injuries • Head/Spinal Injuries 			
Special Considerations (Minimum 6 hours)	<ul style="list-style-type: none"> • Geriatrics • Pediatrics • Infant Safe Sleep • Autism Spectrum Disorder 			
EMS Operations (Minimum 8 hours)	<ul style="list-style-type: none"> • Triage • Disaster Response • HazMat • Rescue/Extrication • Communications/Documentation 			

Medical First Responder/EMR Refresher Audit Sheet for Course Schedule

Name of Program:

Program Director:

Lead Instructor:

Class Location:

Start Date:

End Date:

Category	Suggested Topics	Didactic	Psychomotor	Total hours:
Preparatory (Minimum 1 hour)	<ul style="list-style-type: none"> Well-being of the MFR/EMR Medical/Legal & Ethical Issues The Human Body Communicable Diseases Lifting & Moving Patients Pharmacology for the MFR/EMR 			
Airway (Minimum 1 hour)	<ul style="list-style-type: none"> Airway/Oxygenation/Ventilation igel® Supraglottic Airway Suctioning 			
Patient Assessment (Minimum 2 hours)	<ul style="list-style-type: none"> Patient Assessment Human Trafficking 			
Medical (Minimum 2 hours)	<ul style="list-style-type: none"> Respiratory Emergencies Cardiovascular Emergencies Diabetic Emergencies Poisoning/Overdose/Allergic Reactions Environmental Emergencies Behavioral Emergencies Abdominal Emergencies CNS Emergencies Childbirth 			
Trauma (Minimum 2 hours)	<ul style="list-style-type: none"> Bleeding/Shock Soft Tissue Injuries Musculoskeletal Injuries Head/Spinal Injuries 			
Special Considerations (Minimum 5 hours)	<ul style="list-style-type: none"> Pediatric Airway* Required Pediatric Assessment* Required Pediatric Medical* Required Pediatric Trauma* Required General Pediatrics Autism Spectrum Disorder Child Abuse Geriatrics Communications with Special Needs Special Needs 			
EMS Operations (Minimum 2 hours) *Include Emergency Preparedness	<ul style="list-style-type: none"> Triage Disaster Response HazMat Rescue/Extrication Communications/Documentation 			

Emergency Medical Technician Audit Sheet for Course Schedule

Name of Program:

Program Director:

Lead Instructor:

Class Location:

Start Date:

End Date:

Category	Required Topics	Didactic	Psychomotor	Total hours:
Preparatory (Minimum 30 hours)	<ul style="list-style-type: none"> • Intro. To EMS • Well-being of the EMT • Medical/Legal & Ethical Issues • The Human Body • Communicable Diseases • Baseline Vitals & SAMPLE History • Lifting & Moving Patients • General Pharmacology • IV Maintenance 			
Airway (Minimum 16 hours)	<ul style="list-style-type: none"> • Airway/Oxygenation/Ventilation • Supraglottic Airways • Suctioning • CPAP 			
Patient Assessment (Minimum 15 hours)	<ul style="list-style-type: none"> • Scene Assessment • Patient Assessment • Human Trafficking 			
Medical (Minimum 39 hours)	<ul style="list-style-type: none"> • Respiratory Emergencies • Cardiovascular Emergencies • Diabetic Emergencies • Poisoning/Overdose/Allergic Reactions • Environmental Emergencies • Behavioral Emergencies • Abdominal Emergencies • CNS Emergencies • Obstetrics 			
Trauma (Minimum 38 hours)	<ul style="list-style-type: none"> • Bleeding/Shock • Soft Tissue Injuries • Musculoskeletal Injuries • Head/Spinal Injuries 			
Special Considerations (Minimum 10 hours)	<ul style="list-style-type: none"> • Geriatrics • Pediatrics • Infant Safe Sleep • Autism Spectrum Disorder 			
EMS Operations (Minimum 14 hours)	<ul style="list-style-type: none"> • Ambulance Operations • Triage • Disaster Response • HazMat • Rescue/Extrication • Communications/Documentation 			

Emergency Medical Technician Refresher Audit Sheet for Course Schedule

Name of Program:

Program Director:

Lead Instructor:

Class Location:

Start Date:

End Date:

Category	Suggested Topics	Didactic	Psychomotor	Total hours:
Preparatory (Minimum 2 hours)	<ul style="list-style-type: none"> • Well-being of the EMT • Medical/Legal & Ethical Issues • The Human Body • Communicable Diseases • Vital Signs & SAMPLE History • Lifting & Moving Patients • IV Maintenance 			
Airway (Minimum 6 hours)	<ul style="list-style-type: none"> • Airway/Oxygenation/Ventilation • Supraglottic Airways • Suctioning • CPAP 			
Patient Assessment (Minimum 4 hours)	<ul style="list-style-type: none"> • Scene Assessment • Patient Assessment • Human Trafficking 			
Medical (Minimum 7 hours)	<ul style="list-style-type: none"> • Respiratory Emergencies • Cardiovascular Emergencies • Diabetic Emergencies • Poisoning/Overdose/Allergic Reactions • Environmental Emergencies • Behavioral Emergencies • Abdominal Emergencies • CNS Emergencies • Obstetrics 			
Trauma (Minimum 5 hours)	<ul style="list-style-type: none"> • Bleeding/Shock • Soft Tissue Injuries • Musculoskeletal Injuries • Head/Spinal Injuries 			
Special Considerations (Minimum 5 hours)	<ul style="list-style-type: none"> • Pediatric Airway* Required • Pediatric Assessment* Required • Pediatric Medical* Required • Pediatric Trauma* Required • General Pediatrics • Autism Spectrum Disorder • Child Abuse • Geriatrics • Communications with Special Needs • Special Needs 			
EMS Operations (Minimum 1 hours) <i>*Include Emergency Preparedness</i>	<ul style="list-style-type: none"> • Triage • Disaster Response • HazMat • Rescue/Extrication • Communications/Documentation 			

Specialist/AEMT Audit Sheet for Course Schedule

Name of Program:

Program Director:

Lead Instructor:

Class Location:

Start Date:

End Date:

Category	Required Topics	Didactic	Psychomotor	Total hours:
Preparatory (Minimum 42 hours)	<ul style="list-style-type: none"> • Introduction To EMS-Roles & Responsibilities of the AEMT • Safety and Wellness • Stress Management • Medical/Legal & Ethical Issues • General Principles of Physiology • Communicable Diseases • Pharmacology and Medication Administration • Fluids and Electrolytes • IV /IO Administration/Therapy 			
Airway (Minimum 4 hours)	<ul style="list-style-type: none"> • Airway/Oxygenation/Ventilation • Supraglottic Airways • Suctioning • CPAP 			
Patient Assessment (Minimum 8 hours)	<ul style="list-style-type: none"> • Scene Assessment • Patient Assessment • Human Trafficking 			
Medical (Minimum 16 hours)	<ul style="list-style-type: none"> • Respiratory Emergencies • Cardiovascular Emergencies • Diabetic Emergencies/AMS • Poisoning/Overdose/Allergic Reactions • Environmental Emergencies • Behavioral Emergencies • Abdominal Emergencies • CNS Emergencies • Obstetrics 			
Trauma (Minimum 6 hours)	<ul style="list-style-type: none"> • Bleeding/Shock • Trauma Resuscitation • Soft Tissue Injuries • Musculoskeletal Injuries • Head/Spinal Injuries 			
Special Considerations (Minimum 6 hours)	<ul style="list-style-type: none"> • Geriatrics • Pediatrics • Infant Safe Sleep 			
EMS Operations (Minimum 2 hours)	<ul style="list-style-type: none"> • Ambulance Operations • Triage • Communications/Documentation 			

Specialist/AEMT Refresher Audit Sheet for Course Schedule

Name of Program:

Program Director:

Lead Instructor:

Class Location:

Start Date:

End Date:

Category	Suggested Topics	Didactic	Psychomotor	Total hours:
Preparatory (Minimum 4 hours)	<ul style="list-style-type: none"> • Stress Management • Public Health • Medical/Legal & Ethical Issues • The Human Body • Vital Signs & SAMPLE History • Communicable Diseases • Pharmacology and Medication Administration • IV/IO Administration/Therapy • Fluids and Electrolytes 			
Airway (Minimum 4 hours)	<ul style="list-style-type: none"> • Airway/Oxygenation/Ventilation • Supraglottic Airways • Suctioning • CPAP 			
Patient Assessment (Minimum 4 hours)	<ul style="list-style-type: none"> • Patient Assessment • Human Trafficking 			
Medical (Minimum 9 hours)	<ul style="list-style-type: none"> • Respiratory Emergencies • Cardiovascular Emergencies • Diabetic Emergencies • Poisoning/Overdose/Allergic Reactions • Environmental Emergencies • Behavioral Emergencies • Abdominal Emergencies • CNS Emergencies • Obstetrics 			
Trauma (Minimum 7 hours)	<ul style="list-style-type: none"> • Bleeding/Shock • Soft Tissue Injuries • Musculoskeletal Injuries • Head/Spinal Injuries 			
Special Considerations (Minimum 6 hours)	<ul style="list-style-type: none"> • Pediatric Airway* Required • Pediatric Assessment* Required • Pediatric Medical* Required • Pediatric Trauma* Required • General Pediatrics • Autism Spectrum Disorder • Child Abuse • Geriatrics • Communications with Special Needs • Special Needs 			
EMS Operations (Minimum 2 hours) *Include Emergency Preparedness	<ul style="list-style-type: none"> • Triage • Disaster Response • HazMat • Rescue/Extrication • Communications/Documentation 			

Paramedic Audit Sheet for Course Schedule

Name of Program:

Program Director:

Lead Instructor:

Class Location:

Start Date:

End Date:

Category	Required Topics	Didactic	Psychomotor	Total hours:
Preparatory (Minimum 101 hours)	<ul style="list-style-type: none"> • Introduction To EMS-Roles & Responsibilities of the Paramedic • Safety and Wellness • Research • Stress Management • Medical/Legal & Ethical Issues • Life Span Development • Public Health • Pathophysiology • Communicable Diseases • Pharmacology -Principles & Administration • IV/IO Administration/Therapy • Therapeutic Communications 			
Airway (Minimum 22 hours)	<ul style="list-style-type: none"> • Airway/Oxygenation/Ventilation • Supraglottic Airways • CPAP/BiPAP • Intubation • Deep Tracheal Suctioning • Needle Cricothyrotomy 			
Patient Assessment (Minimum 46 hours)	<ul style="list-style-type: none"> • Scene Assessment • Scene Management • Patient Assessment • Monitoring Devices • Human Trafficking 			
Medical (Minimum 167 hours)	<ul style="list-style-type: none"> • Respiratory Emergencies • Cardiovascular Emergencies • Immunology, Hematology, Endocrine Disorders • Diabetic Emergencies/AMS • Toxicology • Environmental Emergencies • Behavioral Emergencies • Abdominal Emergencies • CNS Emergencies • Obstetrics and Gynecology 			
Trauma (Minimum 71 hours)	<ul style="list-style-type: none"> • Shock and Resuscitation • Special Considerations in Trauma • Soft Tissue Injuries • Musculoskeletal Injuries • Head/Spinal Injuries 			
Special Considerations	<ul style="list-style-type: none"> • Geriatrics • Pediatrics • Infant Safe Sleep 			

Paramedic Audit Sheet for Course Schedule

<p>(Minimum 60 hours)</p>	<ul style="list-style-type: none"> • Neonatal Care • Patient with Special Challenges 			
<p>EMS Operations (Minimum 57 hours)</p>	<ul style="list-style-type: none"> • Ambulance Operations • Incident Management • Triage-Multiple Casualty Incidents • Rescue Operations • Communications/Documentation 			



Paramedic Refresher Audit Sheet for Course Schedule

Name of Program:

Program Director:

Lead Instructor:

Class Location:

Start Date:

End Date:

Category	Suggested Topics	Didactic	Psychomotor	Total hours:
Preparatory (Minimum 5 hours)	<ul style="list-style-type: none"> • Stress Management • Public Health • Medical/Legal & Ethical Issues • The Human Body • Vital Signs & SAMPLE History • Communicable Diseases • Pharmacology and Medication Administration • IV/IO Administration/Therapy • Fluids and Electrolytes 			
Airway (Minimum 5 hours)	<ul style="list-style-type: none"> • Airway/Oxygenation/Ventilation • Supraglottic Airways • Acid-base balance • Suctioning • CPAP • Intubation • Needle Cricothyrotomy 			
Patient Assessment (Minimum 6 hours)	<ul style="list-style-type: none"> • Patient Assessment • Human Trafficking 			
Medical (Minimum 10 hours)	<ul style="list-style-type: none"> • Respiratory Emergencies • Cardiovascular Emergencies • Diabetic Emergencies • Poisoning/Overdose/Allergic Reactions • Environmental Emergencies • Behavioral Emergencies • Abdominal Emergencies • CNS Emergencies • Obstetrics 			
Trauma (Minimum 10 hours)	<ul style="list-style-type: none"> • Bleeding/Shock • Soft Tissue Injuries • Musculoskeletal Injuries • Head/Spinal Injuries 			
Special Considerations (Minimum 7 hours)	<ul style="list-style-type: none"> • Pediatric Airway* Required • Pediatric Assessment* Required • Pediatric Medical* Required • Pediatric Trauma* Required • General Pediatrics • Autism Spectrum Disorder • Child Abuse • Geriatrics • Communications with Special Needs • Special Needs 			
EMS Operations (Minimum 2 hours) *Include Emergency Preparedness	<ul style="list-style-type: none"> • Triage • Disaster Response • HazMat • Rescue/Extrication • Communications/Documentation 			