

WEST VIRGINIA
Department of

Health & Human Resources



BUREAU FOR PUBLIC HEALTH

Office of Emergency Medical Services

Educational Institute, Instructor Endorsement and Education Approval Policy and Procedures

West Virginia Department of Health and Human Resources

Bureau for Public Health

Office of Emergency Medical Services

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Standards for Endorsement

The purpose of the following sections is to establish standards to ensure that Emergency Medical Services (EMS) education offered in West Virginia is provided by approved, qualified, and standardized educational institutes and instructors. These standards apply to any entity providing courses of education for certification at any level. Any entity who will conduct initial certification courses, or whose primary goal is to conduct continuing EMS education, must apply, be evaluated and endorsed by the West Virginia Office of Emergency Medical Services (WVOEMS) as an Educational Institute. Application and evaluation processes shall be completed in a manner prescribed by the WVOEMS. Such entities must be eligible, as determined by the WVOEMS, to provide such education and must continuously maintain the minimum requirements once approved.

Instructors and Educational Institutes can be credentialed for a maximum of five (5) years and shall be required to be recertified/re-endorsed, at that point, utilizing the method prescribed by the WVOEMS. Educational Institutes and Instructors are subject to audit at any time by the WVOEMS.

Agency Training Coordinator

Agency Training Officer

AGENCY TRAINING COORDINATOR:

- I. Agency Training Coordinator (ATC) shall:
 - A. Be designated by a WVOEMS licensed EMS agency.
 - B. May be an administrative (non-teaching) position only but is not required to be a non-teaching position
 - C. Coordinate and schedule continuing education courses for the agency including:
 - Facilities
 - Logistics
 - Qualified instructors
 - D. Maintain and submit all required records and documentation.
 - E. Complete the WVOEMS approved ATC program (if applicable and available).
 - F. Attend the WVOEMS ATC update programs as required (if applicable and available).

AGENCY TRAINING OFFICER:

- I. Agency Training Officer (ATO) shall:
 - A. Be designated by a WVOEMS licensed EMS agency.
 - B. Be qualified to instruct continuing education for the WVOEMS licensed EMS agency per the following minimum criteria:
 - Possess Current WVOEMS EMT certification for BLS topics.
 - Possess Current WVOEMS Paramedic certification for ALS topics.
 - Possess Current WVOEMS MCCN/MCCP certification for CCT topics.
 - Meet applicable Lead Instructor requirements
 - C. Complete the WVOEMS approved ATO program (if applicable and available).
 - D. Attend the WVOEMS ATO update programs as required (if applicable and available)

Basic Life Support Educational Institution

PROCEDURE/REQUIREMENTS:

I. General BLS Institute Characteristics:

A. Qualifications:

1. Shall adhere to all articles of WV Legislative Rule §64-48-8.
2. Entities shall apply in a format prescribed by the commissioner (*Appendix D*)
3. Endorsement of a BLS training institute shall be issued for a maximum period of five (5) years
4. Only entities, authorized under applicable State or Federal law to provide post- secondary education, or; those entities authorized by legislative rule to be qualified to deliver EMS education shall be considered for endorsement.

B. Responsibilities:

1. Management of student admissions,
2. Curriculum planning,
3. Coordination of classroom teaching,
4. Appointment and management of qualified faculty,
5. Management of clinical and laboratory practice appropriate to education of BLS personnel,
6. Compilation and documentation of student educational records,
7. Compliance with WVOEMS requirements related to the provision of BLS education.

C. Administration:

1. Every approved BLS Institute shall have an organizational chart and written job descriptions identifying individual responsibilities for leadership and management of BLS education program.

II. Required Resources:

A. Required Personnel Positions

1. Administrative Director:

a. Qualifications:

- i. Possess minimum of an associate degree from an accredited institution of higher education with experience in educational program administration or;
- ii. Have demonstrated experience in managing and administering BLS education

- iii. Knowledge of and ability to apply methodologies of instruction, guidance and evaluation of students.
- iv. Field experience in the delivery of pre-hospital emergency care
- v. Academic training and preparation that is at least equivalent to that of the BLS Education Program graduates
- vi. Possess knowledge of current national curricula and requirements for national registration, state certification and or licensure.

b. Responsibilities:

- i. Organization and supervision of BLS Education Program,
- ii. Oversight of institutional continuous quality review and improvement of the BLS education program
- iii. Process applications and monitor management of student selection process.
- iv. Course scheduling and assignment of instructors
- v. Provision and maintenance of required educational equipment
- vi. Submission of course and student records in a manner specified by the WVOEMS
- vii. Request written and practical examinations
- viii. Management of BLS program budget
- ix. Management of student grievance procedure for the BLS program
- x. Oversight of selection and supervision of qualified faculty
- xi. May delegate responsibilities to other faculty, as appropriate; provided that written policies and procedures are in place to assure responsibility for delegated task completion

2. Medical Director:

a. Qualifications:

- i. Shall be a licensed physician and in good standing with no restrictions in the State of West Virginia
- ii. Shall have current knowledge of emergency care of acutely ill and injured patients
- iii. It is recommended that the Medical Director be knowledgeable of EMS personnel education, including all professional, legislative, and regulatory aspects of this education

b. Responsibilities:

- i. Provide medical and clinical oversight for students enrolled in a BLS education program
- ii. Assist with practical skills development and testing
- iii. Assist with selection and orientation of faculty and clinical preceptors
- iv. Provide medical advice and assistance to BLS education program faculty and students

3. Instructional Faculty:

- a. Lead Instructor, meeting requirements of the WVOEMS Instructor Credentialing Policy, (*Appendix A*), must be appointed for each BLS course presented.
 - b. Visiting instructors, or subject matter experts meeting requirements of the WVOEMS Instructor Credentialing Policy, (*Appendix A*), may be utilized, as appropriate, within an individual course.
 - c. Institute selected and trained clinical preceptors shall be utilized to assist students during clinical rotations if applicable.
 - d. WVOEMS credentialed instructors shall be utilized for final psychomotor testing evaluation.
 - e. There should be sufficient instructional faculty to maintain a student-to-teacher ratio that provides students with adequate didactic and psychomotor instruction and supervised practice.
4. Support staff: It is recommended that every approved BLS Education Institute provide sufficient secretarial/clerical staff to assist the Administrative Director and Instructional staff.
5. Professional Development: It is recommended that every approved BLS Institute develop and implement written policies and procedures to ensure continued professional growth of faculty.

B. Financial:

1. The approved BLS Institute shall demonstrate commitment of adequate financial resources to operate and sustain the provided BLS educational programs.
2. The approved BLS Institute shall provide evidence of professional liability and errors and omissions insurance in the amount of one million dollars (\$1,000,000) for EMS faculty and programs offered by the institution.

C. Physical Resources:

1. Facilities:

- a. The approved BLS Institute shall maintain, or by agreement make available for all courses, facilities for provision of BLS education in a suitable setting for the course, including, but not limited to:
 - i. Classroom areas
 - ii. Laboratory/skills practice areas
 - iii. Appropriate clinical sites, if applicable
- b. Facilities shall have adequate storage space for all equipment and supplies required.

c. Facilities shall be in compliance with all Federal and State Laws and Codes.

2. Equipment and Learning Resources:

- a. The approved BLS Institute shall provide appropriate and sufficient medical equipment and supplies for student use and for teaching didactic and psychomotor components of the curriculum. *(Appendix G)*
- b. Audio/visual and/or computer hardware and software shall be available to enhance student learning experience.
- c. It is recommended that students have access to adequate reference resources related to the curriculum to enhance learning opportunities.

D. Clinical Resources:

1. Affiliations:

- a. Every approved BLS Institute shall establish written agreements with licensed EMS agencies, hospitals, or other institutions to provide appropriate clinical experiences for their students, if applicable.
- b. Agreements shall clearly define learning goals and objectives the students should obtain, including clinical site's role and responsibilities to students.

2. Settings:

- a. Clinical areas must be appropriate to ensure student experiences are efficient and effective in achieving clinical objectives.
- b. Pre-hospital EMS:
 - i. Ensure appropriate oversight and accountability where students are operating as independent practitioners
 - ii. Ensure students operate under appropriate treatment protocols as authorized by the WVOEMS
- c. Hospitals or Health Care Facilities:
 - i. Areas utilized must provide patient care similar to the pre-hospital setting or is an extension of pre-hospital care
 - ii. Ensure appropriate oversight and accountability when students are not operating as independent practitioners.

3. Patient Encounters:

- a. Every approved BLS Institute shall document all student encounters with patients.
- b. Every approved BLS Institute and clinical facility will ensure that any assessment and care provided by students is within their scope of education and practice.

4. Student Supervision:

- a. Shall be provided by appropriate Institute staff or by preceptors approved by the Institute.
- b. Every BLS Institute shall have written policies and procedures documenting the process of selecting, training, and orientating clinical preceptors.

5. Student Identification:

- a. Students shall be clearly identified by use of nametags, uniforms, or other means to distinguish them from agency or facility personnel.

E. Advisory Committee:

1. It is recommended that an advisory committee representing communities of interest or stakeholders be selected and charged with assisting the Institute in formulating appropriate goals, standards, monitoring needs, expectations, and ensuring program effectiveness and responsiveness to community's needs.

III. Student Affairs:

A. Admission Policies and Procedures:

1. Admission of students shall be made in accordance with clearly defined and published practices of the BLS Institute.
2. Specific academic and technical standards required for program admission shall be clearly defined and published and shall be readily accessible to prospective students and the public.
3. If the BLS Institute admits students based on "ability-to-benefit", it shall employ appropriate methods, such as a pre-admission testing or evaluation, to determine that such students can benefit from the education.

B. Health:

1. Every approved BLS Institute shall establish written policy and procedure to determine whether health status of an applicant or student will allow them to meet required physical activity required for the provider and documented in the BLS Institute's written technical standards.

C. Evaluation:

1. There shall be written policies and procedures that define the evaluation process for students in BLS education programs. These policies shall include, but are not be limited to:
 - a. Frequency which students will be evaluated
 - b. Methods used to evaluate students

c. Process used to report outcomes

D. Guidance:

1. There shall be written policies and procedures to establish guidance and counseling systems to assist students pertaining to their understanding of course content, observing program policies, and provision of counseling or referral for evaluation of challenges that may interfere with students' progress.
 - a. There shall be documentation of all guidance and counseling sessions.
 - b. Students shall have ample time to correct any identified deficiencies in knowledge and/or performance documented during guidance or counseling sessions and be given time to correct these deficiencies prior to completion of the course.

IV. Operational Policies:

A. Fair Practices:

1. BLS Institutes shall have written policies and procedures addressing student and faculty recruitment, student admission, and faculty employment practices.
 - a. These shall be non-discriminatory and in accordance with applicable Federal and State mandates.
2. BLS Institute course announcements, catalogs, publications, and advertising shall accurately reflect BLS education offered.
 - a. BLS Institutes shall publish an academic calendar for BLS programs.
 - b. Materials shall specify number of credits or clock hours required for successful completion of each program, including:
 - i. Didactic hours
 - ii. Lab/Psychomotor hours
 - iii. Clinical hours
 - c. BLS Institutes shall publish accurate statements of all tuition and fees, including books, uniforms, and other items.
3. BLS Institutes shall establish written educational goals, objectives, standards, and competencies of each BLS program.
4. BLS Institutes shall have a written policy to provide a mechanism by which students and faculty may appeal decisions made by Institute staff regarding dismissal or other disciplinary actions.
5. BLS Institutes shall have written policies and procedures for student withdrawal and refunds of tuition and fees, and these policies shall be made known to all applicants.

6. BLS Institutes shall have written policies and procedures concerning health and safety of students and faculty.

B. Student Records:

1. All records and documentation for each student shall be permanently maintained by the BLS Institute, and shall include the following:
 - a. Evidence of completion of all didactic, psychomotor, and clinical requirements
 - b. Documentation of class and laboratory participation
 - c. Documentation of competencies attained
 - d. Copies of examinations and assessments
 - e. Records of student admission, attendance, academic counseling, and evaluation
 - f. All certificates completed for student records shall include all of the following:
 - i. Student name
 - ii. Date of course completion
 - iii. Number of credits, Hours, or Continuing education units awarded
 - iv. Course topic, Course name or description of content covered
 - v. Instructor name (training provider name, CAPSE provider number as available)
 - vi. Name of course approver (WVOEMS)
 - vii. Method of instruction (traditional or blended)
 - viii. Training agency/institution name
 - ix. Course location
 - x. WVOEMS course number

C. Student Default Rates and Title IV of the Higher Education Act of 1965 responsibilities:

1. BLS Institutes that participate in Title IV (or any other Federal or State Program), shall have a written default management plan and comply with prevailing governmental guidelines regarding program responsibilities.
2. BLS Institutes with responsibilities under Title IV (or other Federal or State programs), shall comply with any results of financial or compliance audits, program review, and such other information as may be provided to WVOEMS

- D. It is recommended that programs offered by the BLS Institute maximize student attainment of academic credit and minimize duplication of learning experiences. BLS Institutes that do not offer academic credit are encouraged to establish agreements or memorandums of understanding with post-secondary institutions to provide students with the ability to receive maximum credit for coursework taken.

V. Evaluation Processes:

1. Policies:

1. BLS Institutes shall have written policies and procedures detailing an ongoing system review that evaluates students, courses, and the effectiveness of the program in achieving stated objectives, standards, and competencies. This system shall demonstrate that these measured outcomes are consistent with national guidelines.

2. Methods:

1. Student evaluations shall emphasize the collection and analysis of data regarding the effectiveness of the program in meeting stated objectives, standards and competencies.

a. Cognitive examinations:

- i. Examination content shall be national in scope, with uniform passing standards and a means to perform statistical reporting
- ii. Examinations/quizzes shall be given at suitable intervals throughout the course.
- iii. A comprehensive final examination shall be given
- iv. Examinations should be developed by a qualified independent organization
- v. Examinations should evaluate entry level competency
- vi. Examinations should be based on current practice analysis

b. Psychomotor evaluations:

- i. Evaluations shall be based upon criteria developed by the appropriate certifying authority
- ii. Evaluations shall be conducted at suitable intervals throughout the course
- iii. A comprehensive final evaluation shall be given
- iv. Evaluations shall be conducted by WVOEMS credentialed instructors.

2. The BLS Institute shall analyze the effectiveness of the program through a consistent evaluation of program graduates when applicable and available.

1. Surveys of graduates and employees regarding:

- i. Employment settings
- ii. Type and scope of practice
- iii. Salary and benefit information
- iv. Job satisfaction

2. Interviews with program graduates and employers

- c. Data on student performance on the certifying examinations and other recognized standardized tests.

3. Evaluation Utilization:

- a. The findings of ongoing evaluations shall be appropriately adapted into all operational dimensions of the BLS Institute.
- b. The BLS Institute shall systematically use the information obtained from evaluations to improve student achievement.
 - i. There shall be a demonstrated systematic process with internal and external results validation; areas for review include, but are not limited to:
 - 1) Admission criteria and processes
 - 2) Curriculum delivery
 - 3) Student evaluation processes
 - 4) Instructor effectiveness
 - 5) Involvement of the advisory committee

Advanced Life Support Educational Institution

Advanced Life Support Standards

Any entity that conducts Advanced Life Support (ALS) education must be accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP). Application and evaluation processes shall be completed in a manner prescribed by CAAHEP's Committee on the Accreditation of EMS Programs (CoAEMSP). ALS Institute approval may be granted by the WVOEMS based on findings of CAAHEP, provided that the Institute maintain the requirements of §64-48-8.3.

Any institution seeking information on CAAHEP's accreditation process or CoAEMSP's review process may visit the following websites:

- <http://www.caahep.org>
- <http://coaemsp.org>

Critical Care Transport Educational Institution

Critical Care Transport Institute Standards

I. General Institute Characteristics:

A. Qualifications:

1. Shall adhere to all articles of §64-48-8
2. Entities shall apply in a format prescribed by the Commissioner (*Appendix D*)
3. Endorsement of a CCT Training Institute shall be for a period of five (5) years
4. Only entities, authorized under applicable law to provide post-secondary education, or; those authorized by legislative rule and determined by WVOEMS to be qualified to deliver CCT education shall be considered for endorsement.
5. Critical Care Transport educational programs must be a secondary or post-secondary institution, or a consortium of post-secondary institutions or other entities determined by the WVOEMS to be qualified to deliver CCT education.

B. Responsibilities:

1. Management of student admissions
2. Curriculum planning
3. Coordination of classroom teaching
4. Appointment and management of qualified faculty
5. Management clinical & laboratory practice appropriate to the education of CCT personnel
6. Compiling and documenting student educational records
7. Compliance with requirements of the WVOEMS related to the provision of CCT education

C. Administration:

1. The CCT Institute shall have an organizational chart and written job descriptions identifying individual responsibilities for leadership and management of the CCT education program.

II. Required Resources:

A. Required Personnel Positions (not required to be separate individuals):

1. Administrative Director:

a. Qualifications:

- i. Possess a minimum of an associate degree from an accredited institution of higher education with experience in administering an educational program or; the Administrative Director shall have demonstrated experience in managing CCT education
- ii. Knowledge of methodologies of instruction, guidance, and evaluation of students
- iii. Field experience in the delivery of pre-hospital emergency care
- iv. Academic training and preparation that is equivalent to that of the CCT education program graduates
- v. Possess knowledge of current national curricula, requirements for national registration, and state certification or licensure

b. Responsibilities:

- i. Organization and supervision of the CCT education program
- ii. Continuous quality review and improvement of the CCT education program
- iii. Processing of applications and oversight of the student selection process
- iv. Course scheduling and the assignment of instructors
- v. Provision and maintenance of required educational equipment
- vi. Submission of course and student records in a manner specified by the WVOEMS
- vii. Requesting written and practical examinations
- viii. Management of the CCT program budget
- ix. Management of the student grievance procedure for the CCT program
- x. Oversight of the selection and supervision of qualified faculty
- xi. May delegate responsibilities to other faculty, as appropriate; provided that written policies and procedures are in place to assure responsibility for delegated task completion

2. Medical Director:

a. Qualifications:

- i. Shall be a physician licensed in the State of West Virginia.
- ii. Shall have current knowledge of emergency care of acutely ill and injured patients
- iii. It is recommended that the Medical Director be knowledgeable about the education of the CCT personnel, including professional, legislative, and regulatory issues regarding their education.

b. Responsibilities:

- i. Assume responsibility for all medical aspects of the CCT education program
- ii. Assist with practical skills development and testing
- iii. Assist with selection and orientation of faculty and clinical preceptors
- iv. Provide medical advice and assistance to the CCT education program faculty and students

3. Instructional Faculty:

- a. A Lead Instructor, meeting the requirements of the WVOEMS Instructor Credentialing Policy (*Appendix A*), must be appointed for each CCT course presented.

- b. Visiting instructors, meeting the requirements of the WVOEMS Instructor Credentialing Policy (*Appendix A*), may be utilized, as appropriate, within an individual course.
 - c. CCT Institute selected and trained clinical preceptors shall be utilized to assist students during clinical rotations, if applicable.
 - d. WVOEMS credentialed instructors shall be utilized for final psychomotor testing evaluation.
 - e. There should be sufficient instructional faculty to maintain a student to teacher ratio that provides students with adequate didactic and psychomotor instruction and supervised practice.
4. Support staff: It is recommended that the CCT Institute provide secretarial/clerical staff to assist the Administrative Director and instructional staff.
 5. Professional Development: It is recommended that the CCT Institute develop and implement written policies and procedures to ensure continued professional growth of the faculty.

B. Financial:

1. The CCT Institute shall demonstrate commitment of adequate financial resources to operate and sustain the CCT education programs provided.
2. The CCT Institute shall provide evidence of professional liability and errors and omissions insurance in the amount of one million dollars (1,000,000) for EMS faculty and programs offered by the institution.

C. Physical:

1. Facilities:

- a. The CCT Institute shall maintain, or by agreement make available for all courses, facilities for the provision of CCT education in a suitable setting for the course, including, but not limited to:
 - i. Classroom areas
 - ii. Laboratory/skills practice areas
 - iii. Appropriate clinical sites.
- b. Facilities shall have adequate storage space for all equipment and supplies required.
- c. Facilities shall follow all Federal and State Laws and Codes.

2. Equipment and Learning Resources:

- a. The CCT Institute shall provide appropriate and sufficient medical equipment and supplies for student use and for teaching the didactic and psychomotor components of the curriculum. (*Appendix G*)

- b. Audio/visual and/or computer hardware and software shall be available to enhance student learning experience.
- c. It is recommended that students have access to adequate reference resources related to the curriculum to enhance student learning opportunities.

D. Clinical Resources:

1. Affiliations:

- a. CCT Institutes shall establish written agreements with licensed EMS agencies, hospitals, or other institutions to provide clinical experiences for their students, if applicable.
- b. Agreements shall clearly define the learning goals the student should obtain, the clinical site's role, and responsibilities to the student.

2. Settings:

- a. Clinical areas must be appropriate to ensure student experiences are efficient and effective in achieving clinical objectives.
- b. Pre-hospital EMS:
 - i. Ensure appropriate oversight and accountability where students are not operating as independent practitioners.
 - ii. Ensures students operate under the appropriate treatment protocols as authorized by the WVOEMS.
- c. Hospitals or Health Facilities:
 - i. Areas utilized must provide patient care similar to the CCT pre-hospital setting.
 - ii. Ensure appropriate oversight and accountability where students are not operating as independent practitioners
- d. Patient Encounters:
 - i. The CCT Institute will document student's patient encounters.
 - ii. The CCT Institute and clinical facility will ensure that any assessment and care provided by students is within their scope of education and practice.
- e. Student Supervision:
 - i. Shall be provided by appropriate CCT Institute staff or by preceptors approved by the CCT Institute.
 - ii. The CCT Institute shall have written policies and documentation of the process for selecting, training, and orientating clinical preceptors.
- f. Student Identification:
 - i. Students shall be clearly identified as students by use of nametags, uniforms, or other means to distinguish them from agency or facility personnel.

E. Advisory Committee:

1. It is recommended that an advisory committee representing communities of interest be selected and charged with assisting the CCT Institute in formulating appropriate goals, standards, monitoring needs, expectations, and ensuring program effectiveness and responsiveness to community's needs.

II. Student Affairs:

A. Admission Policies and Procedures:

1. Admission of students shall be made in accordance with clearly defined and published practices of the CCT institute.
2. Specific academic and technical standards required for admission to the program shall be clearly defined and published and shall be readily accessible to prospective students and the public.
3. If the CCT Institute admits students based on "ability-to-benefit", it shall employ appropriate methods, such as a pre-admission testing or evaluation, for the purpose of determining that such students are in fact capable of benefiting from the education offered.

B. Health:

1. The CCT Institute shall establish a written policy and procedure for determining that applicant or the student's health will permit them to meet the written technical standards.

C. Evaluation:

1. There shall be written policies and procedures that define the evaluation process for students in CCT education programs. These policies shall include, but not be limited to:
 - a. The frequency at which students will be evaluated.
 - b. The methods used to evaluate them.
 - c. The process used to report the outcomes.

D. Guidance:

1. There shall be written policies and procedures to establish a system of guidance and counseling to assist students in understanding course content, observing program policies, and to provide counseling or referral for challenges that may interfere with students' progress.
 - a. There shall be documentation of all guidance and counseling sessions.

- b. Students shall have ample time to correct any identified deficiencies in knowledge and/or performance documented during guidance or counseling sessions and be given time to correct these deficiencies prior to the completion of the course.

III. Operational Policies:

A. Fair Practices:

1. CCT Institutes shall have written policies and procedures addressing student and faculty recruitment, student admission, and faculty employment practices.
 - a. These shall be non-discriminatory and in accordance with applicable Federal and State mandates.
2. CCT Institute course announcements, catalogs, publications, and advertising shall accurately reflect the CCT education offered.
 - a. CCT Institutes shall publish an academic calendar for CCT programs.
 - b. Materials shall specify the number of credit or clock hours required for successful completion of each program, including:
 - i. Didactic hours
 - ii. Lab/Psychomotor hours
 - iii. Clinical hours
 - c. CCT Institutes shall publish accurate statements of all tuition and fees, including books, uniforms, and others.
3. CCT Institutes shall establish written educational objectives, standards, and competencies of each CCT program.
4. CCT Institutes shall have a written policy to provide a mechanism by which students and faculty may appeal decisions made by Institute staff regarding dismissal or other disciplinary actions.
5. CCT Institutes shall have written policies and procedures for student withdrawal and refunds of tuition and fees, and these policies shall be made known to all applicants.
6. CCT Institutes shall have written policies and procedures concerning the health and safety of students and faculty.

B. Student Records:

1. All records and documentation for each student shall be permanently maintained by the CCT Institute, including:
 - a. Evidence of satisfactory completion of all didactic, psychomotor, and clinical

requirements.

- b. Documentation of class and laboratory participation
- c. Documentation of competencies attained.
- d. Copies of examinations and assessments.
- e. Records of student admission, attendance, academic counseling, and evaluation.

C. Student Default Rates and Title IV responsibilities

- a. Institutes that participate in Title IV (or any other Federal or State Program), shall have a written default management plan and comply with prevailing governmental guidelines with respect to its program responsibilities.
- b. Institutes with responsibilities under Title IV (or other Federal or State programs), shall comply with any results of financial or compliance audits, program review, and such other information as may be provided to WVOEMS.

- D. It is recommended the CCT Institute programs should be designed to provide a maximum opportunity for students to obtain formal academic credit and continue with education with a minimum loss of time or duplication of learning experiences. Institutes that do not offer academic credit are encouraged to establish agreements or memorandums of understanding with post-secondary institutions to provide students with the ability to receive maximum credit for coursework taken.

IV. Evaluation Processes:

A. Policies:

- 1. CCT Institutes shall have written policies and procedures for a continuing system of reviewing and assuring the effectiveness of all students, courses, and the overall program in achieving its stated objectives, standards, and competencies. These policies and procedures shall demonstrate that measured outcomes are consistent with national guidelines.

B. Methods:

- 1. Student evaluations shall emphasize gathering and analyzing data on the effectiveness of the programs teaching of the objectives, standards, and competencies.
 - a. Cognitive examinations:
 - i. Examination content shall be national in scope, with uniform passing standards and a means to perform statistical reporting
 - ii. Examinations shall be given at suitable intervals throughout the course
 - iii. A comprehensive final examination shall be given
 - iv. Examinations should be developed by a qualified independent organization
 - v. Examinations should evaluate entry level competency

- vi. Examinations should be based on current practice analysis

- b. Psychomotor evaluations:
 - i. Evaluations shall be based upon criteria developed by the appropriate certifying authority
 - ii. Evaluations shall be conducted at suitable intervals throughout the course
 - iii. A comprehensive final evaluation shall be given
 - iv. Evaluations shall be conducted by the WVOEMS approved skill evaluators

- 2. The CCT Institute shall evaluate outcomes through consistent evaluation of information regarding program graduates to analyze the program's effectiveness. Sources of data include, but are not limited to:
 - a. Surveys of graduates and employers regarding:
 - i. Employment settings
 - ii. Type and scope of practice
 - iii. Salary & benefit information
 - iv. Job satisfaction

 - b. Interviews with program graduates and employers

 - c. Data on student performance on the certifying examinations and other recognized standardized tests.

- C. Evaluation Utilization:
 - 1. Results of ongoing evaluation shall be appropriately reflected in adaptation of findings into all dimensions of the CCT Institute operations.

 - 2. The CCT Institute shall systematically use the information obtained in its evaluations to improve student achievement.
 - a. There shall be a demonstrated systematic process with internal and external results validation, areas for review include, but are not limited to:
 - i. Admission criteria and processes
 - ii. Curriculum delivery
 - iii. Student evaluation processes
 - iv. Instructor effectiveness
 - v. Involvement of the advisory committee

Sponsors of Continuing Education Institute

Sponsors of Continuing Education Institute Standards

I. Sponsors of Institute Characteristics:

A. Qualifications:

1. Shall adhere to all articles of §64-48-8
2. Entities shall apply in a format prescribed by the commissioner (*Appendix D*)
3. Endorsement of a Sponsors of Continuing Education Institute shall be for a period of five (5) years
4. Only entities, authorized under applicable law to provide secondary or post-secondary education, or;
5. Those authorized by legislative rule and determined by the WVOEMS to be qualified to deliver EMS Continuing Education (CE) shall be considered for endorsement.

B. Responsibilities:

1. Curriculum planning
2. Coordination of classroom teaching
3. Appointment and management of qualified instructors
4. Compiling and documenting student educational records
5. Compliance with requirements of the WVOEMS related to the provision of CE programs

C. Administration:

1. The Sponsors of Continuing Education Institute shall have an organizational chart and written job descriptions identifying individual responsibilities for leadership and management of the CE program.

II. Required Resources:

A. Required Personnel Positions (*not required to be separate individuals holding these positions*):

1. Administrative Director, Agency Training Coordinator (ATC) and/or Agency Training Officer (ATO):

a. Qualifications:

- i. Designated by the sponsoring entity or licensed EMS agency principal official
- ii. Knowledge of methodologies of instruction, guidance and

- evaluation of students
- iii. Academic training and preparation that is at least equivalent to that of the continuing education program students, except ATCs
- iv. Complete a WVOEMS approved continuing education management program
- v. Attend updates as required by the WVOEMS
- vi. If ATO, possess current WV certification at the appropriate level

b. Responsibilities:

- i. Coordinate and schedule all facets of CE programs, including, but not limited to:
 - Facilities
 - Logistics
 - Qualified instructors
- ii. Continuous quality review and improvement of CE programs
- iii. Course scheduling
- iv. Provision of necessary educational equipment
- v. Submission of course and student records in a manner specified by the WVOEMS

2. Instructional Faculty:

- a. A Lead Instructor meeting the requirements of the WVOEMS Instructor Credentialing Policy (*Appendix A*) must be identified for each CE course.
- b. Visiting/Guest instructors meeting the requirements of the WVOEMS Instructor Credentialing Policy (*Appendix A*) may be utilized as appropriate within an individual course.
- c. Sufficient instructional faculty must be available meet student to teacher ratios for psychomotor instruction and supervised practice as required by the specific course being taught.

3. Professional Development: It is recommended that the CE Institute develop and implement written policies and procedures to ensure continued professional growth of the faculty.

B. Financial:

- 1. The Sponsors of Continuing Education Institute shall demonstrate commitment of adequate financial resources to operate and sustain the Sponsors of Continuing Education Institute.

C. Physical:

1. Facilities:

- a. The Sponsors of Continuing Education Institute shall maintain, or by agreement, make available for all courses, facilities suitable for course

being taught, including, but not limited to:

- i. Classroom areas
- ii. Laboratory/skills practice areas
- iii. Appropriate clinical sites, if applicable

b. Facilities will follow all Federal and State Laws and Codes.

2. Equipment and Learning Resources:

a. The Sponsors of Continuing Education Institute shall provide appropriate and sufficient medical equipment and supplies for student use and for teaching the didactic and psychomotor components of the curriculum. (*Appendix G*)

b. Audio/visual and/or computer hardware and software shall be available to enhance student learning experience.

III. Operational Policies:

A. Sponsors of Continuing Education Institute course announcements and advertising shall accurately reflect the education offered.

1. Materials shall specify the number of hours required for successful completion of each course.
2. Institutes shall have written policies and procedures for student admission, faculty recruitment and employment practices. These shall be non-discriminatory and in accordance with applicable Federal and State Mandates.
3. Sponsors of Continuing Education Institute shall publish accurate statements of all fees associated with a given course, to include books or other expenses that may be incurred.
4. Sponsors of Continuing Education Institute shall establish written educational objectives, standards, and competencies of each course offered.

B. Student Records:

1. All records and documentation for students shall be permanently maintained by the Sponsors of Continuing Education Institute, including:
 - a. Evidence of satisfactory completion of all didactic, psychomotor, and clinical requirements
 - b. Documentation of class and laboratory participation
 - c. Documentation of competencies attained
 - d. Copies of examinations and assessments

2. Student continuing education documentation will be submitted to the WVOEMS in the manner specified.

IV. Evaluation Processes:

A. Policies:

1. Sponsors of Continuing Education Institute shall have written policies and procedures for a continuing system of reviewing and assuring the effectiveness of all courses and the overall program in achieving its stated objectives, standards, and competencies.

B. Methods:

1. Student evaluations shall emphasize gathering and analyzing data on the effectiveness of the programs teaching of the objectives, standards, and competencies.

C. Evaluation Utilization:

1. Results of ongoing evaluation shall be appropriately reflected in adaptation of findings into all dimensions of the Institute's operations.
2. There shall be a demonstrated systematic process for review which includes, but is not limited to:
 - a. Curriculum selection and delivery
 - b. Instructor effectiveness

**Renewal,
Suspension,
or
Revocation of
Endorsements**

Procedure

- I. Renewal:
 - A. Applicants shall apply at least 90 days prior to the expiration of the program's endorsement.
 - B. Institutes shall recertify their endorsement in a manner prescribed by the Commissioner. (*Appendix D*)
 - C. Recertification requirements for Sponsors of Continuing Education:
 1. The Sponsor of Continuing Education Institute shall have maintained continual compliance with all requirements per §64-48-8 for the respective service level.
 2. Proof of ten (10) educational courses within the 5-year endorsement period.
 - D. Recertification requirements for BLS and CCT Institutes:
 1. The institute shall have maintained continual compliance with all requirements per §64-48-8 for the respective service level.
 2. Proof of three (3) WVOEMS approved educational courses with a cumulative sixty percent (60%) completion rate for initially enrolled students
- II. Suspension or Revocation of Endorsement:
 - A. Endorsement suspension or revocation may be enforced for any of the following:
 1. Failure to comply with all criteria, standards, and policies set forth by the WVOEMS
 2. Absence of completed programs or student enrollment in programs for two consecutive years. This absence shall result in automatic revocation of program endorsement.
 3. Failure to meet performance measures established by the WVOEMS
 4. Loss of independent program accreditation status (if applicable)
 5. Any other reason determined by the Commissioner which may pose a threat to the health and safety of the public or exposes the public to risk or loss of life and property.
 - B. Process:
 1. The Commissioner shall give written notice to the institutes Administrative Director 30 days prior to withdrawing endorsement. The notice will identify specific reasons for the withdrawal of the endorsement.
 2. The institute has 15 days to respond to the notice. The Commissioner will have final determination to verify or reconsider the withdrawal.

APPENDIX A

Instructor Requirements

EMS Instructor Requirements

- I. Basic Life Support Lead Instructor minimum criteria:
 - A. High school diploma or approved equivalency exam
 - B. Current WVOEMS or National Registry EMT or higher
 - C. Two (2) years active field experience as EMT or higher
 - D. Successful completion of the WVOEMS approved educational methodology course, or equivalent professional higher education
 - E. Successful completion of sixteen (16) hours student teaching experience evaluated by a Supervising Instructor or equivalent professional higher education supervision and evaluation
 - F. Meet requirements of the sponsoring educational institute
 - G. Successful completion of initial and ongoing instructor evaluation by the WVOEMS and/or the educational institute and/or equivalent professional higher education supervision and evaluation
 - H. Completion of required continuing education for EMS instructors
 - I. Other criteria as established by the Commissioner
- II. Advanced Life Support Lead Instructor minimum criteria:
 - A. High school diploma or approved equivalency exam
 - B. Current WVOEMS or National Registry Paramedic or higher (MD, DO, or other subject matter expert)
 - C. Two (2) years active field experience as Paramedic or higher
 - D. Successful completion of the WVOEMS approved educational methodology course, or equivalent professional higher education
 - E. Successful completion of sixteen (16) hours student teaching experience evaluated by a Supervising Instructor or equivalent professional higher education supervision and evaluation
 - F. Meet requirements of sponsoring educational institution
 - G. Successful initial and ongoing instructor evaluation by the WVOEMS and/or the educational institute and/or equivalent professional higher education supervision and evaluation
 - H. Completion of required continuing education for EMS instructors or equivalent professional higher education
 - I. Other criteria as established by the Commissioner

- III. Critical Care Transport Lead Instructor minimum criteria:
 - A. High school diploma or approved equivalency exam
 - B. Current WVOEMS Mobile Critical Care Nurse (MCCN), Mobile Critical Care Paramedic (MCCP), or higher certification (MD, DO, or other subject matter expert)
 - C. Currently practicing at the CCT level, equivalent or higher professional clinical practice
 - D. Two (2) years active field experience at the CCT level or equivalent professional clinical practice
 - E. Successful completion of the WVOEMS approved educational methodology course, or equivalent professional higher education
 - F. Successful completion of 16 hours teaching experience evaluated by a Supervising Instructor or equivalent professional higher education supervision and evaluation
 - G. Successful initial and ongoing instructor evaluation by the WVOEMS and/or the educational institute and/or equivalent professional higher education evaluation
 - H. Completion of required continuing education for EMS instructors or equivalent professional higher education
 - I. Other criteria as established by the Commissioner
- IV. Supervising Instructor minimum criteria:
 - A. Meet all requirements for a Lead Instructor at the appropriate level
 - B. Current WV certification at the appropriate level or equivalency
 - C. Four (4) years active **instructor** experience at the appropriate level
 - D. Demonstrate superiority as an instructor through documented student and sponsoring institution evaluations
 - E. Successful completion of a WVOEMS approved supervising instructor course:
 - 1. WVPST/WVDE “Supervising Instructor course”
 - 2. NAEMSE “Evaluating Student Competency Workshop”
 - 3. WVOEMS equivalent professional higher education evaluation course
 - 4. Other courses approved by the Commissioner deemed to meet the requirements of this level
- V. Visiting Instructor or Subject Matter Expert minimum criteria:
 - A. Possess subject matter expertise in a particular clinical discipline or skill set
 - B. EMS certification or emergency experience not required

VI. Skills Evaluator (certification examinations):

A. Basic Life Support minimum criteria:

1. Current WVOEMS or National Registry EMT-Basic or higher certification
2. Two (2) years field experience as an EMT or higher
3. Successful completion of the WVOEMS approved Skills Evaluator Course (if applicable and available) and/or meet the requirements of a supervising instructor and/or equivalent professional higher education skills evaluation process
4. Monitor three (3) BLS skills examination
5. Evaluated on one skill station assessed by a Supervising Instructor
6. Successful ongoing WVOEMS approved evaluations
7. Completion of required continuing education for Skills Evaluators
8. Meet any additional requirements of the National Registry

B. Advanced Life Support minimum criteria:

1. Current WVOEMS or National Registry Paramedic or higher certification
2. Meet the requirements of the National Registry Advanced Level Examination Manual.

C. Critical Care Transport minimum criteria:

1. Current WVOEMS Mobile Critical Care Nurse (MCCN), Mobile Critical Care Paramedic (MCCP), or higher certification
2. Two (2) years field experience at CCT level
3. Successful completion of the WVOEMS approved Skills Evaluator Course (if applicable and available) and/or meet the requirements of a supervising instructor and/or equivalent professional higher education skills evaluation process
4. Monitor three (3) skills examination
5. Evaluate one (1) skill station assessed by a Supervising Instructor
6. Successful ongoing CCT evaluation
7. Completion of required CCT continuing education for Skills Evaluators

VII. WVOEMS Approved Instructor Methodology Courses:

A. WVOEMS approved educational methodology courses for a Lead Instructor include:

1. National Association of EMS Educators (NAEMSE) Instructor I

2. West Virginia Department of Education/West Virginia Public Service Training (WVDE/WVPST) Instructor Methodology course
 3. Additional WVOEMS approved nationally accepted education instructor courses or equivalent.
- B. WVOEMS approved educational methodology courses for Supervising Instructor, as of the effective date of this policy, include:
1. WVPST/WVDE “Supervising Instructor Course”
 2. NAEMSE “Evaluating Student Competency Workshop”
 3. WVOEMS equivalent professional higher education evaluation course
 4. Other courses approved by the WVOEMS deemed to meet the requirements of this level

VIII. Initial, Renewal, or suspension of Instructor credentials

A. Initial

1. Applicants shall complete the initial instructor application and submit it to WVOEMS. One application shall be submitted per WVOEMS approved educational institute they represent
2. Instructors shall be issued a certification card for a five (5) year period expiring December 31 respectively.

B. Renewal

1. Applicants shall apply at least 90 days prior to the expiration of the instructor’s expiration. Failure to meet this 90-day requirement may result in delayed processing.
2. Applicants shall complete the instructor recertification application and submit it to WVOEMS.

C. Suspension or Revocation of Credentials

1. Failure to comply with all criteria, standards, and policies set forth by the WVOEMS
2. Any other reason determined by the Commissioner which may pose a threat to the health and safety of the public or exposes the public to risk or loss of life and property.
3. Process:
 - a. The Commissioner shall give written notice to the institutes Administrative Director 30 days prior to withdrawing the individual’s endorsement. The notice will identify specific reasons for the withdrawal of the individual’s endorsement.
 - b. The institute has 15 days to respond to the notice. The Commissioner will have final determination to verify or reconsider the withdrawal.

APPENDIX B
Initial Instructor
Application



INSTRUCTOR APPLICATION -INITIAL CERTIFICATION-

Please print or type.
The application must be fully completed to be considered.

**Submit completed application to the
WVOEMS Education Coordinator**

Personal Information

Name:		Certification Number:	
Address	City	State	Zip
Phone Number:	Email Address:		
Cell Number:			
Are you a WV Resident? YES <input type="checkbox"/> NO <input type="checkbox"/>		Have you ever been arrested or convicted of any criminal offense excluding minor traffic violations? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever had any action taken against any professional license or certification you currently hold or have held in the past?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Department / Training Agency Affiliation

Department You Represent:		Years Associated	
Training Agency Affiliation:		<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY	
Training Agency Address:	City	State	Zip
Training Agency Administrator Name:			

Credential Application

Instructor Level <i>(check all that apply)</i> :	BLS <input type="checkbox"/>	ALS <input type="checkbox"/>	CCT <input type="checkbox"/>
Instructor Certification Level <i>(check all that apply)</i> :	LEAD <input type="checkbox"/>	Supervising <input type="checkbox"/>	
Instructor Course Completed <i>(check all that apply)</i> : NAEMSE	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	
	Evaluating Student Competencies Workshop <input type="checkbox"/>		
	WVPST / WVDE Teaching Methodologies		Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Supervising <input type="checkbox"/>

***NAEMSE Instructors MUST attach a copy of their certificates of successful course completion.**
***WVPST Teaching Methodologies Instructors Must attach a copy of their certificate and Adult Teaching Permit**

Signatures

The signatures below certify that the information is true and complete. If information is found to be inaccurate, an audit will be ordered.

Applicant Signature:	Date:
Training Agency Administrator Signature:	Date:

APPENDIX C
Instructor
Recertification
Application



INSTRUCTOR APPLICATION -RE-CERTIFICATION-

Please print or type.
The application must be fully completed to be considered.
Submit completed application to the WVOEMS Education Coordinator

Personal Information

Name:		Certification Number:	
Address	City	State	Zip
Phone Number:	Email Address:		
Cell Number:			
Are you a WV Resident? YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever been arrested or convicted of any criminal offense excluding minor traffic violations? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever had any action taken against any professional license or certification you currently hold or have held in the past?			YES <input type="checkbox"/> NO <input type="checkbox"/>

Department / Training Agency Affiliation

Department You Represent:	Years Associated		
Training Agency Affiliation:			
Training Agency Address:	City	State	Zip
Training Agency Administrator Name:			

Credential Application

Instructor Level (check all that apply):	BLS <input type="checkbox"/>	ALS <input type="checkbox"/>	CCT <input type="checkbox"/>
Instructor Certification Level (check all that apply):	LEAD <input type="checkbox"/>	Supervising <input type="checkbox"/>	
Instructor Course Completed (check all that apply):	NAEMSE	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>
		Evaluating Student Competencies Workshop <input type="checkbox"/>	
	WVPST / WVDE Teaching Methodologies	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>
		Supervising <input type="checkbox"/>	

Recertification Requirements *

A. Applicant completed a minimum of 30 hours instruction in an approved WVOEMS course or Refresher Course:			
Date:	Location:		Hours:
Date:	Location:		Hours:
Date:	Location:		Hours:
B. Applicant attended a minimum of three (3) instructor in-services during the certification period and/or took an additional 20 hours of continuing education specific to EMS Instruction:			
Date:	Location:		Hours:
Date:	Location:		Hours:
Date:	Location:		Hours:
C. Applicant holds a current valid:			
Expiration Date:		WV EMT, WV AEMT, WV Paramedic, NREMT EMT, NREMT AEMT, NREMT Paramedic Certification	
Expiration Date:		CPR Instructor Certification	

* Instructors that hold an adult teaching permit may simply submit a copy of a valid West Virginia Department of Education permit to meet the requirements of this section.

Signatures

The signatures below certify that the information is true and complete. If information is found to be inaccurate, an audit will be ordered.

Applicant Signature:	Date:
Training Agency Administrator Signature:	Date:

APPENDIX D
Educational Institute
Application
Instructions

Educational Institution Endorsement Application Procedures

- I. Complete the Educational Institute Endorsement application including the self-study. Knowledge of the Standards combined with the survey should allow those seeking endorsement from the WVOEMS to identify areas of improvement. With this complete, the Institution will need to compose a written Improvement Plan to address any changes needing to be made.
- II. Educational Institutes shall be required to maintain endorsement at the highest level they have been endorsed through WVOEMS and shall be allowed to assume the roles of lower endorsements.
- III. Electronically submit the following to the WVOEMS Education Coordinator as one complete document containing the following:
 - A. Application for Endorsement
 - B. Self-Study Survey
 - C. Improvement Plan
 - D. Credential Information Forms for:
 1. Administrative Director
 2. Medical Director
 - E. A list of all Lead Instructional Staff that will be used by the institution
 - F. A copy of the Student Policy Handbook
 - G. A copy of the Educational Institute policy and procedure manual
- III. Upon receipt and review of the above materials, the WVOEMS will arrange for a site visit with the applicant. The site visit will consist of, but is not limited to, the following:
 - A. Interviews with the program administration, Administrative Director, and Medical Director
 - B. Review of the implementation of the Improvement Plan
 - C. Review of the Educational Institution policies and procedures
 - D. Review of Educational Institution Finances
 - E. Review of the Student Policy Handbook
 - F. Review of Instructor credentials
 - G. Inspection of classrooms, labs, storage facilities, and equipment
 - H. Review of clinical agreements and preceptor training and orientation

- IV. After the site visit the Educational Institute will receive a report from the WVOEMS. This report will:
- A. Identify areas of strengths and weakness
 - B. Suggestions for improvements that shall be made by the institution seeking endorsement
 - C. Provide a score to the institution, and based on the score the following will apply:
 - 1. **90 - 100%** 5 year endorsement granted
 - 2. **80 - 89%** 5 year endorsement with a required review in 2 years
 - 3. **70 - 79%** 1 year provisional endorsement (*contingent upon proof that corrective actions have been taken*). Year to year review will be performed and endorsement will be suspended after two consecutive site visits where there is no evidence of corrective action.
 - 4. **70%** No endorsement shall be granted

APPENDIX E
Educational Institute
Application for
Endorsement



EDUCATIONAL INSTITUTE ENDORSEMENT APPLICATION -INITIAL-

Please print or type.
The application must be fully completed to be considered.
Submit completed application to the WVOEMS Education Coordinator

Institution Information

Name:			
Address	City	State	Zip
Phone Number:	Email Address:		
Fax Number:			

Administrative Director

Name:		Title:	
Address	City	State	Zip
Phone Number:	Email Address:		
Cell Number:			

Medical Director

Name:		Title:	
Address	City	State	Zip
Phone Number:	Email Address:		
Cell Number:			

Credential Application

Endorsement Level (*Check all that apply*): BLS ALS CCT Sponsor of Continuing Education

CCT requires affiliation with a postsecondary institute: _____

	Courses	Initial	Recertification	CE
Education Programs to be Conducted	BLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AEMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C3 IFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signatures

The signatures below certify that the information is true and complete. If information is found to be inaccurate, an audit will be ordered.

Administrative Director:	Date:
Medical Director:	Date:



EDUCATIONAL INSTITUTE SELF STUDY

Submit Self Study to: WVOEMS Education Coordinator

Please print or type.
The application must be
fully completed to be
considered.

Educational Institute Personnel	YES	NO	N/A
1. Educational Institution has an organizational chart and written job descriptions that define the individual responsibilities of the administration and program management.			
2. The administrative director meets the qualification requirements set forth in the endorsement standards.			
3. The Medical Director meets the qualification requirements set forth in the Endorsement Standards.			
4. The program instructional and skills evaluator staff meet the qualification requirements set forth in the Endorsement Standards.			
Educational Institution Finances	YES	NO	N/A
1. Educational Institution maintains or has written agreements in place to have adequate facilities available for each program offered.			
2. Educational Institution has proof of professional liability and errors and omissions insurance in the amount of one million dollars (\$1,000,000) for all educational programs offered.			
Educational Institution Physical Resources	YES	NO	N/A
2. All facilities utilized by the Educational Institution meet all Federal and State Laws and Codes, including all ADA requirements.			
3. Educational Institution has at its disposal all equipment and supplies needed for instructor and student use during any program offered.			
Educational Institution Clinical Resources	YES	NO	N/A
1. Educational Institution has written agreements or memoranda of understandings with all institutions or agencies that will be providing clinical experience for program students			
2. Educational Institution has clearly documented and defined roles and responsibilities for each clinical site.			
3. Educational Institution has a means of documenting and tracking			
4. Educational Institution has written policies outlining the process for selecting clinical preceptors, preceptor training and orientation process, and has documentation of preceptor training and orientation.			
Student and Operational Policies	YES	NO	N/A
1. The Educational Institution's admission practices and academic and technical standards are clearly defined and published and are readily accessible to students and the public.			
2. The Educational Institution has a documented policy and procedure for pre-admission testing or evaluations with documentation that students admitted on the basis of "ability-to- benefit" are evaluated for the purpose of determining that the student is capable of benefiting from the education.			
3. The Educational Institution has written policies and procedures for determining that the applicants' or students' health will permit them to meet the written technical standards of the education program.			
4. The Educational Institution has written policies and procedures that define the student evaluation process and the institution has a means of documenting and reporting student evaluations.			
5. The Educational Institution has written policies and procedures to establish a system of guidance and counseling to assist students, and there is a means of documenting any student counseling sessions.			
6. Educational Institution has a student handbook.			
7. Educational Institution has written policies and procedures regarding student and faculty recruitment, student admission, and faculty employment			
8. The Educational Institution has a published academic calendar for all education programs offered			
9. All publications specify the number of didactic, lab/psychomotor, and clinical hours required for completion of the course.			

10. The Educational Institution publishes a statement of all tuition and fees. To include books, uniforms, and fees for testing and certification.			
11. The Educational Institution has written policies to provide students and faculty with a means of appealing decisions made by the institute regarding dismissal or other disciplinary actions.			
12. The Educational Institution has written policies and procedures that are made known to all applicants for student withdrawal and for refund of tuition and fees.			
13. The Educational Institution has written policies and procedures concerning the health and safety of students, faculty, and any patients the student may come in contact with.			
14. The Educational Institution maintains permanent records and documentation for each student that has attended.			
15. The Educational Institution has a written default management plan that complies with any governmental, federal or state, guidelines with respect to the program's responsibilities.			
Educational Institution Quality Assurance	YES	NO	N/A
1. The Education Institution has written policies and procedures for continuing system review, and a means of documenting and reporting the outcomes of the review.			
2. The Education Institution has written policies and procedures to gather and document information on graduate's performance once they have finished the program and are working in the field			

APPENDIX F
**Educational
Institute
Application for
Re-Endorsement**



EDUCATIONAL INSTITUTE ENDORSEMENT APPLICATION -RE-ENDORSEMENT-

Please print or type.
The application must be fully completed to be considered.
Submit completed application to the **WVOEMS Education Coordinator**

Institution Information

Name: _____

Address	City	State	Zip
Phone Number:	Email Address:		
Fax Number:			

Administrative Director

Name: _____ Title: _____

Address	City	State	Zip
Phone Number:	Email Address:		
Cell Number:			

Medical Director

Name: _____ Title: _____

Address	City	State	Zip
Phone Number:	Email Address:		
Cell Number:			

Credential Application

Endorsement Level (Check all that apply): BLS ALS CCT Sponsor of Continuing Education

Education Programs to be Conducted	Courses	Initial	Recertification	CE
	BLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EMR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AEMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Paramedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C3 IFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recertification

Endorsement Level (Check all that apply): BLS ALS CCT Sponsor of Continuing Education

SPONSOR OF CONTINUING EDUCATION	Course Numbers/Name	Date	Course Numbers/Name	Date
<i>Recertification requirements for Sponsors of Continuing Education requires proof of ten (10) educational courses. List the WVOEMS approval numbers and dates for proof of completion. If courses are on the pre-approved list, simply list the course name and date.</i>				

BLS and CCT INSTITUTES	WVOEMS Course Numbers	Date	Cumulative Score %
<i>Proof of three (3) WVOEMS approved educational courses with a cumulative sixty (60) percent completion rate for initially enrolled students</i>			

**** Educational Institutes are required to attach a list of credentialed instructors that identifies role,**

instructor level, and expiration date.

Signatures

The signatures below certify that the information is true and complete. If information is found to be inaccurate, an audit will be ordered.

Administrative Director:

Date:

Medical Director:

Date:

APPENDIX G

Educational Institute Required Equipment

Sponsor of Continuing Education and BLS Equipment List

The following equipment is required to conduct of an Emergency Medical Technician course. The Institute will provide an adequate amount of equipment to allow all enrolled students the ability to practice the psychomotor skills required to meet competencies. Each section contains a general list of equipment needed to perform specific skills. Other equipment may be used as the program deems fit.

A. General	
Teaching Stethoscopes	
Access to appropriate simulation mannequins:	
Mannequin capable of simulating multiple airway management techniques including; manual maneuvers, oropharyngeal & nasopharyngeal airway placement, King Airway placement, ventilation with chest rise, and supplemental oxygen administration	
Adult, Child, and Infant airway mannequin	
OB mannequin	
Adult, Child, and Infant CPR mannequin	
IM injection simulator	
AED with adult and pediatric defibrillator pads	
Patient monitoring system capable of cardiac rhythm monitoring and 12-lead acquisition (a simulator is acceptable to fulfill this requirement)	
WV triage tags	
WV triage tape rolls – red, yellow, green and black	
Protocol manuals appropriate for level	
B. Airway and Ventilation	
Electric powered suction unit with disposable collection container and large bore tubing	
Manual suction unit with disposable collection container	
Large bore rigid oral suction catheters	
Flexible suction catheters – 6F, 10F and 14F	
Salem sump tubes – 8F, 12F and 18F with irrigation syringe	
Meconium aspirator	
Adjustable oxygen flow regulators with seals	
Full portable oxygen cylinder (“D”-size or larger)	
Adult nasal cannula	
Pediatric nasal cannula	
Adult non-rebreather (NRB) mas	
Pediatric non-rebreather (NRB) mask	
Oxygen connection tubing – may be with BVM or nebulizers	
Nasopharyngeal airways – assorted sizes, 16F – 34F. No less than 5 different sizes	
Oropharyngeal airways – sizes 0 through 5	
King LT/LT-D airway kits – sizes 3, 4, and 5	
Adult end-tidal CO2 detectors – colorimetric or qualitative	
Pediatric end-tidal CO2 detectors – colorimetric or qualitative	
Adult, child and infant bag valves, self-filling with oxygen reservoir	
Clear masks for bag valves, sizes: adult, child, infant and neonatal	
CPAP device with masks and tubing circuits	
C. Monitoring and Assessment	
Blood pressure cuffs – thigh, adult and child sizes	
Stethoscope, suitable for adult and pediatric use	
Glucometer with single-use fully disposable lancets and glucose strips	
Pulse oximeter for adult and pediatric use	
Thermometer, capable of measuring a range of 86°-105° F	
D. Immobilization Equipment	
Rigid cervical collar: large, medium, small and child -OR- adjustable cervical collar – adult	

and pediatric	
Head/cervical immobilization devices – towel/blanket rolls are acceptable	
Short spinal immobilization device – KED, XP-1 or equivalent	
Radiolucent, fluid impervious full-length backboards	
Three 9-foot immobilization straps or equivalent	
Traction splint(s), adult and child OR single splint adjustable for both	
Assorted padded extremity splints	
Equipment sufficient to immobilize a pelvic fracture	
E. Wound Management	
Sterile burn sheets	
Sterile 10" x 30" multi-trauma dressings	
Sterile ABD pads, 5" x 9" or larger	
Sterile 4"x4"s	
Sterile occlusive dressings, 3" x 8" or larger	
Adhesive tape, assorted sizes and types	
Self-adhering roll gauze bandages – Kling or equivalent	
Triangular bandages	
Commercial Arterial Tourniquet – CAT®, MAT®, etc.	
Hemostatic dressings	
Heavy-duty bandage scissors or shears	
F. Infection Control – Quantities and sizes of all PPE must be sufficient for entire crew.	
Protective eyewear – full peripheral glasses, goggles or face shield	
NIOSH N-95 or N-100 face masks	
Protective gowns or coveralls	
Protective shoe covers	
Disposable exam gloves meeting NFPA 1999 requirements – S, M, L, and XL Must include hypoallergenic/latex-free types	
Portable sharps containers	
G. Medications	
Simulated medications appropriate to the scope of practice	
Simulated Metered Dose Inhalers	
Nebulizers	
Drug atomizers	
Auto Injector trainers	
Syringes in appropriate quantities and sizes – 1ml, 3ml, 5ml, 10ml, 30ml, 60ml	
Needles in appropriate quantities, sizes and lengths. Some greater than 1.5" in length for IM medication administration	
H. OB Equipment	
OB kits with bulb syringe	
J. Miscellaneous – OPTIONAL	
Blankets	
Cold packs	
Hot packs	
Sheets	
Stair chair or suitable substitute	
Towels	
Wheeled stretcher, multi-level, with 5-point (over shoulder) patient restraint system	
Morgan lens simulator	

CCT Equipment List

The following equipment is required to conduct a CCT education program in addition to equipment identified in the Sponsor of Continuing Education and BLS Equipment List. The CCT Institute will provide an adequate amount of equipment to allow all enrolled students the ability to practice the psychomotor skills required to meet required competencies.

A. General	
Patient monitoring system capable of cardiac rhythm monitoring, 12-lead acquisition, data transmission, transcutaneous pacing, defibrillation and cardioversion	
Surgical Cricothyrotomy Set	
Surgical Chest tube set	
Full Transport Ventilator	
B. IV and Medication Administration	
Adjustable IV Medication Pump	
Mini-drip IV administration set, 60gtts/ml. May utilize Select-3® sets or equivalent	
Macro-drip IV administration set, 10 to 15gtts/ml. May utilize Select-3® sets or equivalent	
IV catheters, sizes 14g, 16g, 18g, 20g, 22g and 24g	
Adequate site preparation materials – alcohol or povidone	
Venous tourniquets	
Length/weight based pediatric drug and equipment reference – <i>Broselow</i> tape or equivalent	
C. Monitoring	
ETCO2 Monitoring Capability	
Invasive Monitoring Capability	
Cyano-Kit	
D. Ventilation	
Full Transport Ventilator	
E. Medications	
Simulated medications appropriate to the scope of practice	
Simulated RSI Medications	

APPENDIX H
EDUCATION
APPROVAL POLICY
AND PROCEDURES

EMS Education Approval Policy and Procedures

PURPOSE:

To establish standards for the submission and approval of Emergency Medical Services (EMS) education courses to the West Virginia Office of Emergency Medical Services (WVOEMS) in conjunction with Legislative Rule §64-48-8.

DEFINITIONS:

Professional competence is most commonly defined as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served.”

Professional competence is multidimensional. The dimensions of competence evolve as an EMS provider’s career evolves. Achieving competence, as demonstrated in knowledge, skills, abilities, attitudes and behaviors, is a lifelong process, motivated by both self-interest and a commitment to providing the highest quality care. The initial educational programs lay the foundation for application of the competencies in clinical care. Upon entering the field, it is the responsibility of the EMS provider to continue their life-long learning. EMS providers must engage in continuing professional development, using a variety of modalities to continuously assess and improve their knowledge, skills and attitudes with the goal of improving patient care outcomes.

POLICY:

EMS courses instructed by WVOEMS approved training agencies shall be submitted and approved by WVOEMS per §64-48-8. Initial certification courses shall follow the National curriculum and recertification courses shall utilize the WVOEMS approved curriculum. These courses shall be reviewed by WVOEMS to ensure they are being taught consistent with WVOEMS educational requirements, standards, protocols, scope of practice, and code/rule.

- A. **Initial Certification Courses:** shall be taught to the National standard curriculum.
- B. **Recertification Courses:** shall be taught to the NCCP standard as outlined by National Registry. Recertification can be obtained utilizing the National Registry NCCP model **or** by completing a refresher course approved by WVOEMS.
- C. Both options require completing the WVOEMS State and Federal requirements per respective policy. Application of hours to meet the National Registry NCCP model in another state **SHALL NOT** constitute meeting the requirement for State certification in West Virginia.
- D. Skills are required for each discipline and will be validated through Medical Director acknowledgement in the National Registry System. Skills at the ALS level may be completed through the required alphabet courses. BLS skills can be documented through alphabet courses or through a WVOEMS approved training skills module.

1. National Registry NCCP Option:

- Applicant completes all requirements per National Registry policy to include the National Component, Local or State Component, and Individual Component. *This can be completed in any method approved by National Registry.*
- Applicant completes the WVOEMS State and Federal Mandated courses. These courses can be applied to the National Registry NCCP Local or State Component:
 - ❖ CPR (4 hours biennially)
 - ❖ Protocol Update (2 hours annually)
 - ❖ Mass Casualty Incident Training (2 biennially)
 - ❖ Hazardous Materials Awareness (3 hours annually)
 - ❖ ACLS, ITLS/PHTLS, PEPP/PALS or WVOEMS approved equivalents for ALS providers

2. WVOEMS Approved Refresher Course Option:

- Applicant completes a WVOEMS approved NCCP refresher course meeting the National Registry National Component. WVOEMS shall approve this course annually and assure course material is standardized throughout the State. Only one singular course shall be approved for each provider level respectively and course education material shall be distributed by WVOEMS.
- Applicant completes the WVOEMS State and Federal Mandated courses. These courses can be applied to the National Registry NCCP Local or State Component:
 - ❖ CPR (4 hours biennially)
 - ❖ Protocol Update (2 hours annually)
 - ❖ Mass Casualty Incident Training (2 biennially)
 - ❖ Hazardous Materials Awareness (3 hours annually)
 - ❖ ACLS, ITLS/PHTLS, PEPP/PALS or WVOEMS approved equivalents for ALS providers

E. Individuals who do not complete the West Virginia specific components will not be certified or recertified.

F. **Continuing Education (CE) courses:** shall be accepted per National Registry Policy with approval by WVOEMS.

1. WVOEMS will define a list of Pre-Approved CE courses that do not require submission for pre-approval (**Appendix M**). Any course not listed shall require submission and approval by WVOEMS. This list shall be evaluated annually to remain consistent with National Registry.
2. National Registry auditing shall be conducted per National Registry policy.

PROCEDURE/REQUIREMENTS:

INITIAL CERTIFICATION, RECERTIFICATION, and CONTINUING EDUCATION Courses:

- A. Courses shall be submitted in a manner prescribed by the Commissioner.
- B. Courses shall be entered for approval purposes **ONLY** and do not require submission of attendees. Tracking of course participants and completion status shall be the responsibility of the training agency and will be evaluated through training agency recertification and random auditing by WVOEMS. Training agencies are required per accreditation requirements to issue certificates for successful course completion. The course instructor name, WVOEMS approved course number, training agency name, date of course completion, attendee name, course title, course location, and course hours shall be indicated on the certificate.
- C. Shall be submitted to WVOEMS at least five (5) working days prior to the course start date.
- D. Courses submitted after the class has taken place will be denied per §64-48-8.1g.
- E. If a course is submitted in a time period shorter than the specified five (5) working days, WVOEMS will review the course per policy, however, there may be up to a fifteen (15) working day delay in the approval process. Should the class be denied with legitimate reason, students who participated in the program will not receive credit for taking the class.
- F. Students who complete an unapproved course will be ineligible to test for certification nor will they will receive credit for taking the class and no hours will be awarded for certification.

APPLICABLE HOURS:

Some programs have requirements that meet a specific code. These courses often are taught in many ways and may fluctuate in hours. WVOEMS will approve class hours in this category based on the average contact hours of available courses. These courses are as follows:

- Hazardous Materials Awareness 3 Hours
- CPR 4 Hours
- First Aid 3 Hours
- ACLS or WVOEMS approved equivalent refresher 8 Hours
- PALS, PEPP, or WVOEMS approved equivalent refresher 8 Hours
- ITLS, PHTLS, or WVOEMS approved equivalent refresher 8 Hours

SKILL SHEETS:

Initial and recertification courses require the use of skill sheets to evaluate the ability of students to perform EMS tasks essential to the profession. EMR and EMT courses will require a final psychomotor exam at the completion of initial courses. Instructors are responsible to assure that all students have a mastery of all skill sheet content. Skill Sheets identified as “VERIFIED” shall be signed off by the course instructor once they feel the candidate has mastered that specific skill. Skill Sheets identified as “TESTED” shall be incorporated as part of the final psychomotor exam. EMR skill sheets can be found in Appendix A and EMT skill sheets are available in Appendix B.

A. Emergency Medical Responder “TESTED” Skills

- Patient Assessment – Medical (Skill Sheet 1)
- Patient Assessment – Trauma (Skill Sheet 2)
- Bleeding Control / Shock Management (Skill Sheet 3)
- Oxygen Administration by Non-Rebreather Mask (Skill Sheet 4)
- BVM Ventilation of an Apneic Patient (Skill Sheet 5)

B. Emergency Medical Responder “VERIFIED” Skills

- Cardiac Arrest Management / AED (Skill Sheet 6)
- Spinal Immobilization – Seated Patient (Skill Sheet 7)
- Spinal Immobilization – Supine Position (Skill Sheet 8)
- Long Bone Immobilization (Skill Sheet 9)
- Joint Immobilization (Skill Sheet 10)
- Naloxone Administration (Skill Sheet 11)
- Baseline Vital Signs (Skill Sheet 12)

C. Emergency Medical Technician “Tested” Skills

- Patient Assessment – Medical (with one incorporated medication) (Skill Sheet 1)
 - i. Oral Glucose Administration (Skill Supplement 1)
 - ii. Nitroglycerin Administration (Skill Supplement 2)
 - iii. Nebulized Medication Administration (Skill Supplement 3)
 - iv. Epinephrine Auto-Injector Administration (Skill Supplement 4)
 - v. Epinephrine 1:1,000 Ampule Administration (Skill Supplement 5)
- Patient Assessment – Trauma (Skill Sheet 2)
- Bleeding Control / Shock Management (Skill Sheet 3)
- Airway Management – King Airway (Skill Sheet 4)

D. Emergency Medical Technician “VERIFIED” Skills

- Cardiac Arrest Management / AED (Skill Sheet 5)
- Baseline Vital Signs (Skill Sheet 6)
- Spinal Immobilization – Seated Patient (Skill Sheet 7)
- Spinal Immobilization – Supine Patient (Skill Sheet 8)
- Long Bone Immobilization (Skill Sheet 9)
- Joint Immobilization (Skill Sheet 10)
- 12 Lead EKG Acquisition (Skill Sheet 11)
- Continuous Positive Airway Pressure – CPAP (Skill Sheet 12)
- Continuous Positive Airway Pressure – CPAP (Skill Sheet 13)
- Tetracaine Ophthalmic Administration / Morgan Lens (Skill Sheet 14)
- Oxygen Administration by Non-Rebreather Mask (Skill Sheet 15)
- BVM Ventilation of an Apneic Patient (Skill Sheet 16)

E. Advanced Emergency Medical Technician – AEMT will be tested per NREMT policy in conjunction with a CAAHEP accredited educational program.

F. Paramedic – Paramedics will be tested per NREMT policy in conjunction with a CAAHEP accredited educational program

SUMMARY SHEETS:

Summary sheets are to be utilized to track skill performance. Summary sheets shall be completed for all students in initial courses. If a student fails a particular skill, a copy of that skill sheet with appropriate documentation shall be attached to the summary sheet. Summary sheets are available in Appendix C.

This Education Approval Policy replaces all previous Education Approval Policies.

APPENDIX I

EMR Skills Sheets

Emergency Medical Responder Psychomotor Examination
PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Skill Sheet 1
TESTED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available 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 EMR
- _____ 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.

**Emergency Medical Responder Psychomotor Examination
PATIENT ASSESSMENT/MANAGEMENT – TRAUMA**

**Skill Sheet 2
TESTED**

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____ Note: Areas denoted by “****” may be integrated within sequence of Primary Survey/Resuscitation **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 general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway -Opens and assesses airway (1 point) -Inserts adjunct as indicated (1 point)	2	
Breathing -Assess breathing (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point) -Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation -Checks pulse (1 point) -Assess skin [either skin color, temperature or condition] (1 point) -Assesses for and controls major bleeding if present (1 point) -Initiates shock management [positions patient properly, conserves body heat] (1 point)	4	
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	1	
HISTORY TAKING		
Obtains baseline vital signs [must include BP, P and R] (1 point)	1	
Attempts to obtain SAMPLE history	1	
SECONDARY ASSESSMENT		
Head -Inspects and palpates scalp and ears (1 point) ** -Assesses eyes (1 point) -Inspects mouth**, nose** and assesses facial area (1 point)	3	
Neck** -Checks position of trachea (1 point) -Checks jugular veins (1 point) -Palpates cervical spine (1 point)	3	
Chest** -Inspects chest (1 point) -Palpates chest (1 point) -Auscultates chest (1 point)	3	
Abdomen/pelvis** -Inspects and palpates abdomen (1 point) -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point)	3	
Lower extremities** -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)	2	
Upper extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)	2	
Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point)	2	
Manages secondary injuries and wounds appropriately	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient	1	
TOTAL	42	

Actual Time Ended: _____

CRITICAL CRITERIA

- _____ Failure to initiate or call for transport of the patient within 10 minute time limit
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to determine scene safety
- _____ Failure to assess for and provide spinal protection when indicated
- _____ Failure to voice and ultimately provide high concentration oxygen
- _____ 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/treatment at the scene
- _____ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- _____ Failure to manage the patient as a competent EMR
- _____ 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.

Emergency Medical Responder Psychomotor Examination

Skill Sheet 3
TESTED

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 EMR
- _____ 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.

**Emergency Medical Responder Psychomotor Examination
OXYGEN ADMINISTRATION BY NON-REBREATHER MASK**

**Skill Sheet 4
TESTED**

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 EMR
- _____ 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.

Emergency Medical Responder Psychomotor Examination
BVM VENTILATION OF AN APNEIC ADULT PATIENT

Skill Sheet 5
TESTED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Available 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 EMR
- _____ 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.

Emergency Medical Responder Psychomotor Examination

Skill Sheet 6 VERIFIED

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Checks patient 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 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 EMR
- _____ 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.

Emergency Medical Responder Psychomotor Examination

Skill Sheet 7
VERIFIED

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Actual Time Started: _____

	Available 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 all extremities after voicing immobilization to the long backboard
- _____ Failure to manage the patient as a competent EMR
- _____ 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.

Emergency Medical Responder Psychomotor Examination

Skill Sheet 8
VERIFIED

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Actual Time Started: _____

Available 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 EMR
- _____ 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.

Emergency Medical Responder Psychomotor Examination
LONG BONE IMMOBILIZATION

Skill Sheet 9
VERIFIED

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Actual Time Started: _____

Available
Points Points
Awarded

Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		

Actual Time Ended: _____

Total 10 _____

Critical Criteria

- _____ Failure to immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Failure to immobilize the joint above and the joint below the injury site
- _____ Failure to immobilize the hand or foot in a position of function
- _____ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ Failure to manage the patient as a competent EMR
- _____ 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.

Emergency Medical Responder Psychomotor Examination
JOINT IMMOBILIZATION

Skill Sheet 10
VERIFIED

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "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 injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	

Actual Time Ended: _____

TOTAL

9

Critical Criteria

- _____ Failure to immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Failure to immobilize the bone above and below the injury site
- _____ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ Failure to manage the patient as a competent EMR
- _____ 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.

Emergency Medical Responder Psychomotor Examination

Skill Sheet 11 VERIFIED

NALOXONE ADMINISTRATION

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

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Identify the need for administration of Naloxone based on PPMH, vital, signs and symptoms, and presentation	1	
Support respirations as needed	1	
Assess blood glucose level	1	
Verbalize signs of opioid use	1	
Select the proper medication and check concentration, color, and clarity	1	
Selects the appropriate syringe and draw up medication if not prefilled	1	
Confirm expiration date of medication	1	
Confirm the rights of drug administration: Right Patient Right Route Right Drug Right Dose Right Time	1 point each	
Place a nebulizer on the end of the syringe	1	
Place atomizer against nostril and administer 1mg (0.5 dose) of medication	1	
Repeat the procedure delivering the remainder of the medication in the opposite nostril	1	
Reassess patient	1	
If no improvement, contact medical command and request ALS back up	1	
Document the procedure	1	
Actual Time Ended: _____	TOTAL	19

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to confirm at least three of the "Rights" of medication administration
- _____ Failure to select appropriate medication or concentration of medication
- _____ Failure to support respirations as needed
- _____ Failure to manage the patient as a competent EMR
- _____ 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.

Emergency Medical Responder Psychomotor Examination

**Skill Sheet 12
VERIFIED**

BASELINE VITAL SIGNS

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Blood Pressure (Palpation)		
Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> • Not over clothing • Snug fit • Center bladder over artery 	1	
Palpate radial and brachial artery	1	
Inflate cuff to a minimum of 20 mmHg above the point that the palpable pulse was lost	1	
Slowly deflate the cuff	1	
Record/report the palpable systolic blood pressure when the pulse returns (margin +/- 4mmHg)	1	
Blood Pressure (Auscultation)		
Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> • Not over clothing • Snug fit • Center bladder over artery 	1	
Palpate brachial artery	1	
Place diaphragm of stethoscope over brachial artery	1	
Inflate cuff to a minimum of 20 mmHg above the point that the palpable pulse was lost	1	
Slowly deflate the cuff	1	
Record/report the palpable blood pressure (margin +/- 4mmHg)	1	
Pulse		
Palpate with two (2) fingers (index and middle) over the radial artery	1	
Count the palpated pulse for 30 seconds and multiply X 2	1	
Asses the following: <ul style="list-style-type: none"> • Rate • Rhythm (Regular/Irregular) • Quality (Strong/Weak) 	1 point each	
Record/Report pulse findings (margin +/- 4 bpm)	1	
Respirations		
Observe rise and fall of the chest or abdomen	1	
Count respirations for 30 seconds and X 2	1	
Asses the following: <ul style="list-style-type: none"> • Rate • Rhythm (Regular/Irregular) • Quality (Strong/Weak) 	1 point each	
Record/Report pulse findings (margin +/- 4 bpm)	1	
Skin		
Skin Color: Normal, Cyanotic, Jaundice, Ashen, Pale, Flushed	1	
Skin Temperature: Normal, warm, cool, hot	1	
Skin Condition: Normal, moist, diaphoretic	1	

Actual Time Ended: _____

TOTAL 27

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to manage the patient as a competent EMR
- _____ 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.

APPENDIX J

EMT SKILL SHEETS

Emergency Medical Technician Psychomotor Examination
PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Skill Sheet 1
TESTED

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

Actual Time Started: _____	Available 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.

Emergency Medical Technician Psychomotor Examination

**PATIENT ASSESSMENT/MANAGEMENT – MEDICAL
Oral Glucose Administration**

Skill Sheet
Supplement 1
TESTED/VERIFIED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Perform blood glucose check		
Prepare glucometer and supplies	1	
Cleanse site	1	
Lance site	1	
Apply blood test strip	1	
Apply direct pressure to site	1	
Read and interpret results	1	
Determine appropriate indications for glucose administration		
Level of consciousness	1	
Pertinent past medical history	1	
Contact Medical Command if patient condition indicates	1	
Confirm expiration date of oral glucose	1	
Confirm the rights of drug administration: Right Patient Right Route Right Drug Right Dose Right Time	1 point each	
Explain the procedure to the patient	1	
Place oral glucose between cheek and gum	1	
Recheck patient's blood glucose level within 5 minutes of administration	1	
If no improvement contact medical command and request ALS back up	1	
Document the procedure	1	

Actual Time Ended: _____

TOTAL 21 _____

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to consult medical command at appropriate times
- _____ Failure to confirm at least three of the "Rights" of medication administration
- _____ Failure to determine blood glucose level prior to, or following, oral glucose administration
- _____ 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.

Emergency Medical Technician Psychomotor Examination

Skill Sheet
Supplement 2
TESTED/VERIFIED

**PATIENT ASSESSMENT/MANAGEMENT – MEDICAL
Nitroglycerin Administration**

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Determine appropriate indications for glucose administration		
Confirm patient allergies	1	
Determine if the patient has self-administered nitroglycerine prior to EMS arrival	1	
Confirm patient's blood pressure is \geq 100 systolic	1	
Contact Medical Command	1	
Confirm expiration date of nitroglycerine	1	
Confirm the rights of drug administration: Right Patient Right Route Right Drug Right Dose Right Time	1 point each	
Explain the procedure and possible side effects to the patient	1	
Place the patient in a comfortable position	1	
Place one nitroglycerine tablet or administer one pump of liquid nitroglycerine under the tongue	1	
Instruct the patient to allow the medication to absorb	1	
Recheck the patients blood pressure within 3 – 5 minutes of administration	1	
If no improvement contact medical command and repeat procedure as directed	1	
Document the procedure	1	
Actual Time Ended: _____	TOTAL	18

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to consult medical command at appropriate times
- _____ Failure to confirm at least three of the "Rights" of medication administration
- _____ Failure to determine patient's blood pressure prior to, or following, oral glucose administration
- _____ 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.

Emergency Medical Technician Psychomotor Examination

**PATIENT ASSESSMENT/MANAGEMENT – MEDICAL
Nebulized Medication Administration**

Skill Sheet
Supplement 3
TESTED/VERIFIED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Start Time: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Properly determines the need for nebulized medications	1	
Assess the patient's ability to utilize a nebulizer	1	
Confirm patient allergies	1	
Confirm patient's heart rate is ≤ 130 for adults and ≤ 150 in pediatrics	1	
Confirm expiration date of medication	1	
Confirm the rights of drug administration: Right Patient Right Route Right Drug Right Dose Right Time	1 point each	
Prepare the Nebulizer		
Assemble Nebulizer	1	
Add appropriate medication	1	
Connect the mouthpiece	1	
Attach oxygen to the nebulizer flowing at 8 – 10 liters per minute	1	
Explain the procedure and possible side effects to the patient	1	
Place the patient in a sitting up position	1	
Administer Medication		
Instruct the patient to hold the nebulizer with lips sealed around the mouthpiece	1	
Instruct the patient to breath as deeply as possible at a normal rate	1	
Continue administration until all medication has been utilized	1	
Monitor patient's condition and vital signs after administration	1	
If no improvement contact medical command for additional treatment as directed	1	
Document the procedure	1	
Actual Time Ended: _____	TOTAL	23 _____

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to consult medical command at appropriate times
- _____ Failure to confirm at least three of the "Rights" of medication administration
- _____ Failure to administer all medication
- _____ Failure to monitor the patient's condition and vital signs
- _____ 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.

Emergency Medical Technician Psychomotor Examination

Skill Sheet
Supplement 4
TESTED/VERIFIED

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL Epinephrine Auto-Injector Administration

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Properly determines the need for medication	1	
Consults with Medical Command	1	
Confirm patient allergies	1	
Confirm expiration date of medication	1	
Confirm the rights of drug administration: Right Patient Right Route Right Drug Right Dose Right Time	1 point each	
Explain the procedure and possible side effects to the patient	1	
Remove the cap from the Auto-Injector	1	
Expose the thigh area (may verbalize)	1	
Cleanse the area	1	
In a smooth, firm fashion push the auto injector into the thigh until a click is heard	1	
Hold the auto injector against the thigh for 10 seconds	1	
Properly dispose of the auto injector in a sharps container	1	
Monitor patient's condition and vital signs after administration	1	
If no improvement, contact medical command for additional treatment as directed	1	
Document the procedure	1	

Actual Time Ended: _____

TOTAL 20 _____

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to consult medical command at appropriate times
- _____ Failure to confirm at least three of the "Rights" of medication administration
- _____ Failure to monitor the patient's condition and vital signs
- _____ 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.

Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL Epinephrine 1:1000 Ampule Administration

Skill Sheet
Supplement 5
TESTED/VERIFIED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Properly determines the need for medication	1	
Consults with Medical Command for orders	1	
Confirm patient allergies	1	
Confirm the rights of drug administration: Right Patient Right Route Right Drug Right Dose Right Time	1 point each	
Explain the procedure and possible side effects to the patient	1	
Selects proper medication and concentration	1	
Checks medication for cloudiness or discoloration	1	
Selects proper needle and syringe	1	
Confirm expiration date of medication	1	
Cleans the neck of the ampule	1	
Opens ampule properly snapping it at the break line while directing the action away from the patient and others	1	
Withdraw the medication utilizing the prepared syringe and needle	1	
Verify the correct dosage of medication once its withdrawn from the ampule	1	
Tap the barrel of the syringe to remove excess air bubbles	1	
Select and cleanse the appropriate administration site	1	
Penetrates the muscle at a 90° angle	1	
Aspirated for blood return prior to injection	1	
Injects medication and removes needle in the same 90° motion	1	
Properly disposes of needle in a sharps container	1	
Monitor patient's condition and vital signs after administration	1	
If no improvement contact medical command for additional treatment as directed	1	
Document the procedure	1	

Actual Time Ended: _____

TOTAL 27 _____

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to consult medical command at appropriate times
- _____ Failure to appropriate medication and concentration
- _____ Failure to confirm at least three of the "Rights" of medication administration
- _____ Failure to select appropriate needle and syringe
- _____ Failure to properly cleanse injection site
- _____ Failure to aspirate for blood return prior to medication administration
- _____ Failure to monitor the patient's condition and vital signs
- _____ Failure to properly dispose of needle
- _____ 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.

**Emergency Medical Technician Psychomotor Examination
PATIENT ASSESSMENT/MANAGEMENT – TRAUMA**

**Skill Sheet 2
TESTED**

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____ **Note: Areas denoted by “**” may be integrated within sequence of Primary Survey/Resuscitation**

		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 general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway			
-Opens and assesses airway (1 point)	-Inserts adjunct as indicated (1 point)	2	
Breathing			
-Assess breathing (1 point)	-Assures adequate ventilation (1 point)	4	
-Initiates appropriate oxygen therapy (1 point)	-Manages any injury which may compromise breathing/ventilation (1 point)		
Circulation			
-Checks pulse (1 point)		4	
-Assess skin [either skin color, temperature or condition] (1 point)			
-Assesses for and controls major bleeding if present (1 point)			
-Initiates shock management [positions patient properly, conserves body heat] (1 point)			
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)		1	
HISTORY TAKING			
Obtains baseline vital signs [must include BP, P and R] (1 point)		1	
Attempts to obtain SAMPLE history		1	
SECONDARY ASSESSMENT			
Head			
-Inspects and palpates scalp and ears (1 point)**	-Assesses eyes (1 point)	3	
-Inspects mouth**, nose** and assesses facial area (1 point)			
Neck**			
-Checks position of trachea (1 point)	-Checks jugular veins (1 point)	3	
-Palpates cervical spine (1 point)			
Chest**			
-Inspects chest (1 point)	-Palpates chest (1 point)	3	
-Auscultates chest (1 point)			
Abdomen/pelvis**			
-Inspects and palpates abdomen (1 point)	-Assesses pelvis (1 point)	3	
-Verbalizes assessment of genitalia/perineum as needed (1 point)			
Lower extremities**			
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)		2	
Upper extremities			
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)		2	
Posterior thorax, lumbar and buttocks**			
-Inspects and palpates posterior thorax (1 point)	-Inspects and palpates lumbar and buttocks areas (1 point)	2	
Manages secondary injuries and wounds appropriately		1	
REASSESSMENT			
Demonstrates how and when to reassess the patient		1	
		TOTAL	42

Actual Time Ended: _____

CRITICAL CRITERIA

- _____ Failure to initiate or call for transport of the patient within 10 minute time limit
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to determine scene safety
- _____ Failure to assess for and provide spinal protection when indicated
- _____ Failure to voice and ultimately provide high concentration oxygen
- _____ 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/treatment at the scene
- _____ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- _____ 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.

**Emergency Medical Technician Psychomotor
Examination**

**Skill Sheet 3
TESTED**

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Available 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

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

Emergency Medical Technician Psychomotor Examination

**Skill Sheet 4
TESTED**

AIRWAY MANAGEMENT – KING AIRWAY

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

Actual Time Started: _____	Available 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	
Ventilates the patient at a proper volume and rate via BVM	1	
Directs assistant to take over BVM ventilation and pre-oxygenate patient	1	
Selects appropriate size King Airway	1	
Inspects and prepares King Airway for insertion	1	
Positions head properly	1	
Displace the tongue and jaw	1	
Advance the King Airway until the base of the connector aligns with the teeth and gums	1	
Inflate the cuff using manufacture's specified amount of air	1	
Secure tube in place	1	
Confirm placement via auscultation and secondary detection method	1	
Reassess patient	1	
Document procedure	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 ventilate the patient at the rate
- _____ Failure to select proper size King Airway
- _____ Failure to inflate cuff
- _____ Failure to secure tube
- _____ Failure to confirm placement
- _____ 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.

Emergency Medical Technician Psychomotor Examination

**Skill Sheet 5
VERIFIED**

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Checks patient 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 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.

Emergency Medical Technician Psychomotor Examination

Skill Sheet 6
VERIFIED

BASELINE VITAL SIGNS

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

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

Takes or verbalizes appropriate PPE precautions	1	
Blood Pressure (Palpation)		
Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> • Not over clothing • Snug fit • Center bladder over artery 	1	
Palpate radial and brachial artery	1	
Inflate cuff to a minimum of 20 mmHg above the point that the palpable pulse was lost	1	
Slowly deflate the cuff	1	
Record/report the palpable systolic blood pressure when the pulse returns (margin +/- 4mmHg)	1	
Blood Pressure (Auscultation)		
Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> • Not over clothing • Snug fit • Center bladder over artery 	1	
Palpate brachial artery	1	
Place diaphragm of stethoscope over brachial artery	1	
Inflate cuff to a minimum of 20 mmHg above the point that the palpable pulse was lost	1	
Slowly deflate the cuff	1	
Record/report the palpable blood pressure (margin +/- 4mmHg)	1	
Pulse		
Palpate with two (2) fingers (index and middle) over the radial artery	1	
Count the palpated pulse for 30 seconds and multiply X 2	1	
Asses the following: <ul style="list-style-type: none"> • Rate • Rhythm (Regular/Irregular) • Quality (Strong/Weak) 	1 point each	
Record/Report pulse findings (margin +/- 4 bpm)	1	
Respirations		
Observe rise and fall of the chest or abdomen	1	
Count respirations for 30 seconds and X 2	1	
Asses the following: <ul style="list-style-type: none"> • Rate • Rhythm (Regular/Irregular) • Quality (Strong/Weak) 	1 point each	
Record/Report pulse findings (margin +/- 4 bpm)	1	
Skin		
Skin Color: Normal, Cyanotic, Jaundice, Ashen, Pale, Flushed	1	
Skin Temperature: Normal, warm, cool, hot	1	
Skin Condition: Normal, moist, diaphoretic	1	

Actual Time Ended: _____

TOTAL 27

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ 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.

Emergency Medical Technician Psychomotor Examination

Skill Sheet 7
VERIFIED

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available 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.

Emergency Medical Technician Psychomotor Examination

Skill Sheet 8
VERIFIED

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____

Examiner: _____

Date: _____

Signature: _____

Actual Time Started: _____

	Available 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.

Emergency Medical Technician Psychomotor Examination

Skill Sheet 9
VERIFIED

LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		

Actual Time Ended: _____

TOTAL 10

Critical Criteria

- _____ Failure to immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Failure to immobilize the joint above and the joint below the injury site
- _____ Failure to immobilize the hand or foot in a position of function
- _____ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ 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.

Emergency Medical Technician Psychomotor Examination

Skill Sheet 10 VERIFIED

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "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 injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	

Actual Time Ended: _____

TOTAL 9

Critical Criteria

- _____ Failure to immediately stabilize the extremity manually
- _____ Grossly moves the injured extremity
- _____ Failure to immobilize the bone above and below the injury site
- _____ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- _____ 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.

**Emergency Medical Technician Psychomotor Examination
12 LEAD EKG ACQUISITION**

**Skill Sheet 11
VERIFIED**

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Identifies Indications for 12 Lead EKG acquisition	1	
Prepares monitor and connects electrodes to the patient cable	1	
Explains procedure to patient	1	
Exposes patient's chest and preps as necessary	1	
Properly applies chest leads (V1, V2, V3, V4, V5, V6, and limb leads) (1 point) V1: Right 4 th intercostal space beside sternum (1point) V2: Left 4 th intercostal space beside sternum (1 point) V4: Left 5 th intercostal space, midclavicular (1 point) V3: Halfway between V2 and V4 (1 point) V5: Horizontal to V4, anterior to axillary line (1 point) V6: Horizontal to V5, Mid-axillary line (1 point)	7	
Properly applies Limb Leads (RA, LA, LA, LL)	1	
Instructs patient to remain as still as possible	1	
Acquires 12 lead EKG per manufacturer's instructions	1	
Transmits EKG to receiving facility	1	
Reassess patient	1	
Confirm transmission of 12 lead has completed	1	
Document the procedure	1	

Actual Time Ended: _____

TOTAL 19

Critical Criteria

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to identify the need for 12 lead EKG acquisition
- _____ Failure to appropriately apply leads
- _____ 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.

Emergency Medical Technician Psychomotor Examination

Skill Sheet 12
VERIFIED

CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Performs initial assessment	1	
Applies initial high flow oxygen	1	
Identifies indications for CPAP utilization	1	
Identifies any contraindications for CPAP	1	
Explains the procedure to the patient	1	
Assembles CPAP correctly per manufacturer's directions	1	
Sets device parameters per protocol	1	
Applies device to patient obtaining a good face seal	1	
Adjusts pressure as required	1	
Comforts/coaches patient through the use of CPAP	1	
Reassess patient	1	
If no improvement contact medical command and request ALS back up	1	
Document the procedure	1	

Actual Time Ended: _____ **TOTAL** 14 _____

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to assemble device appropriately
- _____ Failure to confirm a good face seal
- _____ 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.

Emergency Medical Technician Psychomotor Examination

Skill Sheet 13 VERIFIED

NALOXONE ADMINISTRATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Identify the need for administration of Naloxone based on PPMH, vital, signs and symptoms, and presentation	1	
Support respirations as needed	1	
Assess blood glucose level	1	
Verbalize signs of opioid use	1	
Select the proper medication and check concentration, color, and clarity	1	
Selects the appropriate syringe and draw up medication if not prefilled	1	
Confirm expiration date of medication	1	
Confirm the rights of drug administration: Right Patient Right Route Right Drug Right Dose Right Time	1 point each	
Place a nebulizer on the end of the syringe	1	
Place atomizer against nostril and administer 1mg (0.5 dose) of medication	1	
Repeat the procedure delivering the remainder of the medication in the opposite nostril	1	
Reassess patient	1	
If no improvement, contact medical command and request ALS back up	1	
Document the procedure	1	

Actual Time Ended: _____

TOTAL 19

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to confirm at least three of the "Rights" of medication administration
- _____ Failure to select appropriate medication or concentration of medication
- _____ Failure to support respirations as needed
- _____ 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.

Emergency Medical Technician Psychomotor Examination TETRACAINE

Skill Sheet 14 VERIFIED

OPHTHALMIC ADMINISTRATION / MORGAN LENS IRRIGATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Available Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Identifies indications for use of Morgan Lens	1	
Determines no contraindications for use of Morgan Lens	1	
Confirm patient allergies	1	
Confirm expiration date of medication	1	
Confirm the rights of drug administration: Right Patient (1 point) Right Route (1 point) Right Drug (1 point) Right Dose (1 point) Right Time (1 point)	5	
Explains the procedure to patient	1	
Administers two (2) drops of tetracaine per eye being irrigated	1	
Attached macro-drop IV tubing to IV Bag	1	
Attach Morgan Lens delivery set to IV tubing and confirm fluid flowing through device	1	
With patient looking downward, retract upper eye lid and insert Morgan Lens under upper eye lid	1	
Have patient look upward, retract lower eye lid and place Morgan Lens	1	
Adjust flow to irrigate the eye	1	
Completes irrigations and removes Morgan Lens by retracting lower eye lid and sliding the lens out	1	
Terminates IV Flow	1	
Reassess Patient	1	
Document the procedure	1	

Actual Time Ended: _____

TOTAL 21

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to confirm expiration date of the medication
- _____ Failure to confirm at least three of the "Rights" of medication administration
- _____ Failure to provide continuous flow while irrigating patient's eye
- _____ 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.

Emergency Medical Technician Psychomotor Examination
OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Skill Sheet 15
VERIFIED

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

Actual Time Started: _____

	Available 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

Emergency Medical Technician Psychomotor Examination
BVM VENTILATION OF AN APNEIC ADULT PATIENT

Skill Sheet 16 VERIFIED

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

Actual Time Started: _____	Available 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.

APPENDIX K
EMR AND EMT
SKILLS SUMMERY
SHEETS

EMR Psychomotor Skills Summary Sheet – Initial Course

Name:		Exam Date: / / _____		
Last	First	MI		
WV Certification Number: _____		Exam Location: _____		
WVOEMS Class Number: _____		Training Agency Class		
Test Type: <u>Entire Practical</u>				
EMR "TESTED" Skill Station			Score *CS	Evaluator NOTES
Patient Assessment - Trauma				
Bleeding Control/Shock Management				
Patient Assessment – Medical <small>(Includes Baseline Vital Signs)</small>				
Oxygen Admin, by Non-Rebreather				
BVM Ventilation of an Apneic Patient				

** Any failure requires a completed skill sheet to be attached to this summary sheet.*

EMR Psychomotor Skills Summary Sheet – Initial Course

Name:		Exam Date: / /	
Last	First	MI	
WV Certification Number:		Exam	Location
WVOEMS Class Number:		Training Agency Class Number	
Test Type:		Entire Practical	Retest
EMR “VERIFIED” Skill Station		Score	Pass/Fail
		Date	Instructor
Cardiac Arrest Management / AED			
Baseline Vital Signs			
Spinal Immobilization – Seated Patient			
Spinal Immobilization – Supine Patient			
Long Bone Immobilization			
Joint Immobilization			
Naloxone Administration			

Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.

EMR Psychomotor Skills Summary Sheet – Refresher Course

Name:		Exam Date: / /	
<small>Last</small>	<small>First</small>	<small>MI</small>	
WV Certification Number:	Exam	Location	
WVOEMS Class Number:	Training Agency Class Number		
Test Type:	Entire Practical	Retest	
EMR Skill Station			
	Score	Pass/Fail	Date
Instructor			
Patient Assessment - Trauma			
Bleeding Control/Shock Management			
Patient Assessment – Medical <small>(Includes Baseline Vital Signs)</small>			
Oxygen Admin, by Non-Rebreather Mask			
BVM Ventilation of an Apneic Patient			

** Any failure requires a completed skill sheet to be attached to this summary sheet.*

EMR Psychomotor Skills Summary Sheet – Refresher Course

Name:		Exam Date: / /		
<small>Last</small>	<small>First</small>	<small>MI</small>		
WV Certification Number:	Exam	Location		
WVOEMS Class Number:	Training Agency Class Number			
Test Type:	Entire Practical	Retest		
EMR Skill Station	Score	Pass/Fail	Date	Instructor
Cardiac Arrest Management / AED				
Baseline Vital Signs				
Spinal Immobilization – Seated Patient				
Spinal Immobilization – Supine Patient				
Long Bone Immobilization				
Joint Immobilization				
Naloxone Administration				

Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.

EMT Psychomotor Skills Summary Sheet – Initial Course

Name _____		Exam Date: _____ / ____ / ____			
: _____		_____			
Certification WV Last Name _____ First Name _____ MI _____					
Class Number: _____		Training Agency Class Number: _____			
WCEMS Entire Practical _____ Retest _____					
Test Type _____					
EMT "TESTED" Skill Station		Score	*CS	Evaluator Initials	NOTES
Patient Assessment - Trauma					
Bleeding Control/Shock Management					
Patient Assessment – Medical (Includes Baseline Vital Signs)					
Medication Administration -CHOOSE ONE-	Oral Glucose Administration				
	Nitroglycerin Administration				
	Nebulized Medication Admin.				
	Epinephrine Auto-Injector				
	Epinephrine 1:1000 Admin.				
Airway Management					

** Any failure requires a completed skill sheet to be attached to this summary sheet.*

EMT Psychomotor Skills Summary Sheet – Initial Course

Name:		Exam Date: / /		
Last	First	MI		
WV Certification Number:	Exam	Location		
WVOEMS Class Number:	Training Agency Class Number			
Test Type:	Entire Practical	Retest		
EMT “VERIFIED” Skill Station	Score	Pass/Fail	Date	Instructor
Cardiac Arrest Management / AED				
Baseline Vital Signs				
Spinal Immobilization – Seated Patient				
Spinal Immobilization – Supine Patient				
Long Bone Immobilization				
Joint Immobilization				
12 Lead EKG Acquisition				
Continuous Positive Airway Pressure – CPAP				
Naloxone Administration				
Tetracaine Ophthalmic Administration / Morgan Lens				
Oxygen Administration by Non-Rebreather Mask				
BVM Ventilation of an Apneic Patient				

Instructor signature verifies that the student has shown

competence in the respective skill in accordance with the accompanying skill sheet.

EMT Psychomotor Skills Summary Sheet – Refresher Course

Name _____		Exam Date: / / _____			
: _____ MI					
Certification Last Name _____ First _____		Location: _____			
Class Number: _____		Training Agency Number _____			
WCEMS _____		Class _____			
Test Type _____		Entire Practical _____			
EMT Skill Station		Score	Pass/Fail	Date	Instructor
Patient Assessment - Trauma					
Bleeding Control/Shock Management					
Patient Assessment – Medical (Includes Baseline Vital Signs)					
Medication Administration -CHOOSE ONE-	Oral Glucose Administration				
	Nitroglycerin Administration				
	Nebulized Medication Admin.				
	Epinephrine Auto-Injector Admin.				
	Epinephrine 1:1000 Admin.				
Airway Management					

** Any failure requires a completed skill sheet to be attached to this summary sheet.*

EMT Psychomotor Skills Summary Sheet – Refresher Course

Name:		Exam Date: / /	
<small>Last</small>	<small>First</small>	<small>MI</small>	
WV Certification Number:	Exam	Location	
WVOEMS Class Number:	Training Agency Class Number		
Test Type:	Entire Practical	Retest	
EMT Skill Station			
	Score	Pass/Fail	Date
Cardiac Arrest Management / AED			
Baseline Vital Signs			
Spinal Immobilization – Seated Patient			
Spinal Immobilization – Supine Patient			
Long Bone Immobilization			
Joint Immobilization			
12 Lead EKG Acquisition			
Continuous Positive Airway Pressure – CPAP			
Naloxone Administration			
Tetracaine Ophthalmic Administration / Morgan Lens			
Oxygen Administration by Non-Rebreather Mask			
BVM Ventilation of an Apneic Patient			

Instructor signature verifies that the student has shown competence in the respective skill in accordance with the accompanying skill sheet.

APPENDIX L
APPROVED
REFRESHER
STANDARDS

WVOEMS Approved EMR Refresher Outline (NCCP standards)

The National Component requires **8 hours** of the topic hours listed for recert: Modules I thru II

Module I

4 Hours

TOPIC – <i>Airway and Neurological Management</i>	TIME LINE
Ventilation ETCO2	30 Min.
Oxygenation	30 Min.
Neurological Emergencies	30 Min.
Cardiac Adult Cardiac Arrest Pediatric Cardiac Arrest ROSC Stroke	30 Min. 30 Min. 30 Min. 30 Min.
CNS Injuries	30 Min.

Required Objectives:

1. Discuss and Describe the ventilatory process
2. Identify adequate vs. inadequate breathing
 - a. Tidal volume
 - b. Minute volume
 - c. Vital capacity
 - d. Hypoxia
 - e. Hypoxic Drive
 - f. Dyspnea
3. Describe ventilatory assist and measurement of adequacy-ETCO2
 - a. When to oxygenate and when to ventilate
4. Discuss cellular metabolism thru oxygenation
5. Difference between respiratory arrest and failure
6. Differentiate between the features and indications of oxygen therapy devices including nasal cannula and non-rebreather mask.
7. State the chain of survival
8. Discuss recognition of the critical cardiac patient
9. Describe the current techniques of one and two rescuer adult CPR
10. Describe the current techniques of one and two rescuer pediatric CPR
11. Describe the use of the AED
12. Identify the signs associated with Return of Spontaneous Circulation
13. Discuss s/s of stroke
14. Discuss importance of knowing the timeline of stroke events
15. Discuss management of the stroke victim
16. Define altered mental status
17. State common causes of altered mental status
18. Define status epilepticus/seizures
19. Explain complications associated with seizures
20. Identify the s/s of a patient with a traumatic brain injury (TBI)
21. Discuss the current research and practices for the use of selective spinal immobilization

TOPIC – Medical Emergencies/Operations	TIME LINE
Endocrine Emergencies	30 Min.
Psychiatric / Behavioral Emergencies	30 Min.
Toxicological Emergencies	30 Min.
Immunological Emergencies	30 Min.
Infectious Diseases	30 Min.
OB Emergencies	30 Min.
Field Triage – Disaster/MCI’s	30 Min.
EMS Provider Hygiene, Safety, and Vaccinations	15 Min.
EMS Culture and Safety	15 Min.

Required Objectives:

1. Explain the role glucose plays on the cells
2. Identify symptoms commonly associated with hypoglycemia
 3. Identify symptoms commonly associated with hyperglycemia
4. Describe interventions for hypo/hyperglycemic patients
5. Define a behavioral crisis
6. Describe the components of a mental status exam
 7. State the risk factors for suicide
 8. Discuss the physiology related to allergies and anaphylaxis
9. Differentiate between a mild/localized allergic reaction and anaphylaxis
10. Explain the actions of medications used to treat anaphylaxis:
 - a. Epinephrine
11. Identify common synthetic stimulants and natural or synthetic THC (Tetrahydrocannabinol)
 - a. Recognize the effects
12. Identify common opioids
 - a. Recognize the effects
13. Explain common treatment options for a person experiencing opioid overdose
14. Describe drug resistant infections
15. State how the transmission of influenza virus occurs
16. Understand mode of transmission
17. Assess the differences between sepsis and septic shock
18. Identify proper hand washing technique
19. Identify appropriate use of alcohol-based hand cleaner
20. Discuss the CDC’s recommendations of vaccines for healthcare providers
21. Assess eye safety indications and measures
22. State the stages of labor
23. Explain the procedures for normal child delivery in the field
24. Determine the need for neonatal resuscitation during delivery
25. Describe the routine care of a newborn not requiring resuscitation
26. Discuss CDC’s Field Triage Decision Scheme
27. Discuss different triage methods:
 - a. SALT
 - b. START
 - c. JumpSTART
28. Define culture of safety
29. Identify and explain the six core elements necessary to advance an EMS Culture of Safety
30. Identify the role of the EMS providers in establishing a culture of safety within EMS organizations

TOPIC – Skills Performance

Patient Assessment – Trauma (*includes baseline vital assessment*)

Patient Assessment - Medical (*includes baseline vital assessment*)

Bleeding Control / Shock Management

Oxygen Administration

Cardiac Arrest / AED Management

Required Objectives:

See WVOEMS approved psychomotor objectives

WVOEMS Approved EMT Refresher (NCCP standards)

The National Component requires **20 hours** of the topic hours listed for recert: Modules I thru V.

Module I **4 hours**

TOPIC – <i>Airway and Neurological Management</i>	TIME LINE
Ventilation ETCO2	1 Hour
Oxygenation CPAP	30 Min.
Neurological – (Seizures / CNS) Injury Stroke EMS Research / Evidence Based Medicine	1 Hour 1 Hour 30 Min.

Required Objectives:

1. Discuss and describe the ventilatory process
2. Identifying adequate vs. inadequate breathing
 - a. Tidal volume
 - b. Minute volume
 - c. Vital capacity
 - d. Hypoxia
 - e. Hypoxic drive
 - f. Dyspnea
3. Describe ventilatory assist and measurement of adequacy-ETCO2
- When to oxygenate and when to ventilate.
 4. Discuss cellular metabolism thru oxygenation.
 5. Discuss Internal vs. External respiration
- Difference between respiratory arrest and failure
 6. Discuss use of CPAP* (optional per agency medical direction)
 7. Define altered mental status
 8. Define diverse types of seizures: generalized, partial, status epilepticus
 9. List possible causes of seizures
 10. Explain the importance to recognize seizure activity and identify other problems associated with seizures
 11. Describe the postictal state and the patient care interventions
 12. Identify the s/s of a pt. with a traumatic brain injury
 13. Discuss the current research and practices for the use of selective spinal immobilization
 14. Discuss differences between ischemic vs. hemorrhagic stroke and TIA
 15. Discuss s/s of stroke and some mimics
 16. Discuss causes of stroke
 17. Discuss identifying, assessing and treatment of the stroke patient.
 18. Discuss importance of knowing the timeline of stroke events.
 19. Discuss transport to appropriate stroke facilities
 20. Explain the practical use of research in EMS care
 21. Define different research methods in EMS research
 22. Explain the process of conducting a literature review for EMS research

TOPIC – Cardiac Management & Considerations	TIME LINE
Cardiac Arrest 12 Lead EKG AED	2 Hours
ROSC	30 Min.
VAD	30 Min.
Pain Management	30 Min.
Toxicological - Opioids	30 Min.

Required Objectives:

1. Describe the A & P, pathophysiology, assessment and management of a myocardial infarction
2. Describe the purpose and demonstrate the application of the 12 lead ECG monitor/transmission
3. Discuss pathophysiology, assessment and management of a cardiac arrest
4. Discuss and demonstrate the application of an AED, indications and contraindications
5. Describe ROSC and effectively manage hemodynamic instability
6. Determine causes of cardiac arrest
- a. Make treatment choices based on the cause
- b. Determine appropriate destination
 7. Describe the process of induced hypothermia
 8. Understand the function of VAD's
 9. Discuss patient care issues/differences in assessment involved in patients with a VAD
 10. Determine differences between acute and chronic pain management
 11. Discuss conducting pain assessments appropriately by patient's age
 12. Discuss non-pharmacological pain management options
 13. Identify common synthetic stimulants and natural or synthetic THC (Tetrahydrocannabinol)
 - a. Recognize the effects
 - b. Synthetic stimulants
 - c. Natural and synthetic THC
 14. Identify common opioids
- Recognize the effects
 15. Discuss management and treatment of the opioid overdose patient

TOPIC – Medical Emergencies I/Ops I Management & Considerations	TIME LINE
Diabetic Emergencies	1 Hour
Psychiatric / Behavioral	30 Min.
EMS Culture of Safety	30 Min.
Immunological Emergencies	30 Min.
Infectious Diseases	30 Min.
EMS Provider Hygiene, Safety, and Vaccinations	30 Min.
At Risk Populations	30 Min.

Required objectives:

1. Explain the role glucose plays on the cells
2. Explain the role of insulin
3. Define and explain diabetes and the two types
 - a. Hyperglycemia
 - b. hypoglycemia
 4. Discuss assessing the patient with a history of diabetes and an altered mental status
 5. Describe the interventions for care and treatment of both the conscious and unconscious patient with a history of diabetes who is having a hypoglycemic episode
6. Explain the management of hyperglycemia
7. Define a behavioral crisis
8. Discuss special considerations for assessing and managing a behavioral crisis or psychiatric emergency
9. Define agitated delirium and describe the care for a patient with agitated delirium
10. State the risk factors for suicide
11. Define culture of safety
12. Identify and explain the six core elements necessary to advance an EMS culture of Safety Identify the role of the EMS provider in establishing a culture of safety within EMS organizations
13. Understand and define the terms allergic reaction vs. anaphylaxis
14. Discuss causes of an allergic reaction
15. Discuss the assessment, management and treatment of a patient having an allergic vs. anaphylaxis reaction
16. Describe some age-related contraindications to using epinephrine to treat an allergic reaction in a geriatric patient
17. Define infectious disease and communicable disease
18. Define bloodborne vs. airborne transmission
19. Understand mode of transmission
20. Explain post-exposure management
21. Identify proper hand-washing technique
22. Identify appropriate use of alcohol-based hand cleaner
23. Discuss the CDC’s recommendations of vaccines for healthcare providers
24. Assess eye safety indications and measures
25. Recognize the unique characteristics of at-risk populations
26. Recognize circumstances that may indicate abuse
 - a. Domestic abuse
 - b. Human trafficking
 - c. Non-accidental trauma
 27. State appropriate actions of EMS professionals in the presence of abused pts.

TOPIC – <i>Medical Emergencies II Management & Considerations</i>	TIME LINE
Special Healthcare Needs	1.5 Hours
OB Emergencies	30 Min.
Pediatric Cardiac Arrest	2 Hours

Required Objectives:

1. Identify common special needs patients seen in EMS
2. Relate the role of caregivers of the special needs patient to the EMS Professional's patient care
3. Describe patient assessment of a special needs patient Identify abnormal presentations during childbirth and nuchal cord presentations
4. Discuss management of abnormal presentation and nuchal cord presentation during delivery
5. Recognize the need for neonatal resuscitation during delivery
6. Describe steps for neonatal resuscitation
7. Describe routine care of a newborn not requiring resuscitation
8. Describe current techniques of one and two rescuer CPR for pediatric cardiac arrest
9. Demonstrate current techniques of one and two rescuer CPR for pediatric cardiac arrest

TOPIC – Trauma/Ops II Management & Considerations	TIME LINE
Trauma and Field Triage	1 Hour
Hemorrhage Control	30 Min.
Pediatric Transport	30 Min.
Ambulance Safety	30 Min.
Crew Resource Management	1 Hour
Evidence Based Guidelines	30 Min.

Required Objectives:

1. Identify triage criteria for the trauma patient in the Field Triage Decision Scheme
2. State the four steps of the CDC’s Field Triage Decision Scheme
3. Examine local protocols
4. Identify and treat severe hemorrhage
5. Define the indications, effects, and contraindications for the use of
 - a. Tourniquets
 - b. Hemostatic agents
6. Explain how to appropriately secure a child safety restraint to a stretcher
7. Discuss the difference between the NHTSA recommendations for safe transport of children based on the condition of the child
8. Discuss the on-going initiatives to increase the safety of children during ambulance transport and the limitations of those current recommendations
9. Define Crew Resource Management
10. Explain the benefits of CRM to EMS
11. Explain the concept of communication in the team environment using advocacy/inquiry or appreciative inquiry
12. State characteristics of effective team leaders
13. State characteristics of effective team members
14. Explain how the use of CRM can reduce errors in patient care
15. Define evidence based medicine and practice
16. Identify resources available through NASEMSO to aid states and agencies in developing evidence based guidelines
17. Explain the benefits of evidence based guidelines for patients
18. Discuss federal initiatives developed to monitor and analyze ground ambulance crashes
 - a. Reference: NHTSA Advances Ground Ambulance Safety
19. Identify the significance of ambulance crashes through the use of national data
20. Evaluate policies and procedures at one's own EMS service related to protecting the patient and providers safety during ground ambulance transport

TOPIC – Skills Performance
Patient Assessment - Trauma
Patient Assessment - Medical (<i>includes baseline vital assessment</i>) <i>Must include one (1) of the following:</i> <ul style="list-style-type: none">• Oral Glucose Administration• Nitroglycerine Administration• Nebulized medication Administration• Epinephrine Administration
Bleeding Control / Shock Management
Airway Management
Cardiac Arrest / AED Management
Evidence Based Guidelines

Required Objectives:

See WVOEMS approved psychomotor objectives

WVOEMS Approved AEMT Refresher (NCCP Standards)

Module 1

4 hours

TOPIC – <i>Airway, Respiration, Ventilation and Neurological Management</i>	TIME LINE
Ventilation ETCO ₂ Automated Transport Ventilators	2 Hours
Oxygenation CPAP	30 Min.
Neurological Seizures / CNS	30 Min.
Geriatrics	1 Hour

Required Objectives:

1. Differentiate between adequate and inadequate breathing
2. Differentiate between respiratory distress and failure
3. Explain when to oxygenate and when to ventilate a patient
4. Discuss the AHA's position on routine suctioning of the newborn
5. Analyze physiology related to oxygen transport and metabolism
6. Identify the AHA's guidelines on oxygen therapy in the post cardiac arrest, acute coronary syndrome and stroke patient
7. Discuss the role of free radicals related to oxygen therapy
8. Define altered mental status (AMS)
9. State common causes of altered mental status
10. Define status epilepticus/seizures
11. Explain complications associated with seizures
12. Describe the steps in the primary assessment for providing emergency care to a geriatric patient, including the elements of the GEMS diamond.
13. Discuss special considerations when performing the patient assessment process on a geriatric patient
14. Describe the pathophysiology of most common medical conditions including s/s, and the emergency medical care strategies used in the management of each for the geriatric patient.
15. Describe special considerations for a geriatric patient who has experienced trauma
16. Discuss elder abuse and neglect, and its implications in assessment and management of the patient

Module 2**4 hours**

TOPIC – <i>Cardiovascular</i>	TIME LINE
Stroke	1 Hour
Pediatric Cardiac Arrest	2.5 Hours
Acute Coronary Syndrome	1 Hour

Required Objectives:

1. Identify the options for out-of-hospital stroke assessment tools
2. Explain oxygen administration during a stroke emergency
3. Discuss the importance of knowing a timeline of stroke events
4. Identify patients needing rapid transport to the most appropriate stroke hospital
5. Discuss the importance of starting the fibrinolytics check sheet
6. Describe the current techniques of one and two-rescuer CPR
7. Demonstrate the current techniques of one and two-rescuer CPR
8. Demonstrate the proper placement of 12-lead EKGs
9. Assess injury patterns on a 12-lead EKG

Module 3**4 hours**

TOPIC – Cardiovascular / Medical Emergencies	TIME LINE
VAD (<i>Ventricular Assist Devices</i>)	30 Min.
Adult Cardiac Arrest	2 Hours
Post Resuscitation Care	30 Min.
Pain Management	1 Hour

Required objectives:

1. Understand the function of Ventricular Assist Devices
2. State the chain of survival
3. Describe the current techniques of one and two-rescuer CPR
4. Demonstrate the current techniques of one and two-rescuer CPR
5. Effectively manage hemodynamic instability
6. Investigate possible causes of cardiac arrest
- Make appropriate treatment choices based on the cause
- Determine the appropriate destination
7. Describe the process of induced hypothermia
8. Conduct pain assessments appropriately by patient's age
9. Critique clinical protocols for pain management
10. Discuss non-pharmacological pain management options
11. Determine the differences between acute and chronic pain management
12. Critique the position paper published by the National Association of EMS Physicians regarding Prehospital Pain Management

Module 4**4 hours**

TOPIC – Trauma / Medical Emergencies	TIME LINE
Trauma Triage	1 Hour
Central Nervous System Injury	1 Hour
Hemorrhage Control	30 Min.
Fluid Resuscitation	30 Min.
Endocrine/Diabetic Emergencies	1 Hour

Required Objectives:

1. Identify the triage criteria in the CDC's Field Triage Decision Scheme
2. State the four steps of the CDC's Field Triage Decision Scheme
3. Review local protocols
4. Identify the signs and symptoms of a patient with a traumatic brain injury (TBI)
5. Differentiate between the various levels of a TBI
6. Discuss the current research and practices for the use of selective spinal immobilization
7. Identify and treat severe hemorrhage.
8. Differentiate among indications, effects, and contraindications for the use of:
 - Tourniquets
 - Junctional Tourniquets
 - Hemostatic agents
9. Explain the concept of permissive hypotension
10. Discuss research regarding fluid resuscitation
11. Explain the role glucose plays on the cells
12. Explain the role of insulin
13. Identify symptoms commonly associated with hypo/hyperglycemia
14. Identify commonly prescribed medications used to treat diabetes
15. Discuss metabolic syndrome
16. Explain the management of hyperglycemia
17. Explain the management of hypoglycemia
18. Compare the functions of different insulin pumps

Module 5**4 hours**

TOPIC – Medication Delivery and Medical Emergencies I	TIME LINE
Toxicological/Opioid Emergencies	30 Min.
Immunological Emergencies Allergic Reaction Anaphylaxis	30 Min.
Pharmacology	1 Hour
Medication Administration	1 Hour
Crew Resource Management	1 Hour

Required Objectives:

1. Identify common synthetic stimulants and natural or synthetic THC
 - Recognize the effects
 - Synthetic stimulants
 - Natural and synthetic THC
2. Identify common opioids
 - Recognize the effects
 3. Explain common treatment options for a person experiencing opioid overdose
 4. Discuss the physiology related to allergies and anaphylaxis
 5. Differentiate between a mild/localized allergic reaction and anaphylaxis
 6. Explain the actions of medications used to treat anaphylaxis
- Epinephrine
 7. Review medications utilized by the AEMT level provider in West Virginia.
 8. Analyze the benefits of intramuscular (IM) administration compared to the subcutaneous (SQ) route
 9. Critique the delivery of medication with a nasal atomizer to other routes of administration
 10. Discuss the different routes of delivery of medications and the rates of absorption for those routes
- IM
- SQ
- IN
- IV
- IO
 11. Define Crew Resource Management (CRM)
 12. Explain the benefits of CRM to EMS
 13. State the guiding principles of CRM and briefly explain each
 14. Explain the concept of communication in the team environment using advocacy/inquiry or appreciative inquiry
 15. State characteristics of effective team leaders
 16. State characteristics of effective team members

17. Explain how the use of CRM can reduce errors in patient care

Module 6**4 hours**

TOPIC – <i>Medical Emergencies II / Operations I</i>	TIME LINE
Psychiatric/Behavioral Emergencies	1 Hour
Infectious Disease	30 Min.
Special Healthcare Needs	1 Hours
OB Emergencies	30 Min.
EMS Provider Hygiene, Safety, and Vaccinations	30 Min.
EMS Culture of Safety	30 Min.

Required Objectives:

1. Describe the components of a mental status examination
2. Perform effective patient restraint methods (verbal and physical)
3. State the risk factors for suicide
4. Analyze the effects of opioids and excited delirium
5. Identify common synthetic stimulants and natural or synthetic THC
 - Recognizing the effects
 - Synthetic stimulants
 - Natural and synthetic THC
6. Describe drug resistant infections
7. State how the transmission of influenza virus (flu) occurs
8. Investigate the role of the EMS provider in disease reporting
9. Compare an epidemic and pandemic
10. Assess the differences between sepsis and septic shock
11. Identify common special needs patients seen in EMS
12. Relate the role of caregivers of the special needs patient to the EMS professional's patient care
13. Describe patient assessment of a special needs patient
14. Identify abnormal presentations present during childbirth
15. Discuss management of a patient with an abnormal presentation during delivery
16. Describe a nuchal cord presentation
17. Discuss the procedures to take when a nuchal cord is present during delivery
18. Recognize the need for neonatal resuscitation during delivery
19. Discuss the management principles of neonatal resuscitation
20. Describe the routine care of a newborn not requiring resuscitation
21. Identify proper hand washing technique
22. Identify appropriate use of alcohol-based hand cleaner
23. Discuss the CDC's recommendations of vaccines for healthcare providers
24. Assess eye safety indications and measures
25. Define culture of safety
26. Identify and explain the six core elements necessary to advance an EMS Culture of Safety

27. Identify the role of the EMS providers in establishing a culture of safety within EMS organizations

Module 7**3 hours**

TOPIC – Operations I	TIME LINE
Ambulance Safety	30 Min.
Pediatric Transport	30 Min.
Field Triage – Disasters/MCIs	30 Min.
EMS Research	30 Min.
At Risk Populations	30 Min.
Evidence Based Guidelines	30 Min.

Required Objectives:

1. Discuss federal initiatives developed to monitor and analyze ground ambulance crashes
2. Identify the significance of ambulance crashes through the use of national data
3. State specific factors that contributed to injuries and fatalities sustained during ambulance crashes
4. Evaluate the policies and procedures at each participant’s own EMS service related to protecting patient and provider safety during ground ambulance transport
5. Explain how to appropriately secure a child safety restraint to a wheeled ambulance stretcher
6. Differentiate between the NHTSA recommendations for safe ambulance transport of children based on the condition of the child
7. Discuss the on-going initiatives to increase the safety of children during ambulance transport
8. Discuss the limitations of the current recommendations
9. Relate MUCCs impact on the development of the CDC Field Triage Decision Scheme and SALT
10. Analyze the triage methods for
 - SALT
 - START
 - JumpSTART
 11. Identify national initiatives and resources that promote and enable EMS Research
 12. Explain the practical use of research in EMS care
 13. Explain the scientific method
 14. Differentiate among the different research methods
 15. Explain the process of conducting a literature review
 16. Determine training resources for special populations
 - Human trafficking
 - Domestic violence
 17. Recognize the unique characteristics of at-risk populations
 18. Determine the appropriate actions of EMS professionals in the presence of at-risk patients
 19. Recognize circumstances that may indicate abuse
 - Domestic abuse
 - Human trafficking
 - Non-accidental trauma
 20. State appropriate actions of EMS professionals in the presence of abused patients
 21. Define evidenced based medicine and practice

22. Identify resources available through NASEMSO to aid states and agencies in developing evidence based guidelines
23. Explain the benefits of EBG to patients

WVOEMS Approved PARAMEDIC Refresher (NCCP standards)

Module I

4 hours

TOPIC – <i>Airway, Respiration, Ventilation and Neurological Management</i>	TIME LINE
Ventilation ETCO ₂ Automated Transport Ventilators	2 Hours
Oxygenation CPAP	30 Min.
Capnography	1 Hour
Neurological Seizures / CNS	30 Min.

Required Objectives:

1. Differentiate between adequate and inadequate breathing
2. Differentiate between respiratory distress and failure
3. Explain when to oxygenate and when to ventilate a patient
4. Identify the use of automated transport ventilators when managing patients
5. Demonstrate effective BVM ventilation at a proper rate and depth
6. Discuss advantages and disadvantages of various advanced airway adjuncts
7. Define altered mental status
8. State common causes of altered mental status
9. Define status epilepticus/seizures
10. Explain complications associated with seizures

Module II**4 hours**

TOPIC – <i>Cardiovascular</i>	TIME LINE
Stroke	1.5 Hours
Pediatric cardiac Arrest	2.5 Hours

Required Objectives:

1. Identify the options for out-of-hospital stroke assessment tools
2. Explain oxygen administration during a stroke emergency
3. Discuss the importance of knowing a timeline of stroke events
4. Identify patients needing rapid transport to the most appropriate stroke hospital
5. Discuss the importance of starting the fibrinolytics check sheet
6. Consider causes of pediatric cardiac arrests
7. Demonstrate ALS management skills during a pediatric cardiac arrest for:
 - a. Airway management
 - b. Vascular access
 - c. Pharmacology

Module III**4.5 hours**

TOPIC – Cardiovascular	TIME LINE
VAD (<i>Ventricular Assist Devices</i>)	30 Min.
Congestive Heart Failure	30 Min.
Acute Coronary Syndrome	1 Hour
Adult Cardiac Arrest	2 Hours
Post-Resuscitation Care	30 Min.

Required objectives:

1. Understand the function of Ventricular Assist Devices
2. Describe assessment/management of patients with VAD's
3. Discuss pathophysiology of congestive heart failure
4. Discuss s/s and treatment of congestive heart failure
5. Discuss the assessment and management of coronary disease and angina
6. List the s/s of acute MI
7. Identify injury patterns on a 12-lead ECG
8. Differentiate STEMI from STEMI imposters
9. Explain the procedure for managing an acute MI including STEMI and non-STEMI presentations
10. Understand the benefits of reperfusion techniques in patients with AMI or suspected AMI
11. Demonstrate the current techniques of cardiac arrest management
12. Discuss airway issues in cardiac arrest management
13. Determine criteria for terminating cardiac arrest in the out-of-hospital setting
14. Identify signs associated with Return of Spontaneous Circulation
15. Describe how to effectively manage hemodynamic instability
16. List possible causes of cardiac arrest
17. Make appropriate treatment choices
18. Make appropriate destination decision

Module IV**3.5 hours**

TOPIC – Trauma	TIME LINE
Trauma Triage	1 Hour
Central Nervous System Injury	1 Hour
Acute Abdomen	30 Min.
Hemorrhage Control	30 Min.
Fluid Resuscitation	30 Min.

Required Objectives:

1. Identify the triage criteria in the CDC's Field Triage Decision Scheme
2. State the four steps of the CDC's Field Triage Decision Scheme
3. Review local protocols
4. Identify s/s of a patient with a traumatic brain injury
5. Explain the use of ETCO₂ as a guide for ventilating head injury patients
6. Define primary and secondary spinal cord injury.
7. Discuss various cord syndromes and their s/s
8. Discuss s/s of neurogenic shock and spinal shock
9. Describe how to investigate the chief complaint of a patient with a gastrointestinal disorder, including how to take the patient's history.
10. Discuss the management and treatment of various gastrointestinal disorders
11. Identify and treat severe hemorrhage
12. Differentiate among indications, effects, and contraindications for the use of:
 - a. Tourniquets
 - b. Junctional Tourniquets
 - c. Hemostatic agents
 - d. TXA
13. Explain the concept of permissive hypotension
14. Discuss the dangers of excessive fluid administration
15. Describe Mean Arterial Pressure (MAP) as a tool to better evaluate perfusion

Module V**4 hours**

TOPIC – Medical Emergencies I	TIME LINE
Endocrine/Diabetic Emergencies	1 Hour
Toxicological/Opioid Emergencies	30 Min.
Immunological Emergencies Allergic Reaction Anaphylaxis	30 Min.
Pharmacology/Medication Delivery	1 Hour
Pain Management	1 Hour

Required Objectives:

1. Explain the role glucose plays on the cells
2. Explain the role of insulin
3. Discuss s/s commonly associated with hypo/hyperglycemia
4. Identify commonly prescribed medications used to treat diabetes
5. Explain the management of hypo/hyperglycemia
6. Discuss metabolic syndrome
7. Discuss the functions of different insulin pumps
8. Discuss common synthetic stimulants and natural or synthetic THC
 - a. Recognize the effects
 - b. Synthetic stimulants
 - c. Natural and synthetic THC
9. Discuss common opioids
10. Explain common treatment options for a person experiencing opioid overdose
11. Discuss the causes of an allergic reaction/anaphylaxis
12. Differentiate between a mild/localized allergic reaction and anaphylaxis
13. Explain the actions of medications used to treat anaphylaxis
 - a. Benadryl
 - b. Epinephrine
14. Discuss the different routes of delivery of medications and the rates of absorption for those routes
 - a. IM
 - b. SQ
 - c. IN
 - d. IV
15. Discuss pharmacological and non-pharmacological pain management options
16. Determine the differences between acute and chronic pain management
17. Discuss the role of QA/QI, medical direction involvement and the importance of documentation of pain management.
18. Discuss reassessment/re-evaluation of pain and management

Module VI**4 hours**

TOPIC – <i>Medical Emergencies II</i>	TIME LINE
Psychiatric/Behavioral Emergencies	1 Hour
Infectious Disease	30 Min.
Special Healthcare Needs	2 Hours
OB Emergencies	30 Min.

Required Objectives:

1. Discuss the potential causes of behavioral emergencies
2. Define normal, abnormal, overt, and covert behavior.
3. Describe the assessment process for patients with psychiatric emergencies, including safety guidelines
4. Discuss the general management of a patient with a psychiatric emergency
5. Describe restraint methods, both chemical and physical forms and when to apply each
6. Describe care for the psychotic patient
7. State risk factors for suicide
8. Describe drug resistant infections
9. Compare epidemic to pandemic
10. Describe the role of the EMS provider in disease reporting
11. State the differences between sepsis and septic shock
12. Identify common special needs patients seen in EMS
13. Describe the relationship between the caregiver and the EMS provider in caring for the special needs patient.
14. Describe patient assessment of a special needs patient
15. Discuss abnormal presentations present during childbirth
16. Describe nuchal cord presentation
17. Recognize the need for and discuss the management of the principals of neonatal resuscitation
18. Describe the routine care of the newborn not requiring resuscitation
19. Discuss management of a patient with an abnormal presentation during delivery

Module VII**4 hours**

TOPIC – <i>Operations I</i>	TIME LINE
EMS Provider Hygiene, Safety, and Vaccinations	30 Min.
EMS Culture and Safety	30 Min.
Crew Resource Management	1 Hour
Ambulance Safety	30 Min.
Pediatric Transport	30 Min.
Field Triage – Disasters/MCIs	1 Hour

Required Objectives:

1. Describe proper hand washing techniques
2. Describe appropriate use of alcohol-based hand cleaner
3. Discuss the CDC's recommendations of vaccines for healthcare providers
4. Assess eye safety indications and measures
5. Define culture of safety
6. Identify and explain the six core elements necessary to advance an EMS Culture of Safety
7. Identify the role of the EMS providers in establishing a culture of safety within EMS organizations
8. Define Crew Resource Management
9. Explain the benefits of Crew Resource Management to EMS
10. State the guiding principles of Crew Resource Management, briefly explaining each
11. Explain the concept of communication in the team environment using advocacy/inquiry or appreciative inquiry.
12. State the characteristics of effective team members/leaders
13. Explain how the use of CRM can reduce errors in patient care
14. Discuss federal initiatives developed to monitor and analyze ground ambulance crashes
15. Identify the significance of ambulance crashes through the use of national data
16. Evaluate the policies and procedures at each participant's own EMS service related to protecting patient and provider safety during ground ambulance transport.
17. Explain how to appropriately secure a child safety restraint to a wheeled ambulance stretcher
18. Determine the NHTSA safe recommendations for safe ambulance transport of children based on the condition of the child.
19. Discuss the on-going initiatives to increase the safety of children during ambulance transport
20. Discuss the limitations of the current recommendations
21. Discuss the National Implementation of the MUCC (Model Uniform Core Criteria) for Mass Casualty Incident Triage 2013.
22. Discuss the triage methods:
 - a. SALT
 - b. START
 - c. JumpSTART

Module VIII**4 hours**

TOPIC – <i>Operations II</i>	TIME LINE
At Risk Populations/Pediatrics	1.5 Hours
Geriatrics	1 Hour
EMS Research	1 Hour
Evidence Based Guidelines	30 Min.

Required Objectives:

1. Define training resources for special populations
 - a. Human trafficking
 - b. Domestic violence
2. Recognize the unique characteristics of at-risk populations
3. Discuss the appropriate actions of EMS professionals in the presence of at-risk patients
4. Recognize circumstances that may indicate abuse
 - a. Domestic abuse
 - b. Human trafficking
 - c. Non-accidental trauma
5. Describe the steps in the primary assessment for providing emergency care to a geriatric patient, including the elements of the GEMS diamond.
6. Discuss special considerations when performing the patient assessment process on a geriatric patient
7. Describe the pathophysiology of most common medical conditions including s/s, and the emergency medical care strategies used in the management of each for the geriatric patient.
8. Describe special considerations for a geriatric patient who has experienced trauma
9. Discuss elder abuse and neglect, and its implications in assessment and management of the patient
10. Identify national initiatives and resources that promote and enable EMS research
11. Explain the practical use of research in EMS care
12. Explain the scientific method
13. Define the differences between quantitative and qualitative research methods
14. Explain the process of conducting a literature review
15. Define evidence based medicine and practice
16. Identify resources available through NASEMSO to aid states and agencies in developing evidence based guidelines.
17. Explain the benefits of EBG to patients

APPENDIX M
WV PRE-APPROVED
COURSE LIST

WVOEMS Pre-Approved Course List

WVOEMS Pre-Approved Course List:

1	ACC (Advanced Cardiac Care)
2	ACLS (Advanced Cardiac Life Support)
3	Advanced Pediatric Life Support
4	Advanced Stroke Life Support
5	Advanced Trauma Life Support
6	AEMT Protocol Initial Course
7	AEMT Protocol Update Course
8	AMLS (Advanced Medical Life Support)
9	Basic Disaster Life Support
10	Certified Emergency Vehicle Operator
11	CPR (WVOEMS Approved)
12	DDLS (Developmental Disability Life Support)
13	Emergency Pediatric Care
14	EMS Safety
15	EMT Protocol Initial Course
16	EMT Protocol Update Course
17	EVOC (Emergency Vehicle Operation Course)
18	FEMA IS - 100
19	FEMA IS - 200
20	FEMA IS - 300
21	FEMA IS - 400
22	FEMA IS - 700
23	FEMA IS - 800
24	GEMS (Geriatric Education for EMS)
25	Haz Mat Awareness
26	Haz Mat Operations
27	Haz Mat Technician
28	HIPAA
29	ITLS (International Trauma Life Support)
30	Mass Casualty Incidents I (WVOEMS)
31	Mass Casualty Incidents II (WVOEMS)
32	Mass Casualty Refresher and/or Drills
33	Neonatal Resuscitation
34	PALS (Pediatric Advanced Life Support)
35	Paramedic Protocol Initial Course
36	Paramedic Protocol Update Course
37	PEARS (Pediatric Emergency Assessment, Recognition, and Stabilization)

WVOEMS Pre-Approved Course List

38	PEPP (Pediatric Emergencies for Pre-Hospital Professionals)
39	PHTLS (Pre-Hospital Trauma Life Support)
40	<u>S.T.A.B.L.E. (Sugar, Temperature, Airway, Blood pressure, Lab work, and Emotional support)</u>
41	TCCC (Tactical Combat Casualty Care)
42	TECC (Tactical Emergency Casualty Care)
43	TIMs (Traffic Incident Management)