

EMT Post Course Completion Checklist

In order to receive a course completion certificate, the following items are required:

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|--|--|
| <input type="checkbox"/> NREMT Skills verification forms and individual skills sheets | <input type="checkbox"/> Successful completion of hourly requirements and testing requirements |
| <input type="checkbox"/> FEMA (click link) 100 , 200 , 700 | <input type="checkbox"/> 85% score on test prep |
| <input type="checkbox"/> 10 PCR's from Externships | <input type="checkbox"/> Livescan: (county EMSA and DMV) |
| <input type="checkbox"/> Student tuition paid in full | |

Final steps for EMT Licensure:

1. Register for [NREMT.org](#) account:

- Submit above requirements to Course Director
- NREMT Application and fees
- Register for exam. Exam Date: _____ Pass Fail

2. County EMT Licensure requirements:

- Passed NREMT Cognitive Exam
- Application and fees
- County Livescan (\$70-\$100): [Alameda](#), [Contra Costa](#), [Sacramento](#), [SF](#), [Santa Clara](#), [Solano](#)
- NREMT Course Completion Certificate

3. Ambulance Drivers Certificate testing requirements:

- Application and fees
- [DMV Livescan](#) (\$55)
- Medical Examiners Certificate

PROJECT HEARTBEAT

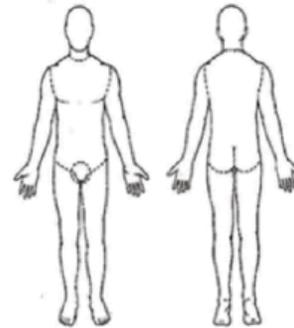
EMT TRAINING PROGRAM

Student Name		Date	
Clinical Provider Name		Unit ID #	
City of Incident	Pt. Age	Pt. Weight	Sex: M F

Dispatch Time:	Enroute:	At Scene:	Enroute to Hospital:	At Hospital:
CHIEF COMPLAINT:			Past Medical History	
HISTORY OF CHIEF COMPLAINT/MECHANISM OF INJURY:				
Medications		Allergies Y N To What?		
Initial Blood Pressure	Initial Pulse	Initial Respiratory Rate		

GLASGOW COMA SCALE

EYE OPENING 4 <input type="checkbox"/> Spontaneous 3 <input type="checkbox"/> To Voice 2 <input type="checkbox"/> To Pain 1 <input type="checkbox"/> None SCORE _____	VERBAL RESPONSE 5 <input type="checkbox"/> Oriented 4 <input type="checkbox"/> Confused 3 <input type="checkbox"/> Inappropriate 2 <input type="checkbox"/> Incomprehensible 1 <input type="checkbox"/> None SCORE _____	MOTOR RESPONSE 6 <input type="checkbox"/> Obeys Commands 5 <input type="checkbox"/> Localizes Pain 4 <input type="checkbox"/> Withdraws to Pain 3 <input type="checkbox"/> Flexion to Pain 2 <input type="checkbox"/> Extension to Pain 1 <input type="checkbox"/> None SCORE _____ SCALE TOTAL _____
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Circle Affected Area

PHYSICAL ASSESSMENT (WNL=Within Normal Limits // ABN=Abnormal)

Neuro	Head/Face	Neck	Chest/Lungs	Abdomen	Back	Pelvis	Extremities
WNL ABN	WNL ABN	WNL ABN	WNL ABN	WNL ABN	WNL ABN	WNL ABN	WNL ABN

PHYSICAL FINDINGS:

BREATHING <input type="checkbox"/> Normal <input type="checkbox"/> Shallow	SKIN COLOR <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Ashen <input type="checkbox"/> Flush <input type="checkbox"/> Cyanotic	SKIN MOIST <input type="checkbox"/> Dry <input type="checkbox"/> Moist	SKIN TEMP <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot	CAPILLARY REFILL <input type="checkbox"/> Normal <input type="checkbox"/> Delayed	PUPILS <input type="checkbox"/> PERL <input type="checkbox"/> Pinpoint <input type="checkbox"/> Dilated <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive
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EMT #1 Signature			EMT #2 Signature		

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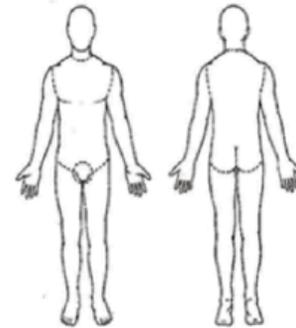
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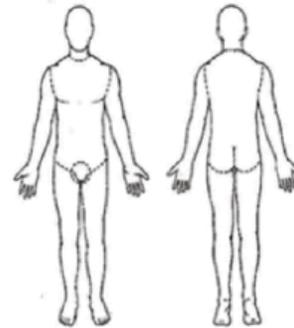
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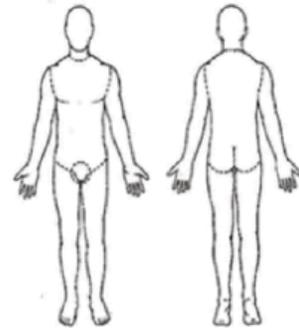
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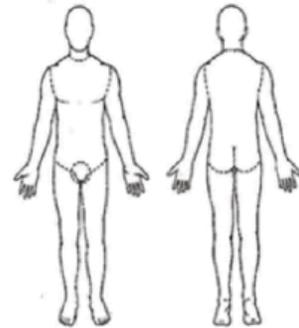
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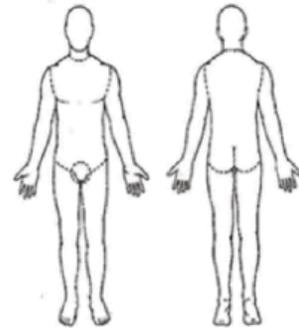
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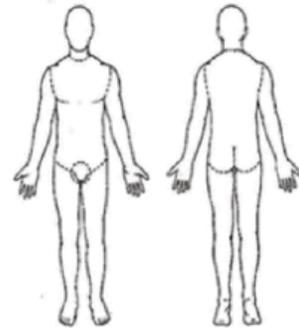
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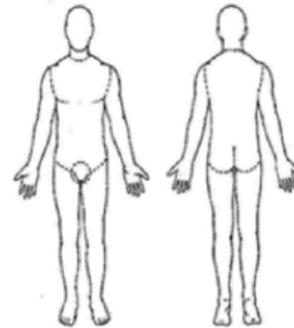
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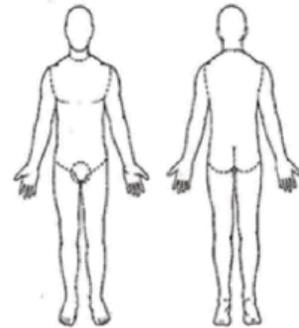
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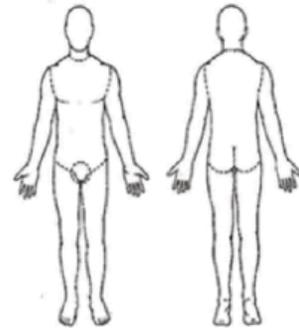
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WNL ABN	WNL ABN	WNL ABN	WNL ABN	WNL ABN	WNL ABN	WNL ABN	WNL ABN

PHYSICAL FINDINGS:

BREATHING <input type="checkbox"/> Normal <input type="checkbox"/> Shallow	SKIN COLOR <input type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Ashen <input type="checkbox"/> Flush <input type="checkbox"/> Cyanotic	SKIN MOIST <input type="checkbox"/> Dry <input type="checkbox"/> Moist	SKIN TEMP <input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot	CAPILLARY REFILL <input type="checkbox"/> Normal <input type="checkbox"/> Delayed	PUPILS <input type="checkbox"/> PERL <input type="checkbox"/> Pinpoint <input type="checkbox"/> Dilated <input type="checkbox"/> Reactive <input type="checkbox"/> Non-Reactive
---	--	---	--	--	---

TREATMENT // TRANSPORT

TIME	MANAGEMENT:	PATIENT RESPONSE	BP	P	R
:					
:					
:					
:					
EMT #1 Signature			EMT #2 Signature		



REQUEST FOR LIVE SCAN SERVICE Applicant Submission

(License, Certification, Permit Only, or Business Partner Automation Program Participant)

To verify your identity, please bring an official governmental photo document (e.g., driver license, identification card, passport, etc.) with you to the live scan site. Processing fees are non-refundable.

Please read instructions on reverse before completing form.

1. CODE ASSIGNED BY DOJ
ORI: A0059

APPLICANT COMPLETES (EXCEPT ITEM 15) — PLEASE PRINT.

2. CHECK APPROPRIATE BOX (SEE REVERSE FOR INSTRUCTIONS)

Ambulance Driver Certificate Only

A. Department of Motor Vehicles
Licensing Operations Division
Occupational Licensing Branch
P. O. Box 932342 MS—L224
Sacramento, CA 94232-3420

Five Digit Mail Code: 04620

**Contact: Operations Manager
916-229-3153**

B. Department of Motor Vehicles
Licensing Operations Division
Issuance, Commercial Driver License
P.O. Box 942890
Sacramento, CA 94232-3420

Five Digit Mail Code: 04621

**Contact: CDL/PDPS Manager
916-657-5771**

3. TYPE OF APPLICATION (ONLY IF CHECKING BOX "A" ABOVE) — Check One

- License Certification Permit Business Partner Automation Program Participant (BPA)
 Employer Testing Program Examiner (ETP)

4. APPLICANT NAME (LAST, FIRST, MIDDLE INITIAL)

5. AKA (LAST, FIRST)

ADDITIONAL AKA (LAST, FIRST)

6. DATE OF BIRTH	7. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	8. HEIGHT	9. WEIGHT	10. EYE COLOR	11. HAIR COLOR
------------------	--	-----------	-----------	---------------	----------------

12. PLACE OF BIRTH	13. SOCIAL SECURITY NUMBER
--------------------	----------------------------

14. CALIFORNIA DRIVER LICENSE/IDENTIFICATION NUMBER	15. NO BILLING NUMBER—APPLICANT PAYS	16. MISCELLANEOUS NUMBER
---	--------------------------------------	--------------------------

17. HOME ADDRESS AND TELEPHONE NUMBER	STREET	CITY	STATE	ZIP CODE	TELEPHONE NUMBER
---------------------------------------	--------	------	-------	----------	------------------

18. YOUR NUMBER (OCA NUMBER—AGENCY IDENTIFYING NUMBER) OLAD	19. IF RESUBMISSION, LIST ORIGINAL ATI NUMBER	20. LEVEL OF SERVICE <input checked="" type="checkbox"/> DOJ <input type="checkbox"/> FBI-BPA/ETP CHECK
---	---	--

LIVE SCAN OPERATOR COMPLETES

21. OPERATOR COMPLETING LIVE SCAN TRANSACTION	22. DATE
---	----------

23. TRANSMITTING AGENCY (LSID NUMBER)	24. ATI NUMBER	25. AMOUNT COLLECTED	26. AMOUNT BILLED
---------------------------------------	----------------	----------------------	-------------------

DISTRIBUTION: ORIGINAL - Live Scan Operator
SECOND COPY - Requesting Agency
THIRD COPY - Applicant

INSTRUCTIONS FOR COMPLETING FRONT

1. **Code Assigned by DOJ:** ORI number pre-printed.
2. **Agency Address Set Contributing Agency:** Check box "B" if applying for an Ambulance Driver Certificate. Check box "A" for all other licenses, Vehicle Verifier Permit, or Business Partner Automation Program Participant.
3. **Type of Application:** Check one. Applications for the following type licenses require Live Scan services.
 - Ambulance Driver Certificate
 - Business Partner Automation Program/Registration Service Owner
 - Business Partner Automation Program/Dealer Owner
 - Business Partner Automation Program/Employee (i.e., Registration Service, Dealer, Automobile Club, Rental Car, Leasing Company employee).
 - Dealer License
 - Dismantler/Wrecker License
 - Distributor License
 - Distributor Representative License
 - Driving School Instructor License
 - Driving School Operator License
 - Driving School Owner License
 - Employer Testing Program Examiner
 - Lessor/Retailer License
 - Manufacturer License (includes Remanufacturer)
 - Manufacturer Representative License
 - Registration Service License
 - Salesperson License
 - Transporter License
 - Traffic Viol. School Owner License (includes Operator or Instructor)
 - Vehicle Verifier Permit
4. **Name of Applicant:** Enter applicant's full name.
5. **AKA:** Enter any other names applicant has used.
6. **Date of Birth:** Enter applicant's date of birth.
7. **Sex:** Check the appropriate box for gender: Male, Female, or Nonbinary.
8. **Height:** Enter applicant's height.
9. **Weight:** Enter applicant's weight.
10. **Eye color:** Enter applicant's eye color.
11. **Hair color:** Enter applicant's hair color.
12. **Place of birth:** Enter city, state, and country
13. **Social Security Number:** Enter applicant's social security number.
14. **California Driver License/Identification Card number:** Enter applicant's California Driver License/Identification Card number.
15. **Applicant Pays:** Live Scan operator will complete.
16. **Miscellaneous Number:** Enter other identifying numbers (e.g., other state driver license number).
17. **Home Address:** Enter applicant's residence address and telephone number.
18. **Your number:** DMV identifying number pre-printed.
19. **If resubmission:** Enter the original ATI number provided on the reject notification to avoid paying an additional processing fee.
20. **Level of Service:** DOJ required for occupational licenses, in addition, FBI required for Business Partner Automation Program Participants, and employer testing program examiners.
21. **Operator Completing Live Scan Transaction:** Enter operator's name.
22. **Date:** Enter date transaction was completed.
23. **Transmitting Agency:** Enter live scan identification number.
24. **ATI Number:** Enter ATI number.
25. **Amount Collected:** Enter amount collected.
26. **Amount Billed:** Enter amount billed.



Practical Exam Workbook For Emergency Medical Technicians (EMT)

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Oakland, CA 94621
Phone: (510)452-1100
Fax: (510) 452-1110

Website: www.ProjectHeartbeat.com
Email: info@Projectheartbeat.com

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FOREWARD

To qualify and get your EMS national certification, you must pass both the cognitive exam AND the psychomotor exam. The psychomotor exam is administered by your State EMS Office and follows the National Registry Psychomotor testing guidelines,

Before signing up for the exam, review the following skills testing forms as preparation for the skills exam.

YOU ARE RESPONSIBLE FOR PREPARATION OF THE SKILLS NECESSARY FOR ADEQUATE PATIENT CARE, WHICH INCLUDES THE MINIMUM REQUIRED SKILLS IDENTIFIED IN TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS.

A \$50 RESCHEDULE FEE WILL BE APPLIED IF YOU FAIL 2 SKILLS AND WILL HAVE TO RESCHEDULE FOR AN ALTERNATIVE TESTING DATE

Below are PDF documents from the National Registry website, giving a comprehensive checklist of each skill presented. Please note that “the following performance checklists are a guide for the verification of required skills.

website: <https://www.nremt.org/rwd/public/document/psychomotor-exam>)

This workbook is made available to you well in advance of testing to allow for adequate review and practice.

SCORING

The purpose of a scoring checklist is to ensure that:

1. All candidates are tested to the same standard
2. Important steps in each skill are completed
3. Minimum competencies and critical failure criteria for each skill are established

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

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

Section 1:

EMT Testing Policies and Procedures

THE CERTIFICATION PROCESS

Individuals applying for the Emergency Medical Technician national certification must meet the following requirements:

1. Successful completion of a state-approved Emergency Medical Technician (EMT) course that meets or exceeds the National Emergency Medical Services Education Standards for the Emergency Medical Technician.
 - Candidates must have completed the course within the **past two years** and the course Program Director must verify successful course completion on the National Registry website.
2. Have a current CPR-BLS for "Healthcare Provider" or equivalent credential.
3. Successful completion of the National Registry cognitive (knowledge) and a state approved psychomotor (skills) exams.
 - Passed portions of the cognitive and psychomotor exam remain valid for 24 months. For candidates with a course completion date prior to November 1, 2018, passed portions of each examination are valid for 12 months. Provided all other entry requirements are met.

Notes

- If the initial Emergency Medical Technician (EMT) educational program was completed *more than two years ago*, and the candidate is currently state licensed at the EMT level, the candidate must document successful completion of a state-approved EMT refresher course or 24 hours of equivalent continuing education topic hours within the past two years.
- If the candidate is **not currently state licensed as an EMT** and it has been more than two years from the completion of an approved EMT course, the candidate must complete a new state-approved EMT course prior to applying for National Certification.

Application Process

- Create an [account/login profile](#) on this website.
- Submit a National Registry application and answer all questions truthfully.
- The National Registry may deny certification or take other appropriate actions in regards to applicants for certification or recertification when a [criminal conviction](#) has occurred.
- Pay the application fee of \$80 (US funds). The application fee is non-transferable and non-refundable. **This fee is charged for each attempt of the cognitive examination.**
- Candidates will receive an electronic Authorization to Test (ATT) once you are eligible for the exam. The electronic ATT contains scheduling instructions and important details concerning proper identification required at testing centers. You can find the ATT in the 'Check Application Status' page.

Responsibilities of Nationally Certified EMS Personnel

Certified Emergency Medical Technicians (EMTs) must notify the National Registry within 30 days regarding the following matters:

- change in mailing address (the best way to update a mailing address is by editing the user profile page)

- any criminal conviction.
- disciplinary action taken by any state has resulted in suspension, revocation, or expiration of state registration/licensure; termination of right to practice; voluntary surrender of state registration/licensure while under investigation.

The National Registry considers the individual to be solely responsible for their certification.

THE COGNITIVE EXAM

The National Registry Emergency Medical Technician (EMT) cognitive exam is a [computer adaptive test \(CAT\)](#). The number of items a candidate can expect on the EMT exam will range from 70 to 120. Each exam will have between 60 to 110 ‘live’ items that count toward the final score. The exam will also have 10 [pilot questions](#) that do not affect the final score. The maximum amount of time given to complete the exam is 2 hours.

The exam will cover the entire spectrum of EMS care including: Airway, Respiration & Ventilation; Cardiology & Resuscitation; Trauma; Medical; Obstetrics/Gynecology; EMS Operations. Items related to patient care are focused on adult and geriatric patients (85%) and pediatric patients (15%). In order to pass the exam, candidates must meet a standard level of competency. The passing standard is defined by the ability to provide safe and effective entry level emergency medical care.

We strongly encourage candidates to review the following information:

- [Cognitive Exam Policies](#)
- [Cognitive Exam Information](#)

EMT Cognitive Exam Test Plan

Based on the most recent **practice analysis**, the National Registry Board approves a cognitive exam test plan. A test plan is a blue-print that tells the computer testing software how to build a candidate's exam. The table below indicates what percent of the test will focus on each topic area.

Content Area	Percent of Exam	Adult / Pediatric Mix
Airway, Respiration & Ventilation	18%-22%	85% Adult; 15% Pediatric
Cardiology & Resuscitation	20%-24%	85% Adult; 15% Pediatric
Trauma	14%-18%	85% Adult; 15% Pediatric
Medical; Obstetrics & Gynecology	27%-31%	85% Adult; 15% Pediatric
EMS Operations	10%-14%	N/A

Cognitive Exam Retest Information

If a candidate is not successful in passing the cognitive exam, the National Registry will provide a candidate feedback on their performance. Candidates may apply to retest **15 days** after the last examination.

Candidates are given a total of **six opportunities** to pass the EMT cognitive examination, provided all other requirements for National EMS Certification are met. After *three attempts*, candidates must submit official documentation verifying completion of remedial training. Remedial training must be completed by a state approved instructor or an approved CAPCE course. After remedial training is complete, the candidate is given three additional attempts to pass the EMT cognitive exam, provided all other requirements for National Certification are met. Candidates who fail to pass after a total of six attempts are required to repeat the entire EMT course.

Remedial Training Requirements

The EMT remedial training requirement can be satisfied through three different options:

1. **Traditional Refresher Course:** Completion of a State or CAPCE(F1, F2, F5) approved 24 hour EMT refresher course.
2. **NCCR 20 hours of continuing education:** Completion of the 20 hour National Competency Component from the NCCP model.
3. **Continuing education topic hours:** EMT remedial may be completed by continuing education* and must include the topics and hours listed here under Traditional Model.

Note: Some states require the traditional refresher course and will not accept continuing education hours. Please refer to your state's particular requirements. A maximum number of 10 hours can be applied from Distributive Education towards this section and must be state or CAPCE approved.

THE PSYCHOMOTOR EXAM

Throughout your Emergency Medical Technician (EMT) educational program you must demonstrate competence in a wide range of emergency care skills. Your instructor must attest that you have demonstrated competence in the following skills during your course: patient assessment/management of a trauma patient, patient assessment/management of a medical patient, cardiac arrest management/AED, BVM ventilation of an apneic patient, long bone fracture immobilization, joint dislocation immobilization, traction splinting, bleeding control/shock management, upper airway adjuncts and suction, mouth-to-mouth ventilation with supplemental oxygen, and supplemental oxygen administration to a breathing patient.

You must also successfully complete a state-approved Emergency Medical Technician (EMT) psychomotor examination. Speak with your instructor or State EMS Office about the format and logistics of completing a state-approved Emergency Medical Technician (EMT) psychomotor exam.

Emergency Medical Technician psychomotor examinations are not administered by the National Registry. All EMT psychomotor exams are administered by either the State EMS Office or at the

training institution (with approval and oversight provided by the State EMS Office). EMT course instructors should provide candidates information regarding this examination.

The following performance checklists are a guide for the verification of required skills. The State EMS Office or training institution may use different forms.

- [Patient Assessment / Management - Trauma](#)
- [Patient Assessment / Management - Medical](#)
- [BVM Ventilation of an Apneic Adult Patient](#)
- [Oxygen Administration by Non-Rebreather Mask](#)
- [Bleeding Control / Shock Management](#)
- [Cardiac Arrest Management / AED](#)
- Epinephrine Auto Injector
- Intranasal Narcan (Nalaxone)
- Penetrating Chest Injury
- Childbirth and Neonatal Resuscitation

Section 2:

EMT Scope of Practice

TITLE 22

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

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

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

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

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

(6) Administer over the counter medications, when approved by the medical director, including, but not limited to:

(A) Aspirin.

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

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

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

Section 3:

Psychomotor Examination



See attached for instructions for completion

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

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

Name as shown on California EMT Certificate	EMT Certificate Number	Signature
---	------------------------	-----------

This section is to be filled out by an approved Verifier (see instructions for information on approved Verifiers).

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

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



INSTRUCTIONS FOR COMPLETION OF EMT SKILLS COMPETENCY VERIFICATION FORM

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

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

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



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

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point)	3	
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of the present illness -Onset (1 point) -Quality (1 point) -Severity (1 point) -Provocation (1 point) -Radiation (1 point) -Time (1 point) -Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	8	
Past medical history -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point)	5	
SECONDARY ASSESSMENT		
Assesses affected body part/system -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____	TOTAL	42

CRITICAL CRITERIA

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

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



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

BVM VENTILATION OF AN APNEIC ADULT PATIENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60."		
Opens airway properly	1	
NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."		
Prepares rigid suction catheter	1	
Turns on power to suction device or retrieves manual suction device	1	
Inserts rigid suction catheter without applying suction	1	
Suctions the mouth and oropharynx	1	
NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."		
Ventilates the patient immediately using a BVM device unattached to oxygen [Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]	1	
NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.		
Re-checks pulse for no more than 10 seconds	1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]	1	
Ventilates the patient adequately -Proper volume to cause visible chest rise (1 point) -Proper rate [10 – 12/minute (1 ventilation every 5 – 6 seconds)] (1 point)	2	
Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"		
Actual Time Ended: _____	TOTAL	16

CRITICAL CRITERIA

- ____ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to suction airway **before** ventilating the patient
- ____ Suctions the patient for an excessive and prolonged time
- ____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- ____ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ____ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- ____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ____ Insertion or use of any adjunct in a manner dangerous to the patient
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

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



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

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

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

CRITICAL CRITERIA

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to assemble the oxygen tank and regulator without leaks
- ___ Failure to prefill the reservoir bag
- ___ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ___ Failure to ensure a tight mask seal to patient's face
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____ **Possible Points** **Points Awarded**

Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Checks patient responsiveness	1	
Direct assistant to retrieve AED	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless."		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of no more than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.		
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	TOTAL	17

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- ___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ___ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- ___ Interrupts CPR for more than 10 seconds at any point
- ___ Failure to correctly attach the AED to the patient
- ___ Failure to operate the AED properly
- ___ Failure to deliver shock in a timely manner
- ___ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- ___ Failure to immediately resume compressions after shock delivered
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

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



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

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

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

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to administer high concentration oxygen
- ____ Failure to control hemorrhage using correct procedures in a timely manner
- ____ Failure to indicate the need for immediate transportation
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

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

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

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

CRITICAL CRITERIA

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

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



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

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

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

CRITICAL CRITERIA

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

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



Penetrating Chest Injury

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Start time: _____ End time: _____

1. Goal or purpose for this skill: To seal a puncture to the thorax to allow for inflation of the lung.

2. Equipment Needed

- A. BSI
- B. Vaseline gauze
- C. 1" tape

Skills Procedure	Points Possible	Points Awarded
Examiner states: "You arrive to find a patient who was involved in an altercation and was show in the chest" Begin Your assessment	1	
Takes or verbalizes BSI	1	
Assessment of Primary Survey	1	
Maintains open airway and provides BLS is needed	1	
Assesses breathing and visualizes chest during primary assessment	1	
Recognizes open chest wound and seals as quickly as possible by placing gloved hand on wound and holds in place	1	
Student places an occlusive dressing on wound	1	
Student tapes bulk occlusive dressing on three sides	1	
Student verbalizes importance of monitoring lung sounds	1	
Administers appropriate oxygen delivery	1	
Reassesses for Pneumothorax	1	
Removes dressing as appropriate to relieve pneumothorax	1	
Treats for shock of appropriate	1	
Places patient in position of comfort to allow for best breathing, maintaining best position for injury	1	
Determines appropriate transport method	1	
Successfully completed station within 10 mins	1	
Total	16	

CRITICAL CRITERIA

- ___ Failure to initiate or call for transport of the patient within 10 minute time limit
- ___ Failure to occlude wound as quickly as possible
- ___ Failure apply occlusive dressing and tape on 3 sides
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to determine scene safety before approaching patient
- ___ Failure to voice and ultimately provide appropriate oxygen therapy
- ___ Failure to assess/provide adequate ventilation
- ___ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ___ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- ___ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- ___ Orders a dangerous or inappropriate intervention
- ___ Failure to provide accurate report to arriving EMS unit
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel



EPIPEN®/EPIPEN JR.® COMPETENCY SKILLS CHECKLIST

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Start time: _____ End time: _____

Place (1) in the box, if the skill is attained.

	Examiner states: "You arrive to find a patient who's presenting with signs of anaphylaxis after eating peanuts"	
1	Scene Safety and BSI	
2	States indications for use of the Epi pen auto injector	
3	Identify five signs and symptoms of anaphylaxis.	
4	Have someone call 911 (If no one available, administer EpiPen® then call).	
5	Remove EpiPen® from package and protective carry tube by flipping the color-coded cap.	
6	Make a fist around the EpiPen® Auto Injector. Remove safety cap with your other hand, careful not to touch the tip.	
7	Hold the EpiPen® with the tip pointing toward the middle part of the outer thigh area at a 90 degree angle. Do not remove clothing.	
8	Press the tip HARD into the outer thigh until you hear a "click." <u>Keep pressing the EpiPen® firmly against the thigh for 10-15 seconds, counting loud.</u>	
9	Remove EpiPen® straight out of injection site.	
10	Massage injection site for 5-10 seconds. Monitor status until help arrives. Have next dose ready if needed.	
11	Patient has received the correct dose of the medication if the needle tip is extended and the window is obscured. If not, repeat steps 4-9.	
12	If symptoms continue and 911 has not arrived, give a second dose with second EpiPen® 15-20 minutes after first dose.	
SCORE FOR NUMBER OF SKILLS CORRECTLY PERFORMED		12

The above skills have been demonstrated at the required level of competency.

Signs and Symptoms of Anaphylaxis:

- | | |
|---|---|
| * Hives (in conjunction with any of the following) | * Fast Heartbeat |
| * Swelling of the throat, lips, tongue or around the eyes | * Sudden decrease in blood pressure |
| * Hard time breathing or swallowing | * Sudden feeling of weakness |
| * Generalized itching or redness of the skin | * Stomach cramps, throwing up or diarrhea |
| | * Collapse or loss of consciousness |

Storage:

- | | |
|--|---|
| * Room temperature in the plastic tube it comes in | * DO NOT refrigerate. |
| * Do not place/leave in vehicle in hot weather. | * Keep in secure but unlocked and easily accessible location. |

Efficacy:

- * View color through window of unit: Should be clear. If brown, need new one.
- * Effects wear off after **10-20 minutes**. **Call 911 immediately after using the EpiPen®**
- * EpiPen® Use: Children & Adults > **66 lbs.** EpiPen® Jr. Use: Children & Adults **33-66 lbs.**

EMT/FIRST RESPONDER COMPETENCY

INTRANASAL NALOXONE

STUDENT NAME: _____

INSTRUCTOR: _____ Signature: _____

DATE: _____

Competency Statement: All approved First Responder personnel will understand how to administer Naloxone Intranasal.

Purpose: Naloxone is used to reverse the effects of opioid overdose.

Resource: Naloxone pharmaceutical package insert and assigned reading.

Instructions for completion of this checklists:

Read Naloxone education materials. Review instructor led materials. Review video

1. After reading each of the skill checklist items, make a check mark either in the Met or No Met column.
2. When checking the "Met" column, this will signify that learning has been accomplished or "Met" in this particular skill on the checklist.
3. Before making "Not Met", ask for instructions or any clarification that may be needed.
4. You may make a copy of the skills checklist for any review that you want to do in the future.

#	EXPLANATION OF THE SKILLS CHECKLIST	MET	NOT MET
1	Intranasal (IN) Naloxone 2mg delivered by an intranasal Mucosal Atomized Device is used in reserve the affects of opioid overdose.		
2	Opioid overdose is potentially lethal condition that results in accidental/intentional excessive use of narcotics with decreased level of consciousness, pinpoint pupils, slow heart rate, slow breathing that can sometimes stop, may have blue lips and nails from insufficient oxygen in the blood, may have seizure, and may have muscle spasms. A person experiencing an opiate overdose usually will not wake up even if their name is called or if shaken.		
3	Intranasal (IN) Naloxone 2mg delivered by an intranasal Mucosal Device should only be used in adults and children (5 years or older 20kg/40lbs) in opioid.		
4	Intranasal Mucosal Atomization device is a nasal device, a Naloxone filled luer lock syringe can be attached to deliver Naloxone intranasally.		

5	Naloxone 2mg filled luer lock syringes are filled with 2mg Naloxone		
6	Emergency treatment for opioid overdose.		
7	Blood born pathogen protection, scene safety, and be prepared to start CPR and assist respirations if needed.		
8	If a patient is experiencing the signs and symptoms of opioid overdose use intranasal (IN) Naloxone 2mg to reverse the affects of opioid overdose.		
9	Directions for using Naloxone 2mg intranasal mucosal atomization device.		
10	Obtain Opioid Overdose Kit from ambulance.		
11	Inspect Naloxone 2mg prefilled luer lock syringes for clarity and expiration dates (5 syringes total of 10mg) and 1 Intranasal Mucosal Atomization Device.		
12	Twist Naloxone 2mg prefilled luer lock syringe onto Intranasal Mucosal Atomization Device.		
13	Using your free hand to hold the back of the head for stability, place the tip of the Intranasal Device snugly into nostril aiming slightly up and outward (toward top of ear.)		
14	Briskly compress the syringe plunger to deliver half (1mg) of the medication into the nostril.		
15	Move the device over to the opposite nostril and administer the remaining medication (1mg) in the nostril aiming toward the top of the ear.		
16	Repeat dosing every 5 minutes (1mg) each nostril if needed. Up to total of 10mg		
17	If patient responds position patient in recovery position on their side (if possible) to assist in independent breathing.		
18	Transport to hospital with high dose oxygen, be prepared to repeat Naloxone if needed and closely monitor vital signs.		

EMERGENCY CHILDBIRTH

Candidate Name: _____ **Date:** _____
Start Time: _____ **Stop Time:** _____ **Completed w/in allotted time frame * Yes No**

Evaluator's Name: _____

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	*	
Reassures patient and request permission to treat	*	
Asks, "Are you under a doctor's care?"	1	
Asks, "Does your doctor expects any problems with delivery?"	*	
Asks, "Is this your first baby?"	1	
Asks, "When is your baby due?"	*	
Asks, "When did your contractions begin?"	1	
Asks, "How far apart are the contractions?"	*	
Asks, "Has your water broken?"	*	
Asks, "Do you feel a need to bear down, or move your bowels?"	*	
Explains and reassures the need to check for crowning or abnormal bleeding	1	
Observes for crowning	1	
States to evaluator, presence or absence of prolapsed cord or abnormal presentation	1	
Opens O.B. Kit, attempts to cleanse and drape area, prepares for delivery	1	
Puts gloves on using sterile technique	1	
With one hand, applies gentle pressure to baby's head to prevent sudden expulsion	*	
With other hand, applies gentle downward pressure to the perineum directly below vaginal opening to prevent tearing	*	
States presence or absence of cord around the baby's neck	*	
NOTE: THE EXAMIER ADVISES, "THE CORD IS WRAPPED AHEAD THE BABY'S HEAD"		
Loosens and slips cord over baby's head	*	
Suctions baby's mouth, then nose (once head has delivered)	*	
Applies gentle downward pressure to head to release upper shoulder	1	
Applies gentle upward pressure to head to release lower shoulder	1	
Holds baby securely	1	
Suctions mouth and nose again	*	
NOTE: THE EXAMIER ADVISES, "THE BABY IS OUT, HAS A PULSE, BUT IS NOT BREATHING"		
Stimulates baby with brisk rub or flicking feet	*	
NOTE: THE EXAMIER ADVISES, "THE BABY IS CRYING NOW."		
Wraps baby in clean blanket	*	
Clamps cord: 1 st clamp – 6" to 8" from baby 2 nd clamp – 2" to 4" from 1 st clamp, toward mother (cut between clamps)	*	
Gives baby to mother	1	
Massages uterus	1	
Places placenta in plastic bag	1	
TOTAL	14	

_____ Did not perform all points marked with *



**National Registry of Emergency Medical Technicians®
 Paramedic Psychomotor Competency Portfolio Manual
 GLUCOMETER SKILLS LAB**

Student Name: _____ Date: _____

Instructor Evaluator: _____ Signature _____ Student Evaluator: _____ Signature _____

SCORING	
N/A	Not applicable for this patient
0	Unsuccessful; required critical or excessive prompting; inconsistent; not yet competent
1	Not yet competent, marginal or inconsistent, this includes partial attempts
2	Successful; competent; no prompting necessary

Actual Time Started: _____	SCORE
Identifies the need for obtaining a blood glucose level	
Identifies the normal parameters for blood glucose level	
Identifies contraindications	
Identifies potential complications:	
Erroneous reading	
BSI exposure	
Clearly explains procedure to patient	
Selects, checks, assembles equipment	
Glucometer	
Test strip	
Needle or spring-loaded puncture device	
Alcohol swabs	
Checks blood glucose level	
Takes or verbalizes appropriate PPE precautions	
Turns on glucometer and inserts test strip	
Preps fingertip with alcohol prep	
Lances the prepped site with needle/lancet device, drawing capillary blood	
Disposes/verbalizes disposal of needle/lancet in appropriate container	
Expresses blood sample and transfers it to the test strip	
Applies pressure and dresses fingertip wound	
Records reading from glucometer and documents appropriately	
Affective	
Accepts evaluation and criticism professionally	
Shows willingness to learn	
Interacts with simulated patient and other personnel in professional manner	

Actual Time Ended: _____

TOTAL /42

