



CMIE-BASED RECERTIFICATION

LOG BOOK

REVISED: May 2010

EMT-Basic

Name: _____ Agency: _____

Providers must be complete with the program
AT LEAST 60 DAYS PRIOR
TO THEIR EMT EXPIRATION DATE!

60 days prior to my EMT expiration date is:

—/—/—

Office of Prehospital Care

462 Grider Street

Buffalo, New York 14215

(716) 898-3600

www.OPCEMS.org

Introduction

Welcome to the CME-Based Recertification Program. Your agency has contracted with the *Office of Prehospital Care* to assist you with achieving recertification over the next several years. We encourage each participant to utilize this log book as a resource to help ensure success with the program.

This is an agency-based program. This means that the agency must not only apply to be in the program, but it must also assist its members within the program. An individual can not recertify in the program unless they belong to an agency that is participating in the program. Agencies must abide by certain requirements of the program such as, but not limited to:

- Maintaining pilot recertification program records for a minimum of 7 years.
- Complying with all deadline dates outlined within the program. A common problem has been with delays in agencies and providers obtaining the required signatures and thereby submitting renewal paperwork late.
- Assuring that all agency and participant files are kept up to date. Files found to be more than 30 days out of date will be in violation of the program.
- Assuring that the contents of all files are kept in chronological order.
- Assuring that all program records must be made available within 24 hours for auditing purposes.
- Assuring that all forms are submitted within the required time periods.
- Abiding by all regulations and policies set-forth by the CME-Based Program.

To be eligible for program participation, one must meet the following requirements:

- Currently certified and maintain certification through recertification process.
- Current active member OR employee of an agency registered with the pilot program.
- Actively providing prehospital care at the certification level sought AND the agency must be authorized to provide care at the level for which the participant seeks recertification. (i.e. A paramedic can not renew paramedic certification through the program if the agency is not authorized to provide paramedic-level care).

As a participant in this program, you may attend any core session hosted by the *Office of Prehospital Care* only. Our courses will be scheduled several months, often years in advance. Courses are listed on our website: www.OPCEMS.org

Please allow adequate time to complete the program. We strongly advise each participant to frequently review their status in the program with their Agency's Program Coordinator. As a reminder, completed paperwork is due to the New York State Department of Health 45-days prior to your expiration date; which means that each participant should complete the program no less than 60 days prior to expiration. Should you find that you don't have enough time to complete the Pilot Program, you MUST enroll in and successfully complete a NYS EMT/AEMT Refresher Course and pass a State administered practical and written certification exam.

As always, please feel free to call the OPC at (716) 898-3600 if you have any questions.

Best of luck with the program!

EMT-BASIC

Refresher Training
"Core Content"

Basic Preparatory (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Medical Assessment (2 hours)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

General Pharmacology (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Respiratory/Cardiac (3 hours)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Diabetes/AMS/Allergies (2 hours)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Poison/Environment/Behavioral (2 hours)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Continued on Next Page...

Airway (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Infants & Children (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Obstetrics & Gynecology (2 hours)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Elective (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

↓ *Alternative option to core modules above* ↓

BLS PEPP Course Attendance

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Continued on Next Page...

Airway (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Patient Assessment (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Trauma (4 hours)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Infants and Children (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

Elective (1 hour)

Date(s) Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____

↓ *Alternative option to core modules above* ↓

PHTLS or ITLS-Original Certification Course

Dates Attended: __/__/__ & __/__/__

Start Time: _____ End Time: _____

Total Hours of Instruction: _____

Location: _____

Instructor: _____



CPR COURSE COMPLETION

- Your CPR Card must be current at the time of recertification
- Must be a course designed for Healthcare Providers and include the following:
(Adult, Child and Infant 1 & 2 rescuer CPR and obstructed airway management)

Name of Course: _____ Name of Instructor: _____

Location of Course: _____ Date(s) of Course(s): __/__/__ & __/__/__

* Don't forget to make a copy of your card for your agency's pilot recert coordinator!

Geriatrics - 3 hours minimum

- This counts towards the 48 hours of "Additional Continuing Education".
- May be obtained from any acceptable CME source as described in the CME-Based Recertification Program Administration Manual.

Name of Course: _____ Name of Instructor: _____

Location of Course: _____ Date(s) of Course(s): __/__/__ & __/__/__

* Don't forget to make a copy of any certificates or attendance sheets for your agency's pilot recert coordinator!

WMD/Terrorism - 3 hours minimum

- This counts towards the 48 hours of "Additional Continuing Education".
- May be obtained from any acceptable CME source as described in the CME-Based Recertification Program Administration Manual.

Name of Course: _____ Name of Instructor: _____

Location of Course: _____ Date(s) of Course(s): __/__/__ & __/__/__

* Don't forget to make a copy of any certificates or attendance sheets for your agency's pilot recert coordinator!

Skill Competency Verification

- Each skill should be performed routinely
- **Complete and maintain at least one set of the NYS Skill Evaluation forms** (at rear of packet).
- PHTLS/ITLS and PEPP courses are great ways to verify skill competency.

Skill	Date Completed	Instructor's Name	Completed NYS Skill sheet? (Yes/No)	Competency Verified (Yes/No)
Patient Assessment - Trauma ¹				
Patient Assessment - Medical ²				
Airway/Ventilation - Simple Adjuncts ^{1,2}				
Airway/Ventilation - Supplemental Oxygen Delivery ^{1,2}				
Airway/Ventilation - Bag-Valve-Mask - one rescuer ^{1,2}				
Airway/Ventilation - Bag-Valve-Mask - two rescuer ^{1,2}				
Cardiac Arrest Management/AED				
Hemorrhage Control & Splinting - Long-Bone Injury ¹				
Hemorrhage Control & Splinting - Joint Injury ¹				
Hemorrhage Control & Splinting - Traction Splinting ¹				
Spinal Immobilization - Seated Patient ¹				
Spinal Immobilization - Supine Patient ¹				

¹ PHTLS/BTLS offers an opportunity to verify this skill. ² PEPP offers an opportunity to verify this skill.

STATION
1
EMT - Basic

**PATIENT ASSESSMENT/
MANAGEMENT
TRAUMA**

Pass _____
Fail _____

Please Print

Candidate _____
Examiner _____ Initials _____
Date _____ Start Time _____ Stop Time _____

Points: Possible Awarded **Comments**

		Possible	Awarded	Comments	
SCENE SIZE-UP	Takes, or verbalizes, body substance isolation precautions	C			
	Determines the scene is safe	C			
	Determines the mechanism of injury / nature of illness	1			
	Considers stabilization of spine	C			
INITIAL ASSESSMENT	Verbalizes general impression of the patient	1			
	Determines responsiveness/level of consciousness (AVPU)	1			
	Determines chief complaint/apparent life threats	1			
	Airway and Breathing	Assess and maintains airway	C		
		Initiates appropriate oxygen therapy	C		
		Assures adequate ventilation	C		
		Manages life threats to airway/breathing	C		
	Circulation	Assesses/controls major bleeding	C		
		Assesses pulse	C		
		Assesses skin (color, temperature, and condition)	C		
		Assesses airway, breathing & circulation prior to detailed physical exam	C		
	Identifies priority patients and makes transport decision	C			
FOCUSED HISTORY/ PHYSICAL EXAM/ RAPID ASSMNT.	Selects appropriate assessment (focused or rapid assessment)	1			
	Obtains baseline vital signs	Pulse Determines rate & quality (+/- 10)	C		
		Respirations Determines rate & quality (+/- 4)	C		
		Blood Pressure systolic & diastolic (+/- 10)	C		
	Obtains S.A.M.P.L.E. history	1			
HISTORY and PHYSICAL EXAM	Assesses the head	Inspects and palpates the scalp and ears	1		
		Assess the eyes	1		
		Assess the facial area including oral and nasal areas	1		
	Assesses the neck	Inspects and palpates the neck	1		
		Assess for JVD	1		
		Assesses for tracheal deviation	1		
	Assesses the chest	Inspects	1		
		Palpates	1		
		Auscultates	1		
	Assesses the abdomen and pelvis	Assess the abdomen and pelvis (1 pt. ea.)	2		
		Verbalizes assessment of genitalia/perineum as needed	1		
	Assess the extremities	Inspects and palpates all 4 extremities (1pt. ea.)	4		
		Check motor, sensory, distal circulation (1 pt. ea.)	4		
	Assess the posterior	Assesses thorax	1		
		Assesses lumbar	1		
		Manages secondary injuries & wounds appropriately	1		
	Ongoing Assessment (verbalized)	Repeats initial assessment	1		
Repeats vital signs		1			
Repeats focused assessment		1			
	Candidate completed station within 15 minute time limit	C			
Note: Candidate must complete all critical criteria and receive at least 23 points to pass this station.		32			

Total to pass: 23

Please Print

STATION
2
EMT - Basic

**PATIENT ASSESSMENT/
MANAGEMENT
MEDICAL**

Pass _____
Fail _____

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Points: Possible Awarded **Comments**

		Possible	Awarded	Comments				
SCENE SIZE-UP	Takes, or verbalizes, body substance isolation precautions	C						
	Determines the scene is safe	C						
	Determines the mechanism of injury / nature of illness	1						
	Considers stabilization of spine if indicated	1						
INITIAL ASSESSMENT	Verbalizes general impression of the patient	1						
	Determines responsiveness/level of consciousness (AVPU)	1						
	Determines chief complaint/apparent life threats	1						
	Airway and Breathing							
	Assess and maintains airway	C						
	Initiates appropriate oxygen therapy	C						
	Assures adequate ventilation	C						
	Circulation							
	Assesses/controls major bleeding	C						
	Assesses pulse	C						
Assesses skin (color, temperature, and condition)	C							
Assesses airway, breathing & circulation prior to focused history/physical exam	C							
Identifies priority patients and makes transport decision	C							
Assesses history of present illness – ask required questions	C							
FOCUSED HISTORY AND PHYSICAL EXAM	Respiratory	Cardiac	Altered Mental Status	Allergic Reaction	Poisoning / Overdose	Environmental Emergency	Obstetrics	Behavioral
	<input type="checkbox"/> Onset? <input type="checkbox"/> Provokes? <input type="checkbox"/> Quality? <input type="checkbox"/> Radiates? <input type="checkbox"/> Severity? <input type="checkbox"/> Time? <input type="checkbox"/> Interventions? (5)	<input type="checkbox"/> Onset? <input type="checkbox"/> Provokes? <input type="checkbox"/> Quality? <input type="checkbox"/> Radiates? <input type="checkbox"/> Severity? <input type="checkbox"/> Time? <input type="checkbox"/> Interventions? (5)	<input type="checkbox"/> Description of the episode <input type="checkbox"/> Onset? <input type="checkbox"/> Duration? <input type="checkbox"/> Associated symptoms? <input type="checkbox"/> Evidence of Trauma? <input type="checkbox"/> Interventions? <input type="checkbox"/> Seizures? <input type="checkbox"/> Fever? (6)	<input type="checkbox"/> History of Allergies? <input type="checkbox"/> What were you exposed to? <input type="checkbox"/> How were you exposed? <input type="checkbox"/> Effects? <input type="checkbox"/> Progression? <input type="checkbox"/> Interventions? (4)	<input type="checkbox"/> Substance? <input type="checkbox"/> When did you ingest/become exposed? <input type="checkbox"/> Over what time period? <input type="checkbox"/> Interventions? <input type="checkbox"/> Estimated weight? (5)	<input type="checkbox"/> Source? <input type="checkbox"/> Environment? <input type="checkbox"/> Duration? <input type="checkbox"/> Loss of consciousness? <input type="checkbox"/> Effects of general or local? (4)	<input type="checkbox"/> Are you pregnant? <input type="checkbox"/> How long have you been pregnant? <input type="checkbox"/> Pain or contractions? <input type="checkbox"/> Bleeding or discharge? <input type="checkbox"/> Has water broken? <input type="checkbox"/> Do you feel the need to push? <input type="checkbox"/> Last menstrual period? (5)	<input type="checkbox"/> How do you feel? <input type="checkbox"/> Determine suicidal Tendencies? <input type="checkbox"/> Is patient a threat to self or others? <input type="checkbox"/> Is there a medical problem? <input type="checkbox"/> Interventions? (4)
	Signs / Symptoms		1					
	Allergies		1					
	Medications		1					
	Past pertinent history		1					
	Last oral intake		1					
	Events leading to present illness (rule out trauma)		1					
	Performs focused physical exam (consistent with scenario)		1					
	Vital Signs (obtain baseline vital signs)							
	Respirations	Determines Rate and Quality (+/- 4)	C					
	Pulse	Determines Rate and Quality (+/- 10)	C					
	Blood Pressure	Determines Systolic & Diastolic (+/- 10)	C					
	TREATMENTS / INTERVENTIONS (Consistent with New York State Protocols)		1					
	Did not administer a dangerous or inappropriate intervention		C					
	Transport (re – evaluate the transport decision)		1					
	Verbalizes the consideration of completing a detailed physical examination		1					
	ONGOING ASSESSMENT (verbalized)							
	Repeats Initial Assessment		1					
	Repeats vital signs		1					
Repeats focused assessment regarding patient complaint or injuries		1						
Candidate completed station within 15 minute time limit		C						
Note: Candidate must complete all critical criteria and receive at least 13 points to pass this station.		18						

Total to pass: 13

STATION
3
EMT – Basic

**CARDIAC ARREST
MANAGEMENT
AED**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

	Points:	Possible	Awarded	Comments
ASSESSMENT & INITIAL TREATMENT	Takes or verbalizes, body substance isolation precautions	C		
	Directs rescuer to continue CPR	1		
	Assures adequate CPR (verbalizes “ <i>push hard, push fast, full chest recoil</i> ”) and adequate (visible) chest rise during ventilations	1		
	Turns on AED	1		
	Properly attaches AED pads in the correct locations	1		
	Directs rescuer to stop CPR	1		
	Ensures all individuals are clear of the patient	1		
	Initiates analysis of the patient’s rhythm	1		
	Delivers one (1) shock	C		
	Immediately directs CPR to begin without performing a pulse check	1		
TRANSITION	Verbally verifies lack of rescuer/compressor fatigue	1		
	Assures adequate CPR (verbalizes “ <i>push hard, push fast, full chest recoil</i> ”) and adequate (visible) chest rise during ventilations	1		
INTEGRATION	Verbalizes insertion of a simple airway adjunct (oral/nasal airway)	1		
	Assures high concentration of oxygen is delivered to the patient	1		
	CPR continues without unnecessary/prolonged interruption	1		
	Re-evaluates patient in approximately two (2) minutes	1		
	Candidate verbalizes defibrillation sequence protocol (NYS BLS Protocol)	1		
	Verbalizes transportation of patient	1		
Candidate initiated first shock within 90 seconds of arrival	C			
Assured all individuals were clear of patient before delivering each shock	C			
Directed initiation/resumption of ventilation/compressions at appropriate times	C			
Candidate completed station within 15 minute time limit	C			
Note: Candidate must complete all critical criteria and receive at least 12 points to pass this station.		16		

Total to pass: 12

COMMENTS:

STATION
4
EMT – Basic

**BAG-VALVE-MASK
APNEIC WITH
PULSE**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Points:	<i>Possible</i>	<i>Awarded</i>	Comments
Takes, or verbalizes, body substance isolation precautions	C		
Opens the airway	1		
Inserts an airway adjunct	1		
Selects appropriately sized mask	1		
Creates a proper mask-to-face seal	1		
Ventilates patient at a rate of 10 – 12 breaths per minute (approximately once every 5 – 6 seconds)	1		
Connects reservoir and oxygen	1		
Adjusts liter flow to 15 liters per minute or greater	C		
The examiner indicates the arrival of a second EMT The second EMT is instructed to ventilate the patient while the candidate controls the mask and the airway	1		
Reopens the airway	1		
Creates a proper mask-to-face seal	1		
Instructs assistant to resume ventilations at an adequate volume to achieve visible chest rise.	1		
Instructs assistant to resume ventilations at a rate of 10 – 12 breaths per minute (approximately once every 5 – 6 seconds) (The examiner must witness for a minimum of 30 seconds)	1		
Ventilates patient at an adequate volume to achieve visible chest rise	C		
Did not Interrupt ventilations for more than 20 seconds at any time	C		
Candidate ventilated patient prior to connecting supplementary oxygen	C		
Adequate ventilation volumes (did not over or under ventilate)	C		
Allowed for adequate exhalation	C		
Candidate completed station within the 5 minute time limit	C		
Note: Candidate must complete all critical criteria and receive at least 8 points to pass this station.	11		

Total to pass: 8

COMMENTS:

STATION
5 A
EMT – Basic

**SPINAL
IMMOBILIZATION
SEATED PATIENT**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Points:	<i>Possible</i>	<i>Awarded</i>	Comments
Takes, or verbalizes, body substance isolation precautions	C		
Directs assistant to place and maintain head in the neutral in – line position	C		
Assess motor, sensory and circulatory function 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 board	1		
Reassesses motor, sensory and circulatory function in each extremity	C		
Did not release or order release of manual immobilization before it was maintained mechanically	C		
Patient was not manipulated or moved excessively to cause potential spinal compromise	C		
Did not move device excessively up, down, left, right on the patient’s torso	C		
Head immobilization does not allow for excessive movement	C		
Torso fixation does not inhibit chest rise, resulting in respiratory compromise	C		
Upon completion of immobilization, head is in the neutral position	C		
Immobilized the torso before the head	C		
Candidate completed station within 10 minute time limit	C		
Note: Candidate must complete all critical criteria and receive at least <u>6</u> points to pass this station.	8		

Total to pass: 6

COMMENTS:

**STATION
5 B
EMT – Basic**

**SPINAL
IMMOBILIZATION
SUPINE PATIENT**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C		
Directs assistant to place and maintain head in the neutral in – line position	C		
Assesses 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	C		
Applies padding to voids between the torso and the board as necessary	1		
Secures the patient’s torso to the device	1		
Secures the patient’s legs to the device	1		
Secures the patient’s head to the device	1		
Secures the patient’s arms	1		
Reassess motor, sensory and circulatory function in each extremity	C		
Did not release or order release of manual immobilization before it was maintained mechanically	C		
Patient was not manipulated or moved excessively to cause potential spinal compromise	C		
Patient appropriately secured to device in a way not to allow excessive movement to cause potential spinal compromise	C		
Head immobilization does not allow for excessive movement	C		
Upon completion of immobilization, head is in the neutral position	C		
Immobilized the torso before the head	C		
Candidate completed station within 10 minute time limit	C		
Note: Candidate must complete all critical criteria and receive at least 6 points to pass this station.	8		

Total to pass: 6

COMMENTS:

STATION
6 A
EMT – Basic

**IMMOBILIZATION
SKILLS
LONG BONE INJURY**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C		
Directs application of manual stabilization of the injury	1		
Assesses motor, sensory and circulatory function in the injured extremity	C		
NOTE: The examiner verbally states “motor, sensory and circulatory functions are present and normal”			
Measures splint	1		
Applies splint	1		
Immobilizes the joint above the injury site	C		
Immobilizes the joint below the injury site	C		
Secures the entire injured extremity	1		
Immobilizes the hand/foot in the position of function	1		
Reassess motor, sensory and circulatory function in the injured extremity	C		
NOTE: The examiner verbally states “motor, sensory and circulatory functions are present and normal”			
Candidate did not grossly move the injured extremity	C		
Candidate completed station within 10 minute time limit	C		
Note: Candidate must complete all critical criteria and receive at least 4 points to pass this station.	5		

Total to pass: 4

COMMENTS:

**STATION
6 B
EMT – Basic**

**IMMOBILIZATION
SKILLS
JOINT INJURY**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C		
Directs application of manual stabilization of the shoulder injury	1		
Assesses motor, sensory and circulatory function in the injured extremity	C		
NOTE: The examiner verbally states “motor, sensory and circulatory functions are present and normal”			
Selects the proper splinting material	1		
Immobilizes the site of the injury	1		
Immobilizes the bone above the injured joint	C		
Immobilizes the bone below the injured joint	C		
Reassess motor, sensory and circulatory function in the injured extremity	C		
NOTE: The examiner verbally states “motor, sensory and circulatory functions are present and normal”			
Joint is supported so that the joint does not bear distal weight	C		
Candidate completed station within 10 minute time limit	C		
Note: Candidate must complete all critical criteria and receive at least <u>2</u> points to pass this station.	3		

Total to pass: 2

COMMENTS:

STATION
6C
EMT – Basic

**IMMOBILIZATION
SKILLS
LONG BONE INJURY**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

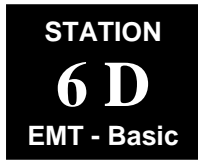
	Points:		Comments
	Possible	Awarded	
Takes, or verbalizes, body substance isolation precautions	C		
Directs application of manual stabilization of the injury	1		
Assesses motor, sensory and circulatory function in the injured extremity	C		
NOTE: The examiner verbally states “motor, sensory and circulatory functions are present and normal”			
Directs the application of manual traction	1		
Prepares / adjusts splint to the proper length	1		
Applies the splint to the injured leg	1		
Applies the proximal security device (e.g....ischial strap)	1		
Applies the distal securing device (e.g.....ankle hitch)	1		
Applies mechanical traction	1		
Positions / secures the support straps	1		
Re-evaluates the proximal / distal security devices	1		
Candidate reassesses motor, sensory and circulatory function in the injured extremity	C		
NOTE: The examiner verbally states “motor, sensory and circulatory functions are present and normal”			
NOTE: The examiner must ask the candidate how he/she would prepare the patient for transportation			
Verbalizes securing the torso to the long board to immobilize the hip	1		
Verbalizes securing the splint to the long board to prevent movement of the splint	1		
Traction is maintained throughout application of the splint	C		
The foot was not excessively rotated or extended after the splint was applied	C		
Secured the ischial strap before applying mechanical traction	C		
Final immobilization supported the femur and prevented rotation of the injured leg	C		
Applied mechanical traction before securing the leg to the splint	C		
Candidate completed station within 10 minute time limit	C		
Note: Candidate must complete all critical criteria and receive at least 7 points to pass this station.	11		

Total to pass: 7

NOTE: If the Sagar splint or the Kendricks Traction Device is used without elevating the patient’s leg, application of manual traction is not necessary. The candidate should be awarded one point as if manual traction were applied.

NOTE: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

COMMENTS:



**BLEEDING CONTROL/
SHOCK
MANAGEMENT**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C		
Applies direct pressure to the wound	1		
Elevates the extremity	1		
Note: The examiner must now inform the candidate that the wound continues to bleed.			
Applies an additional dressing to the wound	1		
Note: The examiner must now inform the candidate that the wound still continues to bleed. The second dressing does not control the bleeding.			
Locates and applies pressure to appropriate arterial pressure point	1		
Note: The examiner must now inform the candidate that the bleeding is controlled.			
Bandages the wound	1		
Candidate controlled hemorrhage appropriately	C		
Note: The examiner must now inform the candidate the patient is now showing signs and symptoms indicative of hypoperfusion.			
Properly positions the patient	1		
Applies high concentration oxygen	C		
Initiates steps to prevent heat loss from the patient	1		
Indicates the need for immediate transportation	C		
Candidate did not apply a tourniquet before attempting other methods of bleeding control.	C		
Candidate completed the station within the 5 minute time limit	C		
Note: Candidate must complete all critical criteria and receive at least 5 points to pass this station.	7		

Total to pass: 5

COMMENTS:

STATION
6 E
EMT - Basic

**UPPER AIRWAY
ADJUNCTS
& SUCTION**

Pass _____
Fail _____

Please Print

Candidate _____

Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

OROPHARYNGEAL AIRWAY

Points:

Possible
Awarded

Comments

Takes, or verbalizes, body substance isolation precautions	C		
Selects appropriately sized airway	1		
Measures airway	1		
Inserts airway without pushing the tongue posteriorly	1		
Note: The examiner must advise the candidate that the patient is gagging and becoming conscious			
Removes the oropharyngeal airway	1		

Suction

Points:

Possible
Awarded

Comments

Note: The examiner must advise the candidate to suction the patient's airway			
Turns on/prepares suction device	1		
Assures presence of mechanical suction	1		
Inserts the suction tip without suction	1		
Applies suction to the oropharynx/nasopharynx	1		
Candidate demonstrated acceptable suction technique	C		

NASOPHARYNGEAL AIRWAY

Points:

Possible
Awarded

Comments

Note: The examiner must advise the candidate to insert a nasopharyngeal airway			
Selects appropriately sized airway	1		
Measures airway	1		
Verbalizes lubrication of the nasal airway	1		
Fully inserts the airway with the bevel facing toward the septum	1		
Candidate did not insert any adjunct in a manner dangerous to the patient	C		
Candidate completed the station within the 5 minute time limit	C		
Note: Candidate must complete all critical criteria and receive at least 8 points to pass this station. Total to pass: 8	12		

COMMENTS:

STATION
6 F
EMT – Basic

**MOUTH-TO-MASK
WITH SUPPLEMENTAL
OXYGEN**

Pass _____
Fail _____

Please Print

Candidate _____

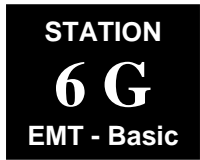
Examiner _____ Initials _____

Date _____ Start Time _____ Stop Time _____

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C		
Connects one-way valve to mask	1		
Opens patient's airway or confirms patient's airway is open (manually or with adjunct)	1		
Establishes and maintains a proper mask to face seal	1		
Ventilates the patient at the proper volume to achieve visible chest rise and at the appropriate rate (10 – 12 breaths per minute or once every 5 – 6 seconds)	1		
Connects the mask to high concentration of oxygen	1		
Adjusts flow rate to at least 15 liters per minute	C		
Continues ventilation of the patient at the proper volume to achieve visible chest rise and at the appropriate rate (10 – 12 breaths per minute or once every 5 – 6 seconds)	1		
Note: The examiner must witness ventilations for at least 30 seconds			
Candidate provided proper volume per breath (visible chest rise without over or under inflation)	C		
Candidate did not interrupt ventilations for more than 20 seconds at any time	C		
Candidate ventilated patient prior to connection of supplementary oxygen	C		
Candidate allowed for adequate exhalation	C		
Candidate completed the station within the 5 minute time limit	C		
Note: Candidate must complete all critical criteria and receive at least 4 points to pass this station.	6		

Total to pass: 4

COMMENTS:



**SUPPLEMENTAL
OXYGEN
ADMINISTRATION**

Pass _____
Fail _____

Please Print

Candidate _____
Examiner _____ Initials _____
Date _____ Start Time _____ Stop Time _____

Points:	Possible	Awarded	Comments
Takes, or verbalizes, body substance isolation precautions	C		
Assembles the regulator to the tank	1		
Opens the tank	1		
Checks for leaks	1		
Checks and verbalizes tank pressure	1		
Attaches non-rebreather mask to oxygen	1		
Prefills reservoir	C		
Adjusts liter flow to 12 liters per minute or greater	C		
Applies and adjusts the mask to the patient's face	1		
Note: The examiner must advise the candidate that the patient is not tolerating the non-rebreather mask. The examiner must instruct the candidate to remove the non-rebreather mask and apply a nasal cannula to the patient.			
Attaches nasal cannula to oxygen	1		
Adjusts liter flow to 6 liters per minute or less	C		
Applies nasal cannula to the patient	1		
Note: The examiner must advise the candidate to discontinue oxygen therapy.			
Removes nasal cannula from the patient	1		
Shuts off the regulator	1		
Relieves the pressure within the regulator	1		
Candidate assembles the tank and regulator without leaks	C		
Candidate completed the station within the 5 minute time limit	C		
Note: Candidate must complete all critical criteria and receive at least 8 points to pass this station.	11		

Total to pass: 8

COMMENTS: