

OSDH-EMS

EMERGENCY MEDICAL RESPONDER

Guidelines for Teaching EMR Courses in accordance with the National Education Standards 2021

Approved: Oklahoma OTERAC Education and Training Committee_____2022

Approved: Oklahoma Trauma Emergency Response Advisory Council...._____2022

INTRODUCTION:

Oklahoma is committed to the implementation of the EMS Education Agenda for the Future:

HISTORY:

The *EMS Education for the Future: A Systems Approach* establishes a system of EMS education that more closely parallels that of other health care professions. Oklahoma has opted to follow the *Scope of Practice Model*, as published by the National Highway Traffic Safety Administration's (NHTSA) Office of Emergency Medical Services. Therefore, we have adopted the *National EMS Education Standards 2021* which have been published by NHTSA in conjunction with the above.

LINKS

EMS Education Agenda for the Future	Education Agenda for the Future (ems.gov)
National EMS Scope of Practice 2019	National EMS Scope of Practice Model 2019.pdf
National EMS Education Standards 2021	EMS Education Standards 2021_FNL.pdf

CONTACT

If you have any questions, please feel free to contact the EMS Division at (405) 426- 8480 or by email at esystems@health.ok.gov.

NOTE - The Guidelines in this document are required unless otherwise noted

EMERGENCY MEDICAL RESPONDER EDUCATION GUIDELINES

Emergency Medical Responder

The primary focus of the Emergency Medical Responder is to initiate immediate lifesaving care to critical patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and to assist higher level personnel at the scene and during transport. Emergency Medical Responders function as part of a comprehensive EMS response, **under medical oversight**. Emergency Medical Responders perform basic interventions with minimal equipment.

LEGEND

The first letter refers to Breadth, which can be:

- Simple (S)
- Foundational (F)
- Comprehensive (C)

The second letter refers to Depth, which can be:

- Simple (S)
- Fundamental (F)
- Complex (C)

Preparatory

Uses knowledge of the EMS system, safety/well-being of the EMR, medical/legal issues and ethical issues at the scene of an emergency while awaiting a higher level of care.

EMS Systems:

- EMS systems (S,S)
- Roles, responsibilities and professionalism of EMS personnel (S,S)
- Quality improvement vs. quality assurance (S,S)
- Role of medical oversight (S,S)
- Culture of safety / patient safety (S,S)
- Continuum of care (S,S)

Workforce Safety and Wellness

- Standard safety precautions (S,S)
- Personal protective equipment (S,S)
- Lifting and moving patients (S,S)
- Crew resource management (S,S)
- Stress management (F,F)
- Prevention of work-related injuries and illnesses (F,F)
- Responder mental health, resilience and suicide prevention (F,F)
- Wellness principles (F,F)
- Disease transmission (S,S)

Research

- Impact of research on EMR care (S,S)
- Data collection (S,S)

Documentation

- Recording patient findings (S,S)

EMS System Communication

- Call for resources (S,S)
- Transfer care of the patient (S,S)
- Interact within the team structure (S,S)

Therapeutic Communication

- Health care literacy (S,S)
- Interviewing techniques (S,S)
- Verbal defusing strategies (S,S)

- Managing communication challenges (S,S)
- Family centered care (S,S)

Medical/Legal and Ethics

- Consent/refusal of care (S,S)
- Confidentiality (S,S)
- Advanced directives (S,S)
- Tort and criminal actions (S,S)
- Evidence preservation (S,S)
- Statutory responsibilities (S,S)
- Mandatory reporting (S,S)
- Ethical principles/moral obligations (S,S)
- End-of-life issues (S,S)

Anatomy and Physiology

Uses knowledge of the anatomy and function of the upper airway, heart, vessels, blood, lungs, skin, muscles, and bones as the foundation of emergency care.

Medical Terminology

Uses medical and anatomical terms.

Pathophysiology

Uses knowledge of shock and respiratory compromise to respond to life threats.

Life Span Development

Uses knowledge of age-related differences to assess and care for patients.

Public Health

Have an awareness of local public health resources and their role in public health.

Public Health Overview

- EMS roles in public health (S,S)
- Infection prevention and control (S,S)
- Human trafficking (S,S)

Pharmacology

Uses knowledge of the medications that the EMR may administer in an emergency.

Principles of Pharmacology

- Medication safety (S,S)
- Kinds of medications used during an emergency (S,S)

Medication Administration

- Use a Medication Cross Check procedure (S,S)
- Use an autoinjector (S,S)
- Use a unit-dose, premeasured intranasal device (S,S)
- Use of tools/resources to facilitate safe administration of weight-based dosing (S,S)

Acute Medications

- Names (S,S)
- Effects (S,S)
- Indications (S,S)
- Contraindications (S,S)
- Side effects (S,S)
- Routes of administration (S,S)
- Dosages (S,S)

Chronic or Maintenance Medications

No knowledge related to this competency at this level.

Airway Management, Respiration and Artificial Ventilation

Applies knowledge of anatomy and physiology to assure a patent airway, adequate mechanical ventilation and respiration while awaiting additional EMS response for patients of ALL ages.

Include age related variations in pediatric and geriatric patients

Airway Management

- Airway anatomy (F,S)
- Airway assessment (F,S)
- Techniques of assuring a patent airway (F,S)

Respiration

- Anatomy of the respiratory system (F,S)
- Physiology and pathophysiology of respiration (F,S)
 - Pulmonary ventilation
 - Oxygenation
 - Respiration
- External
- Internal
- Cellular
- Assessment and management of adequate and inadequate respiration (F,S)

- Supplemental oxygen therapy (F,S)

Ventilation

- Assessment and management of adequate and inadequate ventilation (F,S)
- Effect of ventilation on cardiac output (F,S)

Assessment

Use scene information and patient assessment findings to identify and manage immediate life threats and injuries within the scope of practice of the EMR.

Include age related variations in pediatric and geriatric patients

Scene Assessment

- Scene safety/situational awareness (C,C)
- Scene management (F,F)
- Impact of the environment on patient care (F,F)
- Addressing hazards (F,F)
- Violence (F,F)
- Need for additional or specialized resources (F,F)
- Standard precautions (F,F)
- Multiple patient situations (F,F)

Primary Assessment

- Primary assessment (S,S)
- Begin interventions needed to preserve life (S,S)

History Taking

- Determining the chief complaint (S,S)
- Mechanism of injury/ nature of illness (S,S)
- Associated signs and symptoms (S,S)

Secondary Assessment

- Assessment of vital signs (S,S)
- Assessment of pain (S,S)
- Performing a rapid full body scan (S,S)

Monitoring Devices

No knowledge related to this competency is applicable at this level.

Pulse Oximetry needs to be covered (S,S)

12 Lead EKG application only (S,S)

Glucose Testing (S,S)

Reassessment

- How and when to reassess patients (S,S)

Medicine

Recognizes and manages life threats based on assessment findings of a patient with a medical emergency while awaiting additional emergency response.

Include age related variations in pediatric and geriatric patients

Medical Overview

Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/ or emergencies associated with pediatric and geriatric medical patients

- Assessment and management of a medical complaint (S,S)

Abdominal and Gastrointestinal Disorders

- Anatomy, presentations and management of shock associated with gastrointestinal bleeding (S,S)

Cardiovascular

- Chest pain (S,S)

Disorders of the Eyes, Ears, Nose, and Throat

- Epistaxis (S,S)

Endocrine Disorders

- Awareness that diabetic emergencies cause altered mental status (S,S)

Genitourinary/Renal

- Blood pressure assessment in hemodialysis patients (S,S)

Hematology

- No knowledge related to this competency is applicable at this level.

Immunology

- Anaphylactic reactions (S,S)

Infectious Diseases

- Awareness of patient who may have an infectious disease (S,S)
- How to disinfect and decontaminate equipment after treating a patient (S,S)

Neurology

- Decreased level of responsiveness (S,S)
- Seizure (S,S)
- Stroke (S,S)

Non-Traumatic Musculoskeletal Disorders

- Non-traumatic fractures (S,S)

Psychiatric or Behavioral Emergencies

- Recognition of behaviors that pose a risk to the EMR, patient or others
- Recognition of suicide risk

Respiratory

- Respiratory distress/failure/ arrest (F,F)
- Upper airway obstruction (S,S)
- Lower airway disease: Asthma, bronchiolitis, pneumonia, chronic obstructive pulmonary disease (COPD) (S,S)

Toxicology

- Carbon monoxide poisoning (S,S)
- Nerve agent poisoning (S,S)
- Opioid toxicity (S,S)
- How and when to contact a poison control center (S,S)

Shock and Resuscitation

Uses assessment information to recognize shock, respiratory failure or arrest, and cardiac arrest based on assessment findings and manages the emergency while awaiting additional emergency response. Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric trauma patients.

Shock

- Definition (S,S)
- Physiologic response (S,S)

Resuscitation from Cardiac Arrest

- Ethical issues in resuscitation (S,S)
- CPR physiology (S,S)
- Resuscitation system components (S,S)
- Special arrest and peri-arrest situations (S,S)

Trauma

Uses knowledge to recognize and manage life threats based on assessment findings for an acutely injured patient while awaiting additional emergency medical response.

Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric trauma patients.

Trauma Overview

No knowledge related to this competency is applicable at this level

Abdominal and Genitourinary Trauma

- Blunt versus penetrating mechanisms (S,S)
- Evisceration (S,S)
- Impaled object (S,S)

Bleeding

- Bleeding (S,S)

Chest Trauma

- Blunt versus penetrating mechanisms (S,S)
- Open chest wound (S,S)
- Impaled object (S,S)

Environmental Emergencies

- Drowning (S,S)
- Temperature-related illness (S,S)
- Bites and envenomation (S,S)
- Lightning injury (S,S)
- Other environmental emergencies to be determined locally (S,S)

Head, Facial, Neck, and Spine Trauma

- Life threats (S,S)
- Spine trauma (S,S)

Multi-System Trauma

- Multi-system trauma (S,S)

Nervous System

- Traumatic brain injury (S,S)

Orthopedic Trauma

- Open fractures (S,S)
- Closed fractures (S,S)
- Dislocations (S,S)
- Amputations (S,S)

Soft Tissue Trauma

- Wounds (avulsion, bite, laceration, puncture, incision) (S,S)
- Burns (electrical, chemical, thermal) including inhalation injury (S,S)
- Chemicals in the eye and on the skin (S,S)

Special Considerations in Trauma

- Pregnant patient (S,S)
- Pediatric patient (S,S)
- Geriatric patient (S,S)

Special Patient Populations

Recognizes and manages life threats based on simple assessment findings for a patient with special needs while awaiting additional emergency response.

Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients.

Gynecology

- Shock associated with vaginal bleeding (S,S)

Obstetrics

- Normal delivery (S,S)
- Vaginal bleeding in the pregnant patient (S,S)

Neonatal care

- Newborn stabilization (S,S)
- Neonatal resuscitation (S,S)

Pediatrics

The Education Standards now integrate assessment, diagnostic, treatment and disposition modifications for pediatric-specific diseases and emergencies into each section of the document.

Geriatric

The Education Standards now integrate assessment, diagnostic, treatment and disposition modifications for geriatric-specific diseases and emergencies into each section of the document

Patients with Special Challenges

- Recognizing and reporting abuse and neglect (S,S)

EMS Operations

Knowledge of operational roles and responsibilities to ensure patient, public and personnel safety

Emergency Response Vehicles

- Risks and responsibilities of emergency response and radio communications (S,S)
- Risks and responsibilities of operating emergency vehicles (S,S)
- **Emergency Vehicle Operations Course Recommended**

Incident Management The extent of information presented in this area will vary at the regional and local level.)

- Establish and work within the incident management system (S,S)

The extent of information presented in this area will vary at the regional and local level.

Multiple Casualty Incidents

- Operational goals (F,F)
- Field triage (F,F)

The extent of information presented in this area will vary at the regional and local level.

Air Medical

- Safe air medical operations (S,S)
- Criteria for utilizing air medical response (S,S)
- Medical risks/needs/advantages (S,S)

The extent of information presented in this area will vary at the regional and local level.

Rescue Operations

- Safety principles of rescue operations (S,S)

The extent of information presented in this area will vary at the regional and local level.

Hazardous Materials Awareness

- Risks and responsibilities of operating on the scene of a hazardous materials incident (S,S)
- Hazmat links [5.a General Link](#) **Recommended**

The extent of information presented in this area will vary at the regional and local level.

Mass Casualty Incidents due to Terrorism and Disaster

- Risks and responsibilities of operating on the scene of a natural or man-made disaster (F,F)
- NIMS 100, 200, 700 , [5.a General Link](#) **Recommended**

The extent of information presented in this area will vary at the regional and local level.

Clinical Assessment

Perform a simple assessment to identify life threats, identify injuries requiring spinal motion restriction and conditions requiring treatment within the scope of practice of the EMR

Therapeutic Communication and Cultural Humility

Effectively communicates in a non-discriminatory manner that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcome.

Psychomotor Skills

See Oklahoma EMR competencies.

Professionalism

Demonstrate professional affective domain behaviors including but not limited to:

- Integrity
- Empathy/compassion
- Self-motivation
- Appearance/personal hygiene
- Self-confidence
- Communications
- Time management
- Teamwork/diplomacy
- Respect
- Patient advocacy
- Careful delivery of service
- Lifelong learning

Decision Making

Initiates simple interventions based on assessment findings.

Record Keeping

Report and document assessment findings and interventions performed.

Team Dynamics

Manage the scene until patient care is transferred to an EMS team member licensed at a higher level arrives.

Safety

Ensure the safety of the rescuer, other public safety personnel, civilians and the patient.

Educational Facilities

- OSDH-EMS Approved Facilities sponsored or approved by sponsoring agency
- Sponsoring agency commitment to diversity, equity and inclusion
- ADA compliant facility
- Sufficient space for class size
- Controlled environment

Student Space

- Provide space sufficient for students to attend classroom sessions, take notes, and participate in classroom activities
- Provide space for students to participate in kinematic learning and practice activities

Instructional Resources

- Provide basic instructional support material
- Provide audio, visual, and kinematic aids to support and supplement didactic instruction
- Provide syllabi and lesson plans
- See Recommended equipment list page

Instructor Preparation Resources

- Provide space for instructor preparation
- Provide support equipment for instructor preparation

Storage Space

- Provide adequate and secure storage space for instructional materials

Sponsorship

Sponsoring organizations shall be one of the following:

- Accredited educational institution
- Public safety organization
- Accredited hospital, clinic or medical center, or
- Other states approved institutions, first response agency or organization

Programmatic Approval

- Sponsoring organizations shall have programmatic approval by authority having jurisdiction for program approval (state)
 - Approved OSDH agency or training programs add link
 - Enter Oklahoma regulations links or references

Faculty

Course primary instructors should:

- Be educated at a level higher than they are teaching; however, as a minimum, they must be educated at the level they are teaching
- **OSDH Approved EMS Instructors**

Medical Director Oversight

- Provide medical oversight for all medical aspects of instruction
-

Hospital/Clinical Experience

None required at this level

Field Experience

None required at this level

Eight hours is recommended

Course Length

Instructors may use a variety of formats to deliver content including but not limited to: -

- Independent student preparation
- Synchronous or asynchronous instruction
- Face-to-face instruction
- Pre- or co-requisites

Course length should be based on competency, not hours

- Consensus opinion is that students should need a minimum of 48 – 66 didactic and laboratory clock hours to cover the material. The 66 hours if for items we added.

Course Design

Provide the following components of instruction:

- Didactic instruction
- Skills laboratories

Student Assessment

- Perform knowledge, skill and professional behavior evaluation based on educational standards and program objectives
- Provide several methods of assessing achievement
- Provide assessment that measures, as a minimum, entry-level competency in all domains
- Provide a comprehensive summative cognitive exam, (minimum of 100 questions)
- Provide a comprehensive summative psychomotor exam.

Program Evaluation

- Provide evaluation of program instructional effectiveness

- Provide evaluation of organizational and administrative effectiveness of program (QA - QI)

Course Approval

- Regulation language here
- <https://oklahoma.gov/content/dam/ok/en/health/health2/documents/canrequest.pdf>

Course Roster

- Regulation language here
- <https://oklahoma.gov/content/dam/ok/en/health/health2/documents/initial.pdf>

State EMS Regulations

- **If any potential conflicts refer to regulation. Nothing in this document shall superced regulation.**
[Link to website](#)
- <https://oklahoma.gov/health/services/licensing-inspections/emergency-systems/ems-division.html>

GLOSSARY

OKLAHOMA **NATIONAL** EDUCATIONAL STANDARD

These hours are recommended hours only. The program and training should be based on successful completion of all EMR competencies [didactic, psychomotor and affective domains]

EMERGENCY MEDICAL RESPONDER	Classroom Hours	Lab Hours	Total Hours	Comment
Preparatory	10.5	1.5	12	
EMS systems	1.5			
Research	0.5			
Workforce Safety & Wellness	3			Add hand washing
Documentation	0.5			
EMS System Communications	1			
Therapeutic Communication	0.5			
Medical/Legal and Ethics	3.5			
Anatomy and Physiology	2	0	2	
Medical Terminology	0	0	0	
Pathophysiology	0	0	0	
Life Span Development	0	0	0	
Public Health	0	0	0	
Pharmacology	0.5	0.5	1	
Medication Administration	0.25			See Oklahoma's acceptable assist drug for EMR
Emergency Medications	0.25			
<u>Airway Management, Respiration and Artificial Ventilation</u>	7	3	10	
Airway Management	2.5			Includes all age groups airway skills
Respiration	2.5			
Artificial Ventilation	2			
Assessment	10	3	12	
Scene Assessment	2			
Primary Assessment	2			

History Taking	2			
Secondary Assessment	2			
Monitoring Devices	.5	.5	1	Pulse ox, 12 Lead EKG assist, and Glucometer
Reassessment	2			

EMERGENCY MEDICAL RESPONDER	Classroom Hours	Lab Hours	Total Hours	Comment
Medicine	6	1	7	
Abdominal and Gastrointestinal Disorders	0.25			
Cardiovascular	1			
Diseases of the Eyes, Ears, Nose and Throat	0.15			
Endocrine Disorders	0.25			
Genitourinary/Renal	0.15			
Gynecology	1			
Immunology	0.25			
Infectious Diseases	0.5			
Medical Overview	0.5			
Neurology	0.5			
Psychiatric	0.5			
Respiratory	0.5			Review: most done in airway
Toxicology	0.25			
Shock and Resuscitation	9	5	14	Include BLS review
*Head, Facial, Neck and Spine Trauma	1.5			
Abdominal and Genitourinary Trauma	0.5			
Bleeding	0.75			
Chest Trauma	0.5			
Environmental Emergencies	0.5			
Multi-System Trauma	0.5			
Orthopedic Trauma	1			
Soft Tissue Trauma	0.5			
Special Considerations in Trauma	0.15			

Trauma	0.5			
Immobilization and Splinting	3	3		
Special Patient Populations	5	1	6	
Gynecology	.5			
Obstetrics	1			
Neonatal Care	1			
Patients with Special Challenges	1			
Continued on next page				

EMERGENCY MEDICAL RESPONDER	Classroom Hours	Lab Hours	Total Hours	Comment
EMS Operations	1	1	2	
Principles of Safely Operating a Ground Ambulance	0.10			EVOC course (optional)
Incident management				NIMS (optional) Co or Prerequisite
Multiple Casualty Incidents	0.10			
Air Medical	0.10			
Vehicle Extrication	0.10			
Hazardous Materials Awareness				Hazmat Awareness (optional) Co or Prerequisite
Mass Casualty Incidents due to Terrorism and Disaster	0.20			
EMR TOTALS	50	16	66	

COMMENT

Competencies [See Page 14]

The focus of laboratory time in this curriculum has shifted from a time based approach to an experience or competency based approach. It is certainly the opinion of this group that this will be a much more effective approach. This will allow each program greater flexibility to achieve the goals based upon their laboratory skills .

Add 6 hours for optional immobilization and splinting skills
 HAZWOPER; First Responder HazMat Awareness level hours, and
 ICS-NIMS courses are not included in the above totals **Recommended**

CLINICALS:

Training sites may add clinical hours to the total on an optional basis

**STUDENT COMPETENCIES ON THE NEXT SEVERAL PAGES. ALL STUDENTS SHOULD
ACCOMPLISH THESE SKILLS WITH 100% ACCURACY TO COMPLETE THIS COURSE!**

OKLAHOMA EMR COMPETENCIES

I. Skill – Airway/Ventilation/Oxygenation	Date	Approved
*Airway – Nasal		
*Airway – Oral		
*Bag-Valve-Mask (BVM)		
Head tilt – Chin lift		
Jaw-Thrust		
Mouth-to-Barrier (mask with one-way valve)		
Mouth-to-Mouth		
Mouth-to-Nose		
Mouth-to-Stoma		
Airway Obstruction/FBAO – Manual		
*Oxygen tank use/Safety/Administration		
*Oxygen Therapy – Nasal Cannula		
*Oxygen Therapy – Non-Rebreather Mask		
*Pulse Oximetry		
Suctioning – Upper Airway Rigid Tip Flexible Tip		

II. Skill – Cardiovascular/Circulation	Date	Approved
*Cardiopulmonary Resuscitation (CPR)		
Cardiac Monitoring – 12-Lead ECG Acquisition and Transmission		
*Defibrillation – Automated/Semi-automated		
*Hemorrhage Control – Direct pressure		
*Hemorrhage Control – Tourniquet		
Hemorrhage Control – Wound packing		
Mechanical CPR device		
Telemetric monitoring devices and transmission of clinical data, including video data		
III. Skill – Splinting, Spinal Motion Restriction (SMR) and Patient Restraint	Date	Approved
*Cervical Collar		
*Manual Cervical Stabilization		
*Extremity stabilization – Manual		

*Extremity splinting		
Splint - Traction		
Emergency moves for endangered patients		
*Spinal Motion Restriction		
NOTE:		

IV. Medical Director Approved Medications	Date	Approved
*Use of Epinephrine (auto-injector) for Anaphylaxis		
Use of auto-injector antidotes for chemical/hazardous material exposure		
Use of opioid antagonist auto-injector for suspected opioid overdose		
*Intranasal – opioid antagonist for suspected opioid overdose		
Oral Aspirin for chest pain of suspected ischemic origin		
Oral Glucose for suspected hypoglycemia		
**V. Skill – Miscellaneous	Date	Approved
*Assisted delivery (childbirth)		
*Assisted complicated delivery (childbirth)		
Blood pressure automated		
*Blood pressure – manual		
Blood glucose monitoring		
Eye Irrigation		
Emergency Vehicle Operator/operations		
Hand Washing		
Vital Signs		
Landing Zone		

Continued		
Lifting and Moving Urgent Non urgent		
Personal Protective Equipment/Body Substance Isolation Use		
Please let OSDH-EMS know of any omissions or corrections needed for this document. We want to review its accuracy and needed changes		
NOTES:		
COMMENTS [affective domain]		

****These skills should include adult, pediatrics and geriatric patients**

These skills are items added by the National Scope of Practice

NOTE: Spinal Immobilization and Splinting skills are optional (add 6 hours to total)

EMR PSYCHOMOTOR EXAMINATION

The training program should conduct a Final Summative Psychomotor examination at the end of the course. This exam is separate from all other course related activities.

Emergency Medical Responder (EMR) candidates are tested in three main scenario skill stations with individual skills intertwined

- Patient Assessment – Trauma (SMR, tourniquets, bandaging, shock management, splinting)
- Patient Assessment – Medical (History, oxygen administration, medications administration)
- Cardiac Arrest Management – CPR / AED (OPA, BVM)

These three stations are scenario based and the same form will be used for all three scenarios all three must be tested. OSDH-EMS has provided some sample scenarios below, but the program may create their own scenarios that are consistent with the items listed above.

Training programs are responsible for ensuring the integrity of this exam and keeping all materials confidential and secure!



Oklahoma State Department of Health – EMS Division
Emergency Medical Responder Psychomotor Examination



☐ MEDICAL ☐ TRAUMA ☐ CARDIAC ARREST SCENARIO

Candidate: _____

Examiner: _____

Date: _____

Signature _____

Scenario: _____

Actual Start Time: _____

	Points Possible	Points Awarded
Scene Management		
Thoroughly assessed and took deliberate actions to control the scene, properly utilized all available resources	3	
Assessed the scene, identified potential hazards, advocated for safety at all times	2	
Incompletely assessed or managed the scene	1	
Did not assess or manage the scene	0	
Patient Assessment		
Completed an organized assessment and integrated findings to expand further assessment while maintaining situational awareness	3	
Completed primary survey, secondary assessment and reassessment given patient condition	2	
Performed an incomplete or disorganized assessment	1	
Did not complete a primary survey or reassessment of the patient	0	
Patient Management		
Managed all aspects of the patient's condition, anticipated further needs, identified changes and rapidly intervened after confirming critical interventions with partner	3	
Appropriately managed the patient's presenting condition with appropriate timeliness, prioritization/sequence, adapted treatment plan as information became available	2	
Performed an incomplete or disorganized management	1	
Did not manage life-threatening conditions	0	
Interpersonal relations		
Encouraged feedback, took responsibility for the team, established rapport and interacted in an organized, therapeutic manner	3	
Interacted and responded appropriately with patient, crew, and bystanders using closed loop communication and appreciative inquiry	2	
Used inappropriate communication techniques	1	
Demonstrated intolerance for patient, bystanders, and crew	0	
Actual Time Ended: _____ (15 minutes max)	TOTAL 12 (Min 8)	

Critical Criteria

******Scenario Specific******

Medical:

- ☐ Didn't determine nature of illness
☐ Failure request additional assistance

Trauma:

- ☐ Didn't request additional assistance
☐ Failure to apply tourniquet
☐ Failure to control bleeding
☐ Didn't consider spinal protection

Cardiac Arrest:

- ☐ Failure to admin oxygen
☐ Failure to manage airway
☐ Failure to provide ventilation
☐ Failure to properly use AED
☐ Failure to perform proper CPR

******Overall******

- ☐ A score of 1 or less in any category above
☐ Failure to appropriately address any of the scenario's "Mandatory Actions"
☐ Failure to manage the patient as a competent EMR
☐ Exhibits unacceptable professional affect with patient or other personnel
☐ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items below. Please provide details.

Sample Scenarios

Medical Patient

A patient reports severe mid-sternal chest pain while moving furniture. Patient is conscious and alert complaining of stabbing chest pain on a scale of 8 with no relief from rest. Patient has taken one nitroglycerin tablet without any relief. Patient feels short of breath and has pain in left jaw.

Vital signs are BP 118/70, P 96, R 20, SpO2 94% on room air.

Skin is pale, warm and clammy

Lung sounds are clear

History of stable angina and hypertension

Meds include atenolol and nitroglycerin

Treatment must include:

Request EMS response

Oxygen nasal cannula

Consider aspirin (assist)

Assist in administering patients' nitro and repeat if no relief and BP remains stable

Trauma Patient

A patient has been involved in a motorcycle with car collision. Patient is conscious and responsive to pain. The left leg has been amputated below the knee with moderate bleeding. They complain of pain on the left side of the chest and has abrasions and severe bruising. Patient was wearing a helmet.

Vital signs are: BP 100/56, P 120, R 28 and very shallow, SpO2 90% on outside air

Skin is pale and cool, cap refill 3 seconds

Lung sounds are clear

History -none, healthy

Meds – none

Treatment must include:

Request EMS response (consider helicopter)

Treat for shock

Administer high-flow oxygen

Direct pressure and bandaging of leg,

Applies tourniquet as bleeding continues,

Consider spinal motion restriction????? (verbally)

Cardiac Arrest

Patient is in cardiac arrest at a local gymnasium. Reported having chest pain while playing basketball and collapsed on the bench approximately 5 minutes ago. AED is present at the gym.

Vital signs: BP 0/0, P 0, R 0

Skin is cool and clammy

History – diabetes

Meds – metformin

Treatment must include:

Request EMS response

High quality CPR (one rescuer or two-rescuer)

BVM ventilations with OPA and high-flow oxygen

Use of AED for shockable rhythms

Patient has ROSC:

Obtain vitals signs: BP 98/52, P 66, R 12, SpO2 95% after ventilations

If patient regains consciousness- place in recovery position

If remains unconscious- continue positive pressure ventilations