

WEST VIRGINIA  
Department of

# Health & Human Resources



**BUREAU FOR PUBLIC HEALTH**

Office of Emergency Medical Services

Standards for State Recognition of Emergency Medical Services

# Educational Policies and Procedures

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# Standards for State Recognition of Emergency Medical Services -Education Training Institutes-

## I. Goal

To establish, maintain and promote appropriate standards of quality for educational programs in the Emergency Medical Services Professions in the State of West Virginia.

## II. Introduction

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 are regulated by the West Virginia Office of Emergency Medical Services with endorsement from the State Emergency Medical Services Advisory Council (EMSAC) and the Medical Policy and Care Committee (MPCC). This policy shall define the minimum standards to which State recognized providers of Emergency Medical Services education will be held accountable.

Authority to establish EMS education standards is granted to the department in Legislative Rule §64 CSR 48. State recognized EMS initial education centers shall comply with all federal and state statutes and rules as applicable.

State recognized EMS education centers are required to meet or exceed the education standards as approved by the State Emergency Medical Services Advisory Council (EMSAC) and the Medical Policy and Care Committee (MPCC).

State recognized EMS education centers will be also allowed to function as *EMS Education Groups* for purposes of offering refresher courses and/or continuing education topics.

Unless otherwise noted, these standards are effective upon approval by the West Virginia Office of Emergency Medical Services.

## III. Definitions

### A. Recognition

1. A process of application and verification that EMS education centers meets State recognition standards. Recognition results in the access of graduates to National Registry of Emergency Medical Technician (NREMT) and State EMS Provider credentialing process. Only authorized representatives of education centers or education groups recognized by the State of West Virginia shall be allowed to verify certification/recertification education.
2. Initial recognition is valid for three (3) years.
3. Renewal recognition is valid for five (5) years.

### B. Clinical education

1. Education conducted under real patient conditions consists of two types:
  - a. Facility clinical education - Clinical education conducted within a medical facility such as a hospital, clinic, long or short-term care facility, etc. in the context of a specific and defined program with documented goals and objectives for the experience.
  - b. Field internship clinical education - Clinical education conducted in conjunction with an EMS transport or non-transport response agency in the context of a specific and defined program with documented goals and objectives for the experience.

2. Education conducted under approved Simulation

**C. Community of interest**

1. Groups or individuals who can affect or are affected by the activities, goals, and outcomes of the education center. Communities of interest may include, but are not limited to, students, graduates, faculty, education center administration local hospital/clinic physicians and staff, employers, EMS agencies, government officials, and the public.

**D. Continuing education**

1. Education that consists of individual stand-alone topics conducted real time by an instructor or completed through independent learning. Content of an initial, refresher, transition, or other relevant course work may be accepted as continuing education topics.

**E. Course**

1. A series of connected topics within a defined curriculum.

**F. Class**

1. An individual or isolated topic or presentation.

**G. Department**

1. Within these standards, the use of the term "Department" shall refer to the West Virginia Office of Emergency Medical Services.

**H. EMS Training Institute**

1. Any entity approved by the West Virginia Office of EMS to provide EMS Education.
2. Shall be categorized as follows:
  - a. Initial Education Center
  - b. Continuing Education Group
  - c. Critical Care Transport Education Centers (CCT)

**I. Initial Education Center - (*BLS/ALS Educational Institute*)**

1. A State recognized provider of initial courses. Centers may also offer continuing education topics and/or refresher courses that qualify graduates for state and/or National Registry EMS Provider certification.

**J. Continuing Education Group - (*Sponsor of Continuing Education*)**

1. A state recognized provider of continuing education topics and/or refresher courses that qualify individuals for renewal of a State Licensed Only (SLO) and/or National Registry EMS Provider certification.

**K. Critical Care Transport Education Center - (*CCT Educational Institute*)**

1. A State recognized provider of CCT courses to include C2 IFT, M CCP, and MCCN who maintain the educational standards of those respective programs.

**L. Distributive Education (or asynchronous) learning**

1. Education that is conducted without direct communication with an instructor. This may include,

but is not limited to, internet-based education, trade journal articles, computer-based or audio/video presentations.

**M. Instructor-led Non-Distributive Education (or synchronized) learning**

1. Education that is conducted in a classroom setting or via video conference or other method that utilizes online technology to deliver educational programs in a virtual classroom. There must be an ability to see teaching materials and interact with an instructor during a live session.

**N. Just culture**

1. An accountable culture supporting open communication of errors in a non-punitive environment for improving safety, and where leadership fosters fair treatment, an atmosphere of safety and not intimidation. This must include clear expectations about what constitutes acceptable and unacceptable behavior.

**O. Learning domains**

1. The three areas of knowledge acquisition: cognitive (factual or conceptual knowledge), affective (emotional or behavioral growth), and psychomotor (manual or physical skills).

**P. Practical skills examination**

1. A skills test consisting of psychomotor evaluation using hands-on demonstration of specified competencies.

**Q. Transition course**

1. A course that provides new material to an EMS Provider level to meet new state or national standards of practice at the same level.

# Standards for State Recognition of Emergency Medical Services -Agency Training Coordinator / Agency Training Officer-

## I. Goal

To provide a resource within each West Virginia EMS Agency to ensure adherence to the legislative rule with respect to education, certification, and recertification.

## II. Introduction

All EMS Agencies in West Virginia shall have a designated Agency Training Officer or Agency Training Coordinator for the sole purposes of overseeing training and certification/recertification within each respective agency.

## III. Agency Training Coordinator (ATC)

- A. Be designated by a West Virginia Office of EMS (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:
  - 1. Facilities
  - 2. Logistics
  - 3. Qualified Instructors
- D. Maintain and submit all required records and documentation.
- E. Complete the WVOEMS approved ATC/ATO program
- F. Attend the WVOEMS ATC update programs as required

## IV. Agency Training Officer (ATO)

- 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:
  - 1. Possess Current WVOEMS EMT certification for BLS topics
  - 2. Possess Current WVOEMS Paramedic certification for ALS topics
  - 3. Possess Current WVOEMS MCCN/MCCP certification for CCT topics
  - 4. Meet applicable Lead Instructor requirements
- C. Complete the WVOEMS approved ATC/ATO program
- D. Attend the WVOEMS ATC update programs as required

# Standards for State Recognition of Emergency Medical Service -Initial Education Center-

## I. Education Center Goals and Outcomes

### A. Education Center Goals

1. There shall be a written statement of the education center's goals and objectives consistent with and responsive to the expressed needs and expectations of the various communities of interest served by the education center.
2. Course or class specific statements of goals and objectives provide the basis for program planning, implementation, and evaluation. Such goals and learning domains shall be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the expressed needs of health care providers and employers, and the educational needs of the students served by the educational program.

### B. Appropriateness of Goals and Objectives

1. The education center shall assess its goals and objectives a minimum of once during an endorsement period. Education center personnel shall identify and respond to changes in the needs and/or expectations of its communities of interest.
2. An advisory committee, which is representative of the community being served, shall meet at least annually, to assist program and education center personnel in formulating and periodically revising appropriate goals and competencies, monitoring needs and expectations, and ensuring program responsiveness to change.
  - a. Clinical/internship representatives may include supervisory and administrative personnel who provide training sites for students.
  - b. Physician representatives may include the emergency physicians to whom students and/or graduates deliver their patients as well as trauma surgeons, internists, cardiologists, pediatricians, and family physicians.
  - c. Employer representatives may include employers of the program graduates.
  - d. Other interested parties may include government officials, training coordinators, field providers, current or former students, and representatives of receiving facilities.

### C. Fields of Educational Study

1. Emergency Medical Dispatcher - EMD
2. Emergency Medical Vehicle Operator - EMVO
3. Emergency Medical Responder - EMR
4. Emergency Medical Technician - EMT
5. Advanced Emergency Medical Technician - AEMT
6. Paramedic

### D. Minimum Expectations

1. The education center shall have one of the following goal or goals establishing minimum expectations:
  - a. To prepare competent entry-level EMR's and EMTs in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

- b. To prepare competent entry-level AEMTs in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
- c. To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
- d. Each continuing education course or class will review or increase the knowledge and/or competencies of the EMS Provider level for which the course is intended.
- e. Education centers not offering Associate's or Bachelor's degrees are encouraged to establish articulation agreements that provide for maximum transfer of related coursework.

## II. Education Center Eligibility

- A. Entities shall apply in a format prescribed by the commissioner (*Appendix A/B*)
- B. An education center shall operate within one of the following:
  - 1. A secondary or post-secondary academic institution or a consortium of secondary or post-secondary academic institution located in West Virginia and accredited by an institutional accrediting agency or equivalent that is recognized by the U.S. Department of Education, and shall be authorized under applicable law or other acceptable authority to provide a secondary or post-secondary program or to approve college credit, or;
  - 2. An organization with an education department consisting of full-time staff whose primary job description is EMS education daily.
- C. **Joint Application:** A West Virginia based EMS agency or independent training organization may provide services associated with an approved Education Center under a **joint application with:**
  - 1. A secondary or post-secondary academic institution or a consortium of secondary or post-secondary academic institution located in West Virginia and accredited by an institutional accrediting agency or equivalent that is recognized by the U.S. Department of Education as defined previously
- D. A joint application shall consist of:
  - 1. Two applicants listed on the application, one of which must be an accredited secondary or post-secondary academic institution located in West Virginia or a West Virginia licensed hospital, clinic, or medical center accredited by a healthcare accrediting agency recognized by the U.S. Department of Health and Human Services.
  - 2. A written and signed agreement between the joint applicants outlining roles and responsibilities.
  - 3. A shared policy and procedure manual that includes a description of how the joint applicants will interact and communicate re: initial education courses, membership and attendance requirements for a bilateral advisory council, curriculum updates, and a formalized CQI process.
  - 4. Curriculum developed collaboratively, with final approval provided by the qualifying co-applicant.
- E. Paramedic education centers shall obtain and maintain accreditation from the Commission on Accreditation of Allied Health Education Programs (CAAHEP).

## III. Responsibilities of the Education Center

- a. The education center shall assure that the provisions of these Standards are met.

- b. Every approved Initial Education Center shall have an organizational chart and written job descriptions identifying individual responsibilities for leadership and management of the education program.

#### IV. Resources

##### A. Type and Amount

1. Center Resources - Center resources shall be sufficient to ensure the achievement of the program's goals and outcomes. Resources include, but are not limited to:
  - a. Clerical/administrative staff
  - b. Curriculum
  - c. Classroom/laboratory facilities
  - d. Finances
  - e. Access to facilities
  - f. Equipment/supplies
  - g. Computer resources
  - h. Instructional aids
  - i. Instructional reference materials
  - j. Faculty/staff continuing education
2. Clinical Affiliations and Internship Affiliations
  - a. Every approved Education Center shall establish written agreements with licensed EMS agencies, hospitals, or other institutions to provide appropriate clinical experiences for their students, if applicable. Agreements shall clearly define learning goals and objectives the students should obtain, including clinical site's role and responsibilities to students
  - b. For all affiliations students shall have access to adequate numbers of patient contacts proportionally distributed by illness, injury, gender, age, and common problems encountered in the delivery of emergency care appropriate to the level of training being offered.
  - c. Clinical education should include exposure to an adequate number and variety of patients.
  - d. EMT clinical education may include experience in field settings, clinics and emergency departments.
  - e. Prehospital internship sites shall ensure appropriate oversight and accountability where students are operating as independent practitioners and students operate under appropriate treatment protocols as authorized by the WVOEMS.
  - f. Hospitals and Healthcare Facilities internship sites shall provide patient care similar to the pre-hospital setting or as an extension of pre-hospital care and ensure appropriate oversight and accountability when students are not operating as independent practitioners.
  - g. AEMT and Paramedic clinical education should include the operating room, recovery room, intensive care unit, coronary care unit, labor and delivery room, pediatrics, and emergency department. Hi-Fidelity Simulation may be utilized to enhance these in person experiences but not as a complete substitute for live patient experience.

##### B. Personnel

The education center shall appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes. At a minimum, faculty and staff shall include:

1. Education Center Administrative Director
  - a. Responsibilities - The education center director shall be responsible for all aspects of the center, including, but not limited to:
    - The administration, organization, and supervision of the educational program.
    - The continuous quality review and improvement of the educational program.
    - Long range planning and ongoing development of the program.

- The effectiveness of the program and have systems in place to demonstrate the effectiveness of the program.
- Cooperative involvement with the medical director.
- Adequate controls to assure the quality of the delegated responsibilities.
- Skill attestation oversight.
- Assure compliance with all local, State, and National guidelines.

b. Qualifications - The education center director shall:

- Meet the following academic requirements:
  - Directors of Initial BLS programs shall possess experience in educational administration.
  - Directors of Paramedic and AEMT programs shall possess a minimum of a Bachelor's degree from a regionally accredited institution of higher education.
- Have completed a state-approved EMS Instructor course.
- Have appropriate medical or allied health education, training, and experience.
- Have academic training and preparation related to emergency medical services at least equivalent to that of program graduates.
- Be knowledgeable concerning current relevant national standards, national accreditation, national registration, and the requirements for state certification or licensure.

2. Education Center Medical Director

a. Responsibilities - The education center medical director is responsible for all medical education aspects of the education center, including but not limited to:

- Reviewing and approving of the educational content of the program curriculum to certify its ongoing appropriateness and medical accuracy.
- Reviewing and approving of the quality of medical instruction, supervision, and evaluation of the students in all areas of the program.
- Granting authority to students for performance of course clinical and/or field internship requirements.
- Participating in the evaluation of education center instructional quality.
- Reviewing and approving of the progress of each student throughout the program and assist in the development of appropriate corrective measures when a student does not show adequate progress.
- Assurance of the competence of each graduate of the program in the cognitive, psychomotor, and affective domains.
- Function in cooperative involvement with the education center director.
- Providing adequate controls to assure the quality of the delegated responsibilities.

b. Qualifications - The education center medical director:

- Shall be a physician holding an active West Virginia medical license in good standing.
- Should have adequate training or experience in the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care.
- Should be an active member of the local medical community and participate in professional activities related to out-of-hospital care.
- Should be knowledgeable about the education of the Emergency Medical Services professions.

3. Education Center Instructional Faculty

a. Roles

- Lead Instructor, meeting requirements of the WVOEMS Instructor Credentialing Policy,

- (Appendix A), must be appointed for each BLS course presented.
- 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.
  - Institute selected and trained clinical preceptors shall be utilized to assist students during clinical rotations if applicable.
  - 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.
- b. Responsibilities - The education center faculty shall:
- Provide content or facilitate learning which meets the goals and objectives of the course.
  - Participate in evaluation of student progress in the three learning domains (cognitive, psychomotor, affective)
  - Participate in the evaluation of education center instructional quality.
  - Function in cooperation with the education center director and medical director.
  - In each location where students are assigned for didactic or clinical instruction or supervised practice, there shall be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements.
- c. Qualifications
- Faculty shall be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.
  - Faculty members should be educated at an equal or higher level of professional training than the level for the training which is being offered.
- d. Evaluations
- Student evaluations of instructors should be conducted at the end of each course. These evaluations shall be conducted in a manner that ensures confidentiality of the student.

### C. Curriculum

1. The curriculum shall:
  - a. Ensure the achievement of program goals and objectives.
  - b. Have an appropriate sequence of classroom, laboratory, clinical, and field/internship activities.
  - c. Have clearly written course syllabi describing learning goals, course objectives, and competencies required for course completion.
  - d. Meet or exceed the content and competency requirements of the latest edition of national standards from the National Highway Traffic Safety Administration, United States Department of Transportation education standards.
2. The education center shall track the number of times each student successfully performs each of the competencies required for the appropriate level of training.
3. For AEMT and Paramedic students, the field internship/capstone shall provide the student with an opportunity to serve as team leader in a variety of pre-hospital emergency medical situations.
  - a. Sufficient didactic and clinical competencies of the curriculum should be accomplished prior to the commencement of the field internship. Some didactic material may be taught concurrent with the field internship.

### D. Resource Assessment

1. The education center shall, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment shall be the basis for ongoing planning and appropriate change. An action plan shall be developed when deficiencies are identified in the program resources. Implementation of the action plan shall be documented and results measured by ongoing resource assessment.

## V. Student and Graduate Evaluation/Assessment

### A. 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.

### B. Student Evaluation

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:
    - Examination content shall be national in scope, with uniform passing standards and a means to perform statistical reporting
    - Examinations/quizzes shall be given at suitable intervals throughout the course.
    - A comprehensive final examination shall be given
    - Examinations should be developed by a qualified independent organization
    - Examinations should evaluate entry level competency
    - Examinations should be based on current practice analysis
  - b. Psychomotor evaluations:
    - Evaluations shall be based upon criteria developed by the appropriate certifying authority
    - Evaluations shall be conducted at suitable intervals throughout the course
    - A comprehensive final evaluation shall be given
    - Evaluations shall be conducted by WVOEMS endorsed instructors or approved skills evaluators
2. Frequency and Purpose
  - a. Evaluation of students shall be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the competencies and objectives stated in the curriculum.
3. Documentation
  - a. Records of student evaluations shall be maintained in sufficient detail to document learning progress and achievements.
4. Outcomes
  - a. Outcomes Assessment

- The program shall periodically assess its effectiveness in achieving its stated goals and objectives. The results of this evaluation shall be reflected in the review and timely revision of the program. Outcomes assessments may include but are not limited to: retention, graduate satisfaction, employer satisfaction, job placement, state credentialing and/or national registration.
  - It is recommended that the program track its goal(s), learning domains, evaluation systems (e.g. type, cut score, validity, and reliability), outcomes, analyze outcomes and develop an appropriate action plan based on the analysis.
- b. Outcomes Reporting
- Program evaluation should be a continuing and systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students and graduates. Other dimensions of the program may merit consideration such as the admission criteria and process, the curriculum design, and the purpose and productivity of an advisory committee. The department may periodically request a report of the above outcomes assessments and other pertinent information.

## VI. Fair Practices

### E. Publications

Announcements, catalogs, publications, and advertising shall accurately reflect the program offered.

### F. Disclosures

1. The following minimum information shall be made known to all applicants:

- a. The education center's program endorsement/accreditation status as well as the name address and phone number of the endorsing/accrediting agencies
- b. Admission policies and practices, including technical standards related to the functional job analysis(es) of the Emergency Medical Services Profession(s) for which training is being offered
- c. Any policies on advanced placement
- d. Any policies for transfer of credits, and credits for experiential learning
- e. Number of credits required for completion of the program
- f. Tuition/fees and other costs required to complete the program
- g. Policies and processes for withdrawal and for refunds of tuition/fees
- h. Three-year average pass rate for NREMT cognitive exam for programs established three or more years

2. The following minimum information shall be made known to all students:

- a. Academic calendar
- b. Student grievance procedure
- c. Liability and worker's compensation information
- d. Criteria for successful completion of each segment of the curriculum and graduation
- e. Policies and processes by which students may perform clinical work while enrolled in the program
- f. Criteria for national and state credentialing
- g. Compliance reporting procedures

## VII. Lawful and Non-discriminatory Practices

- A. All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, shall be non-discriminatory and in accordance with federal and state statutes, rules, and regulations. Each individual shall be provided with the opportunity to learn and work in a professional atmosphere which promotes equal opportunities and prohibits discriminatory practices. Such practices include harassment or retaliation based on a

person's disability, race, creed, color, sex, sexual orientation, religion, marital status, veteran status, age, or national origin or ancestry. Harassment, whether verbal, physical, or environmental, is unacceptable and will not be tolerated. Center staff is responsible for creating an environment in which individuals feel free to raise concerns and are confident that those concerns will be addressed.

#### **VIII. Safeguards**

- G. The health and safety of patients, students, and faculty associated with the educational activities of the students shall be adequately safeguarded. All activities required in the program shall be educational and students shall not be substituted for staff.
- H. Medical control/accountability exists when there is unequivocal evidence that Emergency Medical Services Professionals are not operating as independent practitioners, and when Emergency Medical Services Professionals are under direct medical control or in a system utilizing standing orders where timely medical audit and review provide for quality assurance.
- I. The education center should embrace a just culture that encourages and does not penalize self-reporting of errors or opportunities for improvement by students, staff, and faculty. Specific behaviors that are not tolerable should be made clear and explicit.
- J. The education center must adopt a non-discrimination policy, to include a grievance process, and this policy shall be conspicuously posted throughout the center in areas accessible to students and staff members. The policy shall appear in the student handbook. The center shall develop and implement training for students and staff on this policy and on means for effectively promoting the goals of this policy.
- K. The education center must establish an effective faculty and student grievance process and take immediate and appropriate action when an individual presents a grievance.
- L. The approved EMS Education Center 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.

#### **IX. Education Center Records**

- M. Education center records shall be maintained in a safe and secure location. This may be electronically filed or by hard copy. Records shall be maintained for a minimum of seven (7) years.
- N. Transcripts of course completion or duplicate course completion certificates shall be available indefinitely from the Educational Institute. Should an educational Institute cease to exist, all records shall be transferred electronically to the WVOEMS education department or an educational institute assuming the duties of the outgoing educational institute.
- O. Satisfactory records shall be maintained for all students including, but not limited to:
  - 1. Student admission
  - 2. Advisement and counseling
  - 3. Evaluations
  - 4. Grades and credits for courses
  - 5. Completion Certificates
    - a. Certificates shall include the following:
      - Student name
      - Date of course completion

- Number of credits, Hours, or Continuing education units awarded
- Course topic, Course name or description of content covered
- Instructor name (training provider name, CAPCE provider number as available)
- Name of course approver
- Method of instruction (Distributive Education/Non-Distributive Education)
- Training agency/institution name
- WVOEMS course number (if applicable)

P. Satisfactory records shall be maintained for all courses and classes including, but not limited to:

1. Objectives
2. Content or curriculum
3. Attendance records that demonstrate attendance at class sessions
4. Faculty
  - a. Qualifications
  - b. Student Evaluations
5. Lists of supplemental reference materials

**X. Substantive Change**

A. The education center shall report substantive changes to the department within 90 days. These changes include, but are not limited to change in program status, medical director, sponsorship, or center director.

**XI. Agreements**

A. There shall be a current written affiliation agreement or memorandum of understanding between the education center and all other entities that participate in the education of the students describing the relationship, role, and responsibilities between the education center and that entity.

# Standards for State Recognition of Emergency Medical Service -Continuing Education Group-

## I. Continuing Education Group Goals and Outcomes

### A. Education Group Goals

1. There shall be a written statement of the education group's goals and objectives consistent with and responsive to the expressed needs and expectations of the various communities of interest served by the education center.
2. Course or class specific statements of goals and objectives provide the basis for program planning, implementation, and evaluation. Such goals and learning domains shall be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the expressed needs of health care providers and employers, and the educational needs of the students served by the educational program.

### B. Appropriateness of Goals and Objectives

1. The education group shall regularly assess its goals and objectives. Education group personnel shall identify and respond to changes in the needs and/or expectations of its communities of interest.
2. An advisory group, which is representative of the community being served, shall meet at least annually to assist education group personnel in formulating quality assurance (QA) programs and periodically revising appropriate goals and competencies based on the QA process, monitoring needs and expectations of the community of interest, and ensuring education group responsiveness to changes at the local, state and national level.

### C. Minimum Expectations

1. The education group shall have the following goal(s) establishing minimum expectations:
  - a. Provide education for candidates seeking EMVO certification.
  - b. Provide continuing education for EMVO, EMR, EMT, AEMT, and Paramedic level recertification.
  - c. Provide in-service training or agency specific training approved by the West Virginia Office of EMS.
  - d. Provide continuing education courses that will review or increase the knowledge and/or competencies of the EMS provider level for which the course is intended.

## II. Education Group Eligibility

A. Entities shall apply in a format prescribed by the commissioner (*Appendix A/B*)

B. 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.

C. An education group shall operate within one of the following:

1. A secondary or post-secondary academic institution or a consortium of secondary or post-secondary academic institution located in West Virginia and accredited by an institutional accrediting agency or equivalent that is recognized by the U.S. Department of Education, and shall be authorized under applicable law or other acceptable authority to provide a secondary or post-secondary program or to approve college credit, or;

2. An organization with an education department consisting of full-time staff whose primary job description is EMS education daily.
3. A West Virginia based EMS provider agency in good standing.
4. A West Virginia based independent training organization in good standing.

### III. Responsibilities of Education Group

- A. The education group shall assure that the provisions of these Standards are met.

### IV. Resources

#### A. Type and Amount

1. Group Resources - Group resources shall be sufficient to ensure the achievement of the course's goals and outcomes. Resources include, but are not limited to:
  - a. Curriculum
  - b. Finances
  - c. Access to facilities
  - d. Equipment/supplies
  - e. Instructional reference materials
2. Clinical Affiliations shall:
  - a. Establish agency affiliations and/or memorandums of understanding with all off-site entities that address responsibility for student's liability insurance and/or worker's compensation, that assure students have access to adequate numbers of patient contacts, and that state that the clinical entity understands and provides appropriate course objectives.

#### B. Personnel

The education group shall appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes. At minimum, faculty and staff shall include:

1. Education Group Program Director, Agency Training Officer (ATO), and/or Agency Training Coordinator (ATC)
  - a. Responsibilities - The education group program director, Agency Training Officer (ATO), and/or Agency Training Coordinator (ATC) shall be responsible for all aspects of the Group, including, but not limited to:
    - The administration, organization, and supervision of the educational program.
    - The continuous quality review and improvement of the educational program.
    - Long range planning and ongoing development of the program.
    - The effectiveness of the program and have systems in place to demonstrate the effectiveness of the program.
    - Cooperative involvement with the medical director.
    - Adequate controls to assure the quality of the delegated responsibilities.
    - Continuing education requirement oversight.
    - Skill attestation oversight.
  - b. Qualifications - The education group program director shall:
    - Demonstrate competence in the administration of educational programs,
    - Be knowledgeable concerning current relevant national standards, national registration, and the requirements for state certification and recertification.

## 2. Education Group Medical Director

- a. Responsibilities - The education group medical director shall be responsible for all medical education aspects of the education group, including but not limited to:
  - Functioning as the medical authority regarding course content and to review and approve medical content of utilized curricula.
  - Granting authority to students for performance of course clinical and/or field internship requirements.
  - Participating in the evaluation of education group instructional quality.
  - Establishing regular communication with the education group program director.
- b. Qualifications - The education group medical director:
  - Shall be a physician holding an active West Virginia license in good standing.
  - Should have knowledge of the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care.
  - Should be an active member of the local medical community and participate in professional activities related to out-of-hospital care.
  - Should be knowledgeable about the education of the Emergency Medical Services professions

## 3. Continuing Education Group Faculty

- a. Faculty
  - A Lead Instructor meeting the requirements of the WVOEMS Instructor Credentialing Policy must be identified for each CE course.
  - Visiting/Guest instructors meeting the requirements of the WVOEMS Instructor Credentialing Policy may be utilized as appropriate within an individual course.
- b. Responsibilities - The education group faculty shall:
  - Provide content or facilitate learning which meets the goals and objectives of a class or course and that follow state and/or national guidelines or standards for minimum content,
  - Participate in the evaluation of education group instructional quality,
  - Function in cooperation with the education group director and medical director.
  - In each location where students are assigned for didactic or clinical instruction or supervised practice, there shall be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements.
- c. Qualifications
  - The faculty shall be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.
- d. Evaluations
  - Student evaluations of instructors should be conducted at the end of each class or course.

## C. Curriculum

1. The curriculum shall ensure the achievement of course goals and learning objectives. Instruction shall be an appropriate sequence of classroom, laboratory, clinical, and field/internship activities, as necessitated by the course.

## 2. Continuing education topic presentations

- a. Continuing education topics shall be relevant to the EMS Provider level for which the topic is intended. Presentations may include content on various EMS Provider levels to facilitate interaction between providers.
- b. Topic selection should include content on core concepts, enrichment of core concepts, and/or on new developments in the EMS Provider's level practice. Topic selection should be determined, in part, by local quality improvement needs of practicing providers.
- c. Education group may review and approve outside sources of continuing education. Records shall be kept by the program for any approval of education not presented by the program.

## D. Resource Assessment

1. The education group shall, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment shall be the basis for ongoing planning and appropriate change. An action plan shall be developed when deficiencies are identified in the program resources. Implementation of the action plan shall be documented and results measured by ongoing resource assessment. This assessment will be required for the renewal of recognition and submitted to the department concurrent with the renewal application.

## V. Student and Graduate Evaluation/Assessment

### A. Student Evaluation

1. Each course providing renewal or refresher education or educational content beyond entry-level competence shall evaluate students to assure that competency is achieved.
2. Continuing education classes are not required to; but may evaluate student competency.
3. Documentation
4. Records of student evaluations shall be maintained in sufficient detail to document learning progress and achievements.

## VI. Fair Practices

- A. Publications Announcements, catalogs, publications, and advertising shall accurately reflect the program offered.

### B. Disclosures

1. If applicable, the following information shall be provided to all applicants:
  - a. Prerequisites for the course
  - b. Admissions policies and practices
  - c. Requirements for completion of the course
  - d. Tuition/fees and other costs required to complete the course
  - e. Policies and processes for withdrawal and for refunds of tuition/fees
2. If applicable, the following minimum information shall be made known to all students:
  - a. Academic calendar
  - b. Student grievance procedure
  - c. Criteria for successful completion of each segment of the course
  - d. Policies and processes by which students may perform clinical work while enrolled in the program.
3. The above items may not apply to agencies providing continuing education unless outside students are allowed to attend class and/or course offerings on a regular basis.

## **VII. Lawful and Non-discriminatory Practices**

- A. All activities associated with the education group, including student and faculty recruitment, student admission, and faculty employment practices, shall be non-discriminatory and in accordance with federal and state statutes, rules, and regulations. Each individual shall be provided with the opportunity to learn and work in a professional atmosphere which promotes equal opportunities and prohibits discriminatory practices. Such practices include harassment or retaliation based on a person's disability, race, creed, color, sex, sexual orientation, religion, marital status, veteran status, age, or national origin or ancestry. Harassment, whether verbal, physical, or environmental, is unacceptable and will not be tolerated. Center staff is responsible for creating an environment in which individuals feel free to raise concerns and are confident that those concerns will be addressed.

## **VIII. Safeguards**

- A. The health and safety of patients, students, and faculty associated with the educational activities of the students shall be adequately safeguarded. All activities required in the program shall be educational and students shall not be substituted for staff.
- B. Medical control/accountability exists when there is unequivocal evidence that Emergency Medical Services Providers are not operating as independent practitioners, and when Emergency Medical Services Providers are under direct medical control or in a system utilizing standing orders where timely medical audit and review provide for quality assurance.
- C. The education group should embrace a just culture that encourages and does not penalize self-reporting of errors or opportunities for improvement by students, staff, and faculty. Specific behaviors that are not tolerable should be made clear and explicit.
- D. The education group must adopt a non-discrimination policy, to include a grievance process, and this policy shall be conspicuously posted throughout the center in areas accessible to students and staff members. The policy shall appear in the student handbook. The center shall develop and implement training for students and staff on this policy and on means for effectively promoting the goals of this policy.
- E. The education group must establish an effective faculty and student grievance process and take immediate and appropriate action when an individual presents a grievance.
- F. The approved Continuing Education Group 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.

## **IX. Continuing Education Group Records**

- A. Continuing Education group records shall be maintained in a safe and secure location. This may be electronically filed or by hard copy. Records shall be maintained for a minimum of seven (7) years.
- B. Transcripts of course completion or duplicate course completion certificates shall be available indefinitely from the Educational Institute. Should an educational Institute cease to exist, all records shall be transferred electronically to the WVOEMS education department.
- C. Satisfactory records shall be maintained for all students if applicable including, but not limited to:
  - 1. Student admission
  - 2. Advisement and counseling
  - 3. Evaluations
  - 4. Grades and credits

5. Completion Certificates

- a. Certificates shall include the following:
  - Student name
  - Date of course completion
  - Number of credits, Hours, or Continuing education units awarded
  - Course topic, Course name or description of content covered
  - Instructor name (training provider name, CAPCE provider number as available)
  - Name of course approver
  - Method of instruction (Distributive Education/Non-Distributive Education)
  - Training agency/institution name
  - WVOEMS course number (if applicable)

D. Satisfactory records shall be maintained for all courses and classes including, but not limited to:

- 1. Objectives
- 2. Content or curriculum
- 3. Attendance records that demonstrate attendance at class sessions
- 4. Faculty
  - a. Qualifications
  - b. Student Evaluations
- 5. List of supplemental reference materials

**X. Substantive Change**

- A. The education group shall report substantive changes to the department within 90 days. Substantive changes include but are not limited to change in program status, medical director, sponsorship, or group director.

**XI. Agreements**

- A. There shall be current written affiliation agreements or memorandums of understanding between the education group and all other entities that participate in the education of students, describing the relationship, role and responsibilities between the education group and that entity.

# Standards for State Recognition of Emergency Medical Service -CCT Education Center-

## I. CCT Education Center Goals and Outcomes

### A. Education Center Goals

1. There shall be a written statement of the education center's goals and objectives consistent with and responsive to the expressed needs and expectations of the various communities of interest served by the education center.
2. Course or class specific statements of goals and objectives provide the basis for program planning, implementation, and evaluation. Such goals and learning domains shall be compatible with both the mission of the sponsoring institution(s) and the expectations of the communities of interest. Goals and learning domains are based upon the expressed needs of health care providers and employers, and the educational needs of the students served by the educational program.

### B. Appropriateness of Goals and Objectives

1. The education group shall regularly assess its goals and objectives. Education group personnel shall identify and respond to changes in the needs and/or expectations of its communities of interest.
2. An advisory group, which is representative of the community being served, shall meet at least annually to assist education group personnel in formulating quality assurance (QA) programs and periodically revising appropriate goals and competencies based on the QA process, monitoring needs and expectations of the community of interest, and ensuring education group responsiveness to changes at the local, state and national level.

### C. Minimum Expectations

1. The education group shall have the following goal(s) establishing minimum expectations:
  - a. Provide education for candidates seeking C2 IFT, C3 IFT, MCCP, and MCCN certification/Recertification.
  - b. Provide CCT continuing education courses that will review or increase the knowledge and/or competencies of the EMS provider level for which the course is intended.

## II. Education Center Eligibility

- A. Entities shall apply in a format prescribed by the commissioner (*Appendix A/B*)
- B. The CCT Education Center shall have an organizational chart and written job descriptions identifying individual responsibilities for leadership and management of the education program.
- C. An education center shall operate within one of the following:
  1. A secondary or post-secondary academic institution or a consortium of secondary or post-secondary academic institution located in West Virginia and accredited by an institutional accrediting agency or equivalent that is recognized by the U.S. Department of Education, and shall be authorized under applicable law or other acceptable authority to provide a secondary or post-secondary program or to approve college credit, or;
  2. An organization with an education department consisting of full-time staff whose primary job description is EMS education daily.
  3. A West Virginia based EMS provider agency in good standing.

4. A West Virginia based independent training organization in good standing.

### III. Responsibilities of Education Group

- A. The education center shall assure that the provisions of these Standards are met.

### IV. Resources

#### A. Type and Amount

1. Center Resources - shall be sufficient to ensure the achievement of the course's goals and outcomes. Resources include, but are not limited to:
  - a. Curriculum
  - b. Finances
  - c. Access to facilities
  - d. Equipment/supplies
  - e. Instructional reference materials
2. Clinical Affiliations shall:
  - a. Establish agency affiliations and/or memorandums of understanding with all off-site entities that address responsibility for student's liability insurance and/or worker's compensation, that assure students have access to adequate numbers of patient contacts, and that state that the clinical entity understands and provides appropriate course objectives.

#### B. Personnel

The education center shall appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes. At minimum, faculty and staff shall include:

1. Education Center Program Director, Agency Training Officer (ATO), and/or Agency Training Coordinator (ATC)
  - a. Responsibilities - The education center program director, Agency Training Officer (ATO), and/or Agency Training Coordinator (ATC) shall be responsible for all aspects of the Group, including, but not limited to:
    - The administration, organization, and supervision of the educational program.
    - The continuous quality review and improvement of the educational program.
    - Long range planning and ongoing development of the program.
    - The effectiveness of the program and have systems in place to demonstrate the effectiveness of the program.
    - Cooperative involvement with the medical director.
    - Adequate controls to assure the quality of the delegated responsibilities and.
    - Continuing education requirement oversight.
    - Skill attestation oversight.
  - b. Qualifications - The education group program director shall:
    - Demonstrate competence in the administration of educational programs,
    - Be knowledgeable concerning current relevant national standards, national registration, and the requirements for state certification and recertification.
2. Education Center Medical Director
  - a. Responsibilities - The education center medical director shall be responsible for all medical education aspects of the education center, including but not limited to:

- Functioning as the medical authority regarding course content and to review and approve medical content of utilized curricula.
  - Granting authority to students for performance of course clinical and/or field internship requirements.
  - Participating in the evaluation of education group instructional quality.
  - Establishing regular communication with the education group program director.
- b. Qualifications - The education center medical director:
- Shall be a physician holding an active West Virginia license in good standing.
  - Should have knowledge of the delivery of out-of-hospital emergency care, including the proper care and transport of patients, medical direction, and quality improvement in out-of-hospital care.
  - Should be an active member of the local medical community and participate in professional activities related to out-of-hospital care.
  - Should be knowledgeable about the education of the Emergency Medical Services professions

### 3. Continuing Education Center Faculty

#### a. Faculty

- A Lead Instructor meeting the requirements of the WVOEMS Instructor Credentialing Policy must be identified for each CE course.
- Visiting/Guest instructors meeting the requirements of the WVOEMS Instructor Credentialing Policy may be utilized as appropriate within an individual course.

#### b. Responsibilities - The education center faculty shall:

- Provide content or facilitate learning which meets the goals and objectives of a class or course and that follow state and/or national guidelines or standards for minimum content,
- Participate in the evaluation of education group instructional quality,
- Function in cooperation with the education group director and medical director.
- In each location where students are assigned for didactic or clinical instruction or supervised practice, there shall be instructional faculty designated to coordinate supervision and provide frequent assessments of the students' progress in achieving acceptable program requirements.

#### c. Qualifications

- The faculty shall be knowledgeable in course content and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned.

#### d. Evaluations

- Student evaluations of instructors should be conducted at the end of each class or course.

### C. Curriculum

1. The curriculum shall ensure the achievement of course goals and learning objectives. Instruction shall be an appropriate sequence of classroom, laboratory, clinical, and field/internship activities, as necessitated by the course.
2. Continuing education topic presentations
  - a. Continuing education topics shall be relevant to the EMS Provider level for which the topic is intended. Presentations may include content on various EMS Provider levels to facilitate

- interaction between providers.
- b. Topic selection should include content on core concepts, enrichment of core concepts, and/or on new developments in the EMS Provider's level practice. Topic selection should be determined, in part, by local quality improvement needs of practicing providers.
- c. Education group may review and approve outside sources of continuing education. Records shall be kept by the program for any approval of education not presented by the program.

#### D. Resource Assessment

1. The education group shall, at least annually, assess the appropriateness and effectiveness of the resources described in these standards. The results of resource assessment shall be the basis for ongoing planning and appropriate change. An action plan shall be developed when deficiencies are identified in the program resources. Implementation of the action plan shall be documented and results measured by ongoing resource assessment. This assessment will be required for the renewal of recognition and submitted to the department concurrent with the renewal application.

### V. Student and Graduate Evaluation/Assessment

#### A. Student Evaluation

1. Each course providing renewal or refresher education or educational content beyond entry-level competence shall evaluate students to assure that competency is achieved.
2. Continuing education classes are not required to; but may evaluate student competency.
3. Documentation
  - a. Records of student evaluations shall be maintained in sufficient detail to document learning progress and achievements.

### VI. Fair Practices

A. Publications Announcements, catalogs, publications, and advertising shall accurately reflect the program offered.

#### B. Disclosures

1. If applicable, the following information shall be provided to all applicants:
  - a. Prerequisites for the course
  - b. Admissions policies and practices
  - c. Requirements for completion of the course
  - d. Tuition/fees and other costs required to complete the course
  - e. Policies and processes for withdrawal and for refunds of tuition/fees
2. If applicable, the following minimum information shall be made known to all students:
  - a. Academic calendar
  - b. Student grievance procedure
  - c. Criteria for successful completion of each segment of the course
  - d. Policies and processes by which students may perform clinical work while enrolled in the program.
3. The above items may not apply to agencies providing continuing education unless outside students are allowed to attend class and/or course offerings on a regular basis.

### VII. Lawful and Non-discriminatory Practices

A. All activities associated with the education group, including student and faculty recruitment,

student admission, and faculty employment practices, shall be non-discriminatory and in accordance with federal and state statutes, rules, and regulations. Each individual shall be provided with the opportunity to learn and work in a professional atmosphere which promotes equal opportunities and prohibits discriminatory practices. Such practices include harassment or retaliation based on a person's disability, race, creed, color, sex, sexual orientation, religion, marital status, veteran status, age, or national origin or ancestry. Harassment, whether verbal, physical, or environmental, is unacceptable and will not be tolerated. Center staff is responsible for creating an environment in which individuals feel free to raise concerns and are confident that those concerns will be addressed.

#### VIII. Safeguards

- A. The health and safety of patients, students, and faculty associated with the educational activities of the students shall be adequately safeguarded. All activities required in the program shall be educational and students shall not be substituted for staff.
- B. Medical control/accountability exists when there is unequivocal evidence that Emergency Medical Services Providers are not operating as independent practitioners, and when Emergency Medical Services Providers are under direct medical control or in a system utilizing standing orders where timely medical audit and review provide for quality assurance.
- C. The education group should embrace a just culture that encourages and does not penalize self-reporting of errors or opportunities for improvement by students, staff, and faculty. Specific behaviors that are not tolerable should be made clear and explicit.
- D. The education group must adopt a non-discrimination policy, to include a grievance process, and this policy shall be conspicuously posted throughout the center in areas accessible to students and staff members. The policy shall appear in the student handbook. The center shall develop and implement training for students and staff on this policy and on means for effectively promoting the goals of this policy.
- E. The education group must establish an effective faculty and student grievance process and take immediate and appropriate action when an individual presents a grievance.
- F. The approved Continuing Education Group 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.

#### IX. Continuing Center Group Records

- A. CCT Education Center records shall be maintained in a safe and secure location. This may be electronically filed or by hard copy. Records shall be maintained for a minimum of seven (7) years.
- B. Transcripts of course completion or duplicate course completion certificates shall be available indefinitely from the Educational Institute. Should an educational Institute cease to exist, all records shall be transferred electronically to the WVOEMS education department.
- C. Satisfactory records shall be maintained for all students if applicable including, but not limited to:
  - 1. Student admission
  - 2. Advisement and counseling
  - 3. Evaluations
  - 4. Grades and credits
  - 5. Completion Certificates
    - a. Certificates shall include the following:

- Student name
- Date of course completion
- Number of credits, Hours, or Continuing education units awarded
- Course topic, Course name or description of content covered
- Instructor name (training provider name, CAPCE provider number as available)
- Name of course approver
- Method of instruction (Distributive Education/Non-Distributive Education)
- Training agency/institution name
- WVOEMS course number (if applicable)

D. Satisfactory records shall be maintained for all courses and classes including, but not limited to:

1. Objectives
2. Content or curriculum
3. Attendance records that demonstrate attendance at class sessions
4. Faculty
  - a. Qualifications
  - b. Student Evaluations
5. List of supplemental reference materials

**X. Substantive Change**

A. The education group shall report substantive changes to the department within 90 days. Substantive changes include but are not limited to change in program status, medical director, sponsorship, or group director.

**XI. Agreements**

A. There shall be current written affiliation agreements or memorandums of understanding between the education group and all other entities that participate in the education of students, describing the relationship, role and responsibilities between the education group and that entity.

## Standards for State Recognition of Emergency Medical Service -Educational Institute Endorsement 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 all 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
- IV. 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
- V. 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

# Standards for State Recognition of Emergency Medical Service -EMS Instructor Requirements and Regulations-

- I. Goals
  - A. The goal of any instructor shall be to create the best possible educational experience to the student while maintaining classroom discipline, accountability, and high educational standards. Instructors shall strive to produce competent EMS providers at all levels.
- II. Recognized EMS Instructor Levels
  - A. Skills Evaluator
  - B. BLS Lead Instructor
  - C. ALS Lead Instructor
  - D. CCT Lead Instructor
  - E. Supervising Instructor
  - F. Visiting Instructor/Subject Matter Expert
- III. Skills Evaluators
  - A. Basic Life Support minimum criteria:
    - 1. Current unrestricted WVOEMS or National Registry EMT or higher certification
    - 2. Skill evaluators shall not have assisted with the classroom portion of the program but may have assisted with skills sessions throughout the program.
    - 3. Observe a minimum of three (3) BLS skills stations in different topics.
    - 4. Evaluated as the "tester" in one skills station assessed by a Lead Instructor
    - 5. Successful ongoing WVOEMS approved evaluations
    - 6. Completion of required continuing education for Skills Evaluators
  - B. Advanced Life Support minimum criteria:
    - 1. Current unrestricted WVOEMS or National Registry Paramedic or higher certification
    - 2. Skill evaluators shall not have assisted with the classroom portion of the program but may have assisted with skills sessions throughout the program.
    - 3. Monitor a minimum of three (3) ALS skills stations in different topics.
    - 4. Evaluated on one skill station assessed by an ALS Lead Instructor.
    - 5. Successful ongoing WVOEMS approved evaluations
    - 6. Completion of required continuing education for Skills Evaluators
  - C. Critical Care Transport minimum criteria:

1. Current unrestricted WVOEMS Mobile Critical Care Nurse (MCCN), Mobile Critical Care Paramedic (MCCP), or higher certification
2. Two (2) years field experience at CCT level
3. Skill evaluators shall not have assisted with the classroom portion of the program but may have assisted with skills sessions throughout the program.
4. Monitor a minimum of three (3) CCT skills stations in different topics.
5. Evaluate one (1) skill station assessed by a CCT Lead Instructor
6. Successful ongoing CCT evaluation
7. Completion of required CCT continuing education for Skills Evaluators

IV. Basic Life Support Lead Instructor minimum criteria:

- A. High school diploma or approved equivalency exam
- B. Current unrestricted WVOEMS or National Registry EMT or higher
- C. Four (4) years active field experience as EMT or higher
- D. Successful completion of the WVOEMS approved educational methodology course, or equivalent professional higher education (minimum of a bachelor's in education).
  1. Completion of a Methodology course does not complete the process to become an instructor. Candidates must include a fifteen (15) - eighteen (18) minute presentation evaluated by a panel of three (3) independent evaluators possessing a minimum level of supervising instructor. (Appendix S)
  2. Individuals possessing professional higher education with a minimum of a bachelor's in education must include a minimum of a fifteen (15) - eighteen (18) minute presentation evaluated by a panel of three (3) independent evaluators possessing a minimum level of supervising instructor. (Appendix S)
- E. Successful completion of a minimum of sixteen (16) hours student teaching experience evaluated by a Supervising Instructor. This MUST include a minimum of eight (8) hour of classroom instructing covering 3 or more topics and a minimum of eight (8) hours instructing hands on practical skills. (Appendix Q)
- 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

V. Advanced Life Support Lead Instructor minimum criteria:

- A. High school diploma or approved equivalency exam
- B. Current unrestricted 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. The Methodology course must include a fifteen (15) - eighteen (18) minute presentation evaluated by a panel of three (3) independent evaluators possessing a minimum level of supervising instructor.
- E. Successful completion of a minimum of sixteen (16) hours student teaching experience evaluated by a Supervising Instructor. This MUST include a minimum of eight (8) hour of classroom instructing covering 3 or more topics and a minimum of eight (8) hours instructing hands on practical skills. *(Appendix Q)*
- 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

VI. Critical Care Transport Lead Instructor minimum criteria:

- A. High school diploma or approved equivalency exam
- B. Current unrestricted 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. The Methodology course must include a fifteen (15) - eighteen (18) minute presentation evaluated by a panel of three (3) independent evaluators possessing a minimum level of supervising instructor.
- F. Successful completion of a minimum of sixteen (16) hours student teaching experience evaluated by a Supervising Instructor. This MUST include a minimum of eight (8) hour of classroom instructing covering 3 or more topic and a minimum of eight (8) hours instructing hands on practical skills. *(Appendix Q)*
- 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

VII. Supervising Instructor minimum criteria:

- A. Meet all requirements for a Lead Instructor at the appropriate level
- B. Current unrestricted WVOEMS certification or National Registry certification at the appropriate level or equivalency

- C. Four (4) years active *instructor* with 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. Other Supervising Instructor courses approved by the Commissioner deemed to meet the requirements of this level

VIII. 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
- C. Educational Institutes shall maintain a curriculum vitae (CV) that demonstrates the instructors subject matter expertise.

IX. Instructor Methodology Requirements

- 1. WVOEMS approved educational methodology courses for a Lead Instructor include:
  - 1. National Association of EMS Educators (NAEMSE) Instructor I (in person class ONLY)
    - a. Individuals completing the NAEMSE course must also successfully complete a fifteen (15) - eighteen (18) minute presentation evaluated by a panel of three (3) independent evaluators possessing a minimum level of supervising instructor. (Appendix S)
    - b. Individuals completing the NAEMSE course must also successfully complete a subject matter expertise examination at the EMT level and score a minimum of 85%.
  - 2. West Virginia Department of Education/West Virginia Public Service Training (WVDE/WVPST) Instructor Methodology course
- 2. WVOEMS approved educational methodology courses for Supervising Instructor, include:
  - 1. WVPST/WVDE "Supervising Instructor Course"
  - 2. WVOEMS equivalent professional higher education evaluation course

X. 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 an initial 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 legislative rule 64 CSR 48
2. Any other reason determined by the WVOEMS Director 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.

a. Process:

- The WVOEMS Director 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.
- The institute has 15 days to respond to the notice. The WVOEMS Director will have final determination to verify or reconsider the withdrawal.

# Standards for State Recognition of Emergency Medical Service -EMS Education Approval Policy and Procedures-

## I. Goal

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.

## II. 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.

## III. 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 submitted by the EMS Advisory Council and approved by the Medical Policy Care Committee. 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.

## IV. National Registry NCCP Option:

- A. 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.*
- B. Applicant completes the WVOEMS State and Federal Mandated courses. These courses can be applied to the National Registry NCCP Local or State Component:
  - 1. CPR (4 hours biennially)

2. Protocol Update (2 hours annually)
3. Mass Casualty Incident Training (2 hours biennially)
4. Hazardous Materials Awareness (3 hours annually)
5. ACLS, ITLS/PHTLS, PEPP/PALS or WVOEMS approved equivalents for ALS providers (8 hours each biennially)

V. **WVOEMS Approved Refresher Course Option:**

- A. 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.
- B. Applicant completes the WVOEMS State and Federal Mandated courses. These courses can be applied to the National Registry NCCP Local or State Component:
  1. CPR (4 hours biennially)
  2. Protocol Update (2 hours annually)
  3. Mass Casualty Incident Training (2 hours biennially)
  4. Hazardous Materials Awareness (3 hours annually)
  5. ACLS, ITLS/PHTLS, PEPP/PALS or WVOEMS approved equivalents for ALS providers (8 hours each biennially)
- C. Individuals who do not complete the West Virginia specific components will not be certified or recertified.

VI. **Continuing Education (CE) courses:** shall be accepted per National Registry Policy

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

VII. **Procedures for 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 receive credit for taking the class and no hours will be awarded for certification.

### VIII. Applicable Hours

- A. 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:

1. Hazardous Materials Awareness	3 Hours
2. CPR	4 Hours
3. First Aid	3 Hours
4. ACLS or WVOEMS approved equivalent refresher	8 Hours
5. PALS, PEPP, or WVOEMS approved equivalent refresher	8 Hours
6. ITLS, PHTLS, or WVOEMS approved equivalent refresher	8 Hours

### IX. Skill Sheets

- A. 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 K](#) and EMT skill sheets are available in [Appendix L](#).

1. 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)
2. Emergency Medical Responder "VERIFIED" Skills	
• Cardiac Arrest Management / AED	(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)
• Naloxone Administration	(Skill Sheet 11)
• Baseline Vital Signs	(Skill Sheet 12)
3. Emergency Medical Technician "TESTED" Skills	
• Patient Assessment - Medical (with one incorporated medication)	(Skill Sheet 1)
➤ Oral Glucose Administration	(Skill Supplement 1)
➤ Nitroglycerin Administration	(Skill Supplement 2)
➤ Nebulized Medication Administration	(Skill Supplement 3)
➤ Epinephrine Auto-Injector Administration	(Skill Supplement 4)
➤ Epinephrine 1:1000 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)

4. 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)
- Naloxone Administration (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)

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

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

X. Summary Sheets

A. 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 G - J](#).

**This Education Approval Policy replaces all previous Education Approval Policies.**

# **APPENDIX A**

## **EMS Educational Institute Initial Endorsement Application**



## EDUCATIONAL INSTITUTE INITIAL ENDORSEMENT APPLICATION

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

### Applying 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 Education Center       ALS Education Center       CCT Education Center

Continuing Education Group

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"/>
	CCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Joint Application – (if applicable)

Name of Certified Educational Institute: \_\_\_\_\_

Certified Educational Institute Director Name: \_\_\_\_\_

Certified Educational Institute Medical Director Name: \_\_\_\_\_

Copy of signed and executed MOU attached: YES  NO       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:
Certified Educational Institute Director Name for Joint Applications:	Date:

# **APPENDIX B**

## **EMS Educational Institute Re-endorsement Application**



# EDUCATIONAL INSTITUTE ENDORSEMENT -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
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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 Education Center       ALS Education Center       CCT Education Center   
 Continuing Education Group

	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"/>
	CCT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Recertification

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

	Course Numbers/Name	Date	Course Numbers/Name	Date
<b>SPONSOR OF CONTINUING EDUCATION</b>  <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>				

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

## Joint Application – (if applicable)

Name of Certified Educational Institute:

Certified Educational Institute Director Name:

Certified Educational Institute Medical Director Name:

Copy of signed and executed MOU attached: YES  NO

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:

Certified Educational Institute  
Director Name for Joint Applications:

Date:

# APPENDIX C

## Educational Institute Self Study

## EDUCATIONAL INSTITUTE SELF STUDY

Applications submitted directly to: **Vicki.L.Hildreth@wv.gov**

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

<b>Educational Institute Personnel</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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.			
<b>Educational Institution Finances</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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.			
<b>Educational Institution Physical Resources</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
1. All facilities utilized by the Educational Institution meet all Federal and State Laws and Codes, including all ADA requirements.			
2. Educational Institution has at its disposal all equipment and supplies needed for instructor and student use during any program offered.			
<b>Educational Institution Clinical Resources</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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.			
<b>Student and Operational Policies</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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.			
<b>Educational Institution Quality Assurance</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
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 D**

## **Initial EMS 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"/>
	<b>WVPST / WVDE Teaching Methodologies</b>	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/> Supervising <input type="checkbox"/>
I attest that I completed a fifteen (15) minute presentation and was evaluated by a panel as required in this policy.			<input type="checkbox"/>
I attest that I have completed a minimum of sixteen (16) hours of supervised and evaluated Student Teaching as required in this policy			<input type="checkbox"/>
I have attached a copy of my instructor certification and/or Adult Teaching Permit			<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.*

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

# **APPENDIX E**

## **EMS 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:		Years Associated:	
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"/>
	WVPST / WVDE Teaching Methodologies	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/> Supervising <input type="checkbox"/>

## Recertification Requirements

<b>A. Applicant completed a minimum of 30 hours instruction in an approved WVOEMS or NREMT course:</b>			
Date:	Location:		Hours:
Date:	Location:		Hours:
Date:	Location:		Hours:
<b>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:</b>			
Date:	Location:		Hours:
Date:	Location:		Hours:
Date:	Location:		Hours:
<b>C. Applicant holds a current valid:</b>			
Expiration Date:	WV EMT, WV AEMT, WV Paramedic, NREMT EMT, NREMT AEMT, NREMT Paramedic Certification		

**NOTE:** \* 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 F

## EMS Educational Institute Required Equipment

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

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

## CCT Education Group 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	<input type="checkbox"/>
Surgical Cricothyrotomy Set	<input type="checkbox"/>
Surgical Chest tube set	<input type="checkbox"/>
Full Transport Ventilator	<input type="checkbox"/>
B. IV and Medication Administration	
Adjustable IV Medication Pump	<input type="checkbox"/>
Mini-drip IV administration set, 60gtts/ml. May utilize Select-3® sets or equivalent	<input type="checkbox"/>
Macro-drip IV administration set, 10 to 15gtts/ml. May utilize Select-3® sets or equivalent	<input type="checkbox"/>
IV catheters, sizes 14g, 16g, 18g, 20g, 22g and 24g	<input type="checkbox"/>
Adequate site preparation materials – alcohol or povidone	<input type="checkbox"/>
Venous tourniquets	<input type="checkbox"/>
Length/weight based pediatric drug and equipment reference – <i>Broselow</i> tape or equivalent	<input type="checkbox"/>
C. Monitoring	
ETCO2 Monitoring Capability	<input type="checkbox"/>
Invasive Monitoring Capability	<input type="checkbox"/>
Cyano-Kit	<input type="checkbox"/>
D. Ventilation	
Full Transport Ventilator	<input type="checkbox"/>
E. Medications	
Simulated medications appropriate to the scope of practice	<input type="checkbox"/>
Simulated RSI Medications	<input type="checkbox"/>

# APPENDIX G

## EMR Initial Skills Summary Sheets



West Virginia Office of Emergency Medical Services Policies and Procedures

**EMR Psychomotor Skills Summary Sheet – Initial Course**

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

WV Certification Number: \_\_\_\_\_ Exam Location: \_\_\_\_\_

WVOEMS Class Number: \_\_\_\_\_ Training Agency Class Number: \_\_\_\_\_

Test Type:  Entire Practical  Retest

EMR "TESTED" Skill Station	Score	*CS	Evaluator Initials	NOTES
Patient Assessment - Trauma				
Bleeding Control/Shock Management				
Patient Assessment – Medical (Includes Baseline Vital Signs)				
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.



West Virginia Office of Emergency Medical Services Policies and Procedures

**EMR Psychomotor Skills Summary Sheet – Initial Course**

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 Signature
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.*

# APPENDIX H

## EMR Refresher Skills Summary Sheets



West Virginia Office of Emergency Medical Services Policies and Procedures

**EMR Psychomotor Skills Summary Sheet – Refresher Course**

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

WV Certification Number: \_\_\_\_\_ Exam Location: \_\_\_\_\_

WVOEMS Class Number: \_\_\_\_\_ Training Agency Class Number: \_\_\_\_\_

Test Type:  Entire Practical  Retest

EMR “TESTED” Skill Station	Score	*CS	Evaluator Initials	NOTES
Patient Assessment - Trauma				
Bleeding Control/Shock Management				
Patient Assessment – Medical (Includes Baseline Vital Signs)				
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.



West Virginia Office of Emergency Medical Services Policies and Procedures

**EMR Psychomotor Skills Summary Sheet – Refresher Course**

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 Signature
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.*

# **APPENDIX I**

## **EMT Initial Skills Summary Sheets**



West Virginia Office of Emergency Medical Services Policies and Procedures

**EMT Psychomotor Skills Summary Sheet – Initial Course**

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

WV Certification Number: \_\_\_\_\_ Exam Location: \_\_\_\_\_

WVOEMS Class Number: \_\_\_\_\_ Training Agency Class Number: \_\_\_\_\_

Test Type:  Entire Practical  Retest

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 Admin.			
	Epinephrine 1:1000 Admin.			
Airway Management				

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



West Virginia Office of Emergency Medical Services Policies and Procedures

**EMT Psychomotor Skills Summary Sheet – Initial Course**

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 Signature
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 J

## EMT Refresher Skills Summary Sheets



West Virginia Office of Emergency Medical Services Policies and Procedures

**EMT Psychomotor Skills Summary Sheet – Refresher Course**

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

WV Certification Number: \_\_\_\_\_ Exam Location: \_\_\_\_\_

WVOEMS Class Number: \_\_\_\_\_ Training Agency Class Number: \_\_\_\_\_

Test Type:  Entire Practical  Retest

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 Admin.				
	Epinephrine 1:1000 Admin.				
Airway Management					

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



West Virginia Office of Emergency Medical Services Policies and Procedures

**EMT Psychomotor Skills Summary Sheet – Refresher Course**

Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Exam Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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 Signature
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 K

## EMR Skill Sheets



# Emergency Medical Responder Psychomotor Examination

Skill Sheet 1  
TESTED

## PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible Points	Points Awarded
-----------------	----------------

Takes or verbalizes appropriate PPE precautions	1	
<b>SCENE SIZE-UP</b>		
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	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
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	
<b>HISTORY TAKING</b>		
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	
<b>SECONDARY ASSESSMENT</b>		
Assesses affected body part/system -Cardiovascular      -Neurological      -Integumentary      -Reproductive -Pulmonary      -Musculoskeletal      -GI/GU      -Psychological/Social	5	
<b>VITAL SIGNS</b>		
-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	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	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

**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	
<b>NOTE: The examiner must now inform candidate that the wound continues to bleed.</b>		
Applies tourniquet	1	
<b>NOTE: The examiner must now inform candidate that the patient is exhibiting signs and symptoms of hypoperfusion.</b>		
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	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>7</b>

### 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

**Skill Sheet 4  
TESTED**

## OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

**Possible Points      Points Awarded**

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

Actual Time Ended: \_\_\_\_\_

**TOTAL      11**

### CRITICAL CRITERIA

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



Emergency Medical Responder Psychomotor Examination

Skill Sheet 5  
TESTED

**BVM VENTILATION OF AN APNEIC ADULT PATIENT**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible Points      Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>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."</b>		
Opens airway properly	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</b>		
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	
<b>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</b>		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
<b>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."</b>		
**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	
<b>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</b>		
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	
<b>Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</b>		
Actual Time Ended: _____	<b>TOTAL</b>	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: \_\_\_\_\_ Possible 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	
<b>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."</b>		
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	
<b>NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.</b>		
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	
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	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: \_\_\_\_\_

**Possible Points**      **Points Awarded**

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

### 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 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: \_\_\_\_\_

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



**LONG BONE IMMOBILIZATION**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Possible 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	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
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	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		

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

**Skill Sheet 10  
VERIFIED**

## JOINT IMMOBILIZATION

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

**Possible 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	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
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	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>9</b>

### 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: _____	Possible 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 <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/>	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	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>19</b>

### 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: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
<b>Blood Pressure (Palpation)</b>		
Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> <li>• Not over clothing</li> <li>• Snug fit</li> <li>• Center bladder over artery</li> </ul>	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	
<b>Blood Pressure (Auscultation)</b>		
Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> <li>• Not over clothing</li> <li>• Snug fit</li> <li>• Center bladder over artery</li> </ul>	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	
<b>Pulse</b>		
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	
Assess the following: <ul style="list-style-type: none"> <li>• Rate</li> <li>• Rhythm (Regular/Irregular)</li> <li>• Quality (Strong/Weak)</li> </ul>	1 point each	
Record/Report pulse findings (margin +/- 4 bpm)	1	
<b>Respirations</b>		
Observe rise and fall of the chest or abdomen	1	
Count respirations for 30 seconds and X 2	1	
Assess the following: <ul style="list-style-type: none"> <li>• Rate</li> <li>• Rhythm (Regular/Irregular)</li> <li>• Quality (Strong/Weak)</li> </ul>	1 point each	
Record/Report pulse findings (margin +/- 4 bpm)	1	
<b>Skin</b>		
Skin Color: Normal, Cyanotic, Jaundice, Ashen, Pale, Flushed	1	
Skin Temperature: Normal, warm, cool, hot	1	
Skin Condition: Normal, moist, diaphoretic	1	
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	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 L

## EMT Skill Sheets



# Emergency Medical Technician Psychomotor Examination

## PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

**Skill Sheet 1  
TESTED**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

**Possible Points**      **Points Awarded**

Takes or verbalizes appropriate PPE precautions	1	
<b>SCENE SIZE-UP</b>		
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	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
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	
<b>HISTORY TAKING</b>		
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	
<b>SECONDARY ASSESSMENT</b>		
Assesses affected body part/system -Cardiovascular      -Neurological      -Integumentary      -Reproductive -Pulmonary      -Musculoskeletal      -GI/GU      -Psychological/Social	5	
<b>VITAL SIGNS</b>		
-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	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>42</b>

### 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

**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	
<b>NOTE: The examiner must now inform candidate that the wound continues to bleed.</b>		
Applies tourniquet	1	
<b>NOTE: The examiner must now inform candidate that the patient is exhibiting signs and symptoms of hypoperfusion.</b>		
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	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>7</b>

**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: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>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."</b>		
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	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	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

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL  
Oral Glucose Administration

Skill Sheet  
Supplement 1  
**TESTED/VERIFIED**

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

	Possible 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 <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/>	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	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	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

## PATIENT ASSESSMENT/MANAGEMENT – MEDICAL Nitroglycerin Administration

Skill Sheet  
Supplement 2  
**TESTED/VERIFIED**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible 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 <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/>	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	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>18</b>

### 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 Time Started: \_\_\_\_\_

Possible 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 <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/>	1 point each	
<b>Prepare the Nebulizer</b>		
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	
<b>Administer Medication</b>		
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	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>23</b>

**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

## PATIENT ASSESSMENT/MANAGEMENT – MEDICAL Epinephrine Auto-Injector Administration

Skill Sheet  
Supplement 4  
**TESTED/VERIFIED**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible 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 <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/>	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	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>20</b>

### 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: \_\_\_\_\_

	Possible 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 <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/>	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: _____	<b>TOTAL</b>	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

Skill Sheet 5  
**VERIFIED**

## CARDIAC ARREST MANAGEMENT / AED

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Possible Points      Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Attempts to question bystanders about arrest events	1	
Checks patient responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>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."</b>		
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	
<b>NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.</b>		
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	
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	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: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
<b>Blood Pressure (Palpation)</b>		
Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> <li>• Not over clothing</li> <li>• Snug fit</li> <li>• Center bladder over artery</li> </ul>	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	
<b>Blood Pressure (Auscultation)</b>		
Apply BP cuff approximately 1" above the antecubital space <ul style="list-style-type: none"> <li>• Not over clothing</li> <li>• Snug fit</li> <li>• Center bladder over artery</li> </ul>	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	
<b>Pulse</b>		
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	
Assess the following: <ul style="list-style-type: none"> <li>• Rate</li> <li>• Rhythm (Regular/Irregular)</li> <li>• Quality (Strong/Weak)</li> </ul>	1 point each	
Record/Report pulse findings (margin +/- 4 bpm)	1	
<b>Respirations</b>		
Observe rise and fall of the chest or abdomen	1	
Count respirations for 30 seconds and X 2	1	
Assess the following: <ul style="list-style-type: none"> <li>• Rate</li> <li>• Rhythm (Regular/Irregular)</li> <li>• Quality (Strong/Weak)</li> </ul>	1 point each	
Record/Report pulse findings (margin +/- 4 bpm)	1	
<b>Skin</b>		
Skin Color: Normal, Cyanotic, Jaundice, Ashen, Pale, Flushed	1	
Skin Temperature: Normal, warm, cool, hot	1	
Skin Condition: Normal, moist, diaphoretic	1	
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	27



## Emergency Medical Technician Psychomotor Examination

Skill Sheet 7  
**VERIFIED**

### SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

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

**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 8  
VERIFIED**

### SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

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

**Possible 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	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
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	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		

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: \_\_\_\_\_

**Possible 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	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
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	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>9</b>

### 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.**



**12 LEAD EKG ACQUISITION**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

	Possible 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) V1: Right 4 <sup>th</sup> intercostal space beside sternum V2: Left 4 <sup>th</sup> intercostal space beside sternum V4: Left 5 <sup>th</sup> intercostal space, midclavicular V3: Halfway between V2 and V4 V5: Horizontal to V4, anterior to axillary line V6: Horizontal to V5, Mid-axillary line	1 point each	
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	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>18</b>

**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: \_\_\_\_\_

Possible 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	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>14</b>

### 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: \_\_\_\_\_

Possible Points Points Awarded

Table with 3 columns: Task, Possible Points, Points Awarded. Rows include tasks like 'Takes or verbalizes appropriate PPE precautions', 'Identify the need for administration of Naloxone...', 'Support respirations as needed', etc.

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

Skill Sheet 14  
**VERIFIED**

## TETRACAINE OPHTHALMIC ADMINISTRATION / MORGAN LENS IRRIGATION

Candidate: \_\_\_\_\_

Examiner: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible 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 <input type="checkbox"/> Right Route <input type="checkbox"/> Right Drug <input type="checkbox"/> Right Dose <input type="checkbox"/> Right Time <input type="checkbox"/>	1 point each	
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	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>21</b>

### 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: \_\_\_\_\_

Possible Points      Points Awarded

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

Actual Time Ended: \_\_\_\_\_

**TOTAL**      11

### CRITICAL CRITERIA

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



Emergency Medical Technician Psychomotor Examination

Skill Sheet 16  
VERIFIED

BVM VENTILATION OF AN APNEIC ADULT PATIENT

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Actual Time Started: \_\_\_\_\_

Possible Points      Points Awarded

Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>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."</b>		
Opens airway properly	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</b>		
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	
<b>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</b>		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
<b>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."</b>		
**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	
<b>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</b>		
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	
<b>Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</b>		
Actual Time Ended: _____	<b>TOTAL</b>	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 M

## EMR Refresher Outline

## EMR RECERT 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 Neurotological 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

<b>TOPIC – <i>Medical Emergencies/Operations</i></b>	<b>TIME LINE</b>
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

## **Module III**

**4 hours +**

<b>TOPIC – <i>Skills Performance</i></b>
Patient Assessment – Trauma ( <i>includes baseline vital assessment</i> )
Patient Assessment - Medical ( <i>includes baseline vital assessment</i> )
Bleeding Control / Shock Management
Oxygen Administration
Cardiac Arrest / AED Management

### **Required Objectives:**

See WVOEMS approved psychomotor objectives

## National Standards cont.

Required State 4 hours (*Can be the accommodated with Module III*)

Required Individual 4 hours (*Accommodated through WVOEMS requirements*)

## Requirements (NREMT 2 year certification):

TOPIC	HOURS
EMR NCCP Refresher Course <i>including skills</i>	12
MCI or Disaster Management	2
Haz Mat Awareness X2 (awarded 3 hours annually)	Meeting Standard (6 Hours)
CPR (awarded 4 hours every two year CPR certification period)	Meeting Standard (4 Hours)
<b>TOTAL</b>	<b>24</b>

## Requirements (WVOEMS 4 year certification):

TOPIC	HOURS
EMR NCCP Refresher Course <i>including skills</i> <b>X2 (biennially)</b>	24
MCI or Disaster Management <b>X2 (biennially)</b>	4
Haz Mat Awareness <b>X4 (Annually)</b>	12 (3 hours each)
CPR	8 (4 hours each)
<b>TOTAL</b>	<b>48</b>

**This meets all the requirements of WVOEMS. The EMR can maintain National Registry by simply completing the refresher course every two years in addition to the above identified items.**

**24** hour Refresher *including skills* (National required component)

**24** hours proposed State and individual requirements.

**Total = 48** hours in 4 years meeting National Registry, WVOEMS, and MPCC requirements.

### Notes:

- Applies and ensures consistency to the program
- Modules **SHALL** be taught as a unit. (i.e. Modules cannot be broken down into 30 minute increments)
- Maintains standards across the State
- Allows individuals to obtain refresher hours as part of multiple classes
- EMR Refreshers can be entered in the WVOEMS Data system as 3 separate modules or one EMR Refresher
- Allows the program to grow and be modified as needed while maintaining state-wide consistency

# APPENDIX N

## EMT Refresher Outline

## EMT RECERT OUTLINE (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 Neurotological 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

**Module II****4 hours**

<b>TOPIC – <i>Cardiac Management &amp; Considerations</i></b>	<b>TIME LINE</b>
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

**Module III****4 hours**

<b>TOPIC – <i>Medical Emergencies I/Ops I Management &amp; Considerations</i></b>	<b>TIME LINE</b>
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.

**Module IV****4 hours**

<b>TOPIC – <i>Medical Emergencies II Management &amp; Considerations</i></b>	<b>TIME LINE</b>
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

**Module V****4 hours**

<b>TOPIC – Trauma/Ops II Management &amp; Considerations</b>	<b>TIME LINE</b>
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

## Module VI

4 hours +

<b>TOPIC – Skills Performance</b>
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"><li>• Oral Glucose Administration</li><li>• Nitroglycerine Administration</li><li>• Nebulized medication Administration</li><li>• Epinephrine Administration</li></ul>
Bleeding Control / Shock Management
Airway Management
Cardiac Arrest / AED Management
Evidence Based Guidelines

### **Required Objectives:**

See WVOEMS approved psychomotor objectives

## National Standards cont.

Required State 10 hours

Required Individual 10 hours

## Requirements (NREMT 2 year certification):

TOPIC	HOURS
EMT NCCP Refresher Course <i>including skills</i>	<b>24</b>
MCI or Disaster Management	2
Haz Mat Awareness X2 (awarded 3 hours annually)	Meeting Standard (6 Hours)
BLS Protocol Refresher (awarded 2 hours annually)	4
CPR (awarded 4 hours every two year CPR certification period)	Meeting Standard (4 Hours)
<b>TOTAL</b>	<b>40</b>

## Requirements (WVOEMS 4 year certification):

TOPIC	HOURS
EMT NCCP Refresher Course <i>including skills</i> <b>X2 (biennially)</b>	<b>48</b>
MCI or Disaster Management <b>X2 (biennially)</b>	4
Haz Mat Awareness <b>X4 (Annually)</b>	12 (3 hours each)
BLS Protocol Refresher <b>X4 (Annually)</b>	8
CPR <b>X2</b>	8 (4 hours each)
<b>TOTAL</b>	<b>80</b>

**24** hour Refresher *including skills* (National required component)

**32** hours proposed State and individual requirements

**Total = 80 hours in 4 years meeting National Registry, WVOEMS, and MPCC requirements.**

### Notes:

- Applies and ensures consistency to the program
- Modules **SHALL** be taught as a unit. (i.e. Modules cannot be broken down into 30 minute increments)
- Maintains standards across the State
- Allows individuals to obtain refresher hours as part of multiple classes
- EMT Refreshers can be entered in the WVOEMS data system as 6 separate modules or as one EMT Refresher
- Allows the program to grow and be modified as needed while maintaining state-wide consistency

# APPENDIX O

## AEMT Refresher Outline

**AEMT RECERT OUTLINE  
(NCCP Standards)**

**Module 1**

**4 hours**

<b>TOPIC – Airway, Respiration, Ventilation and Neurological Management</b>	<b>TIME LINE</b>
Ventilation ETCO2 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**

<b>TOPIC – <i>Cardiovascular</i></b>	<b>TIME LINE</b>
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**

<b>TOPIC – <i>Cardiovascular / Medical Emergencies</i></b>	<b>TIME LINE</b>
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**

<b>TOPIC – Trauma / Medical Emergencies</b>	<b>TIME LINE</b>
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 – <i>Operations I</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

Total=27 hours National Component

*(National only requires 25 but added required Geriatrics and Pharmacology)*

Local or State Component: 12.5 hours

Individual Component: 12.5 hours

**Requirements (NREMT 2 year certification):**

TOPIC	HOURS
AEMT Refresher Course	27
MCI or Disaster Management	2
Haz Mat Awareness X2 (awarded 3 hours annually)	Meeting Standard (6 Hours)
ALS Protocol Refresher (awarded 2 hours annually)	4
CPR (awarded 4 hours every two year CPR certification period)	Meeting Standard (4 Hours)
PALS, PEPP or WVOEMS equivalent	8
ACLS or WVOEMS approved equivalent	8
ITLS, PHTLS or WVOEMS equivalent	8
<b>TOTAL</b>	<b>67</b>

**Proposed Requirement (WVOEMS 4 year certification):**

TOPIC	HOURS
AEMT Refresher Course <b>X2 (biennially)</b>	54
MCI or Disaster Management <b>X2 (biennially)</b>	4
Haz Mat Awareness <b>X4 (annually)</b>	12 (3 hours each)
ALS Protocol Refresher <b>X4 (Annually)</b>	8
CPR <b>X2</b>	8 (4 hours each)
PALS or PEPP or WVOEMS approved Equivalent <b>X2 (biennially)</b>	16
ACLS or WVOEMS approved Equivalent <b>X2 (biennially)</b>	16
ITLS or PHTLS or WVOEMS approved Equivalent <b>X2 (biennially)</b>	16
<b>TOTAL</b>	<b>134</b>

27 hour Refresher (National required component)

80 hour proposed State and individual requirements

**Total 134 hours in 4 years meeting National Registry, WVOEMS, and MPCC requirements.**

**Notes:**

- Applies and ensures consistency to the program
- Modules **SHALL** be taught as a unit. (i.e. Modules cannot be broken down into 30 minute increments)
- Maintains standards across the State
- Allows individuals to obtain refresher hours as part of multiple classes
- AEMT Refreshers can be entered in the WVOEMS data system as 7 separate modules or as one AEMT Refresher
- Allows the program to grow and be modified as needed while maintaining state-wide consistency

# APPENDIX P

## PARAMEDIC Refresher Outline

**PARAMEDIC RECERT OUTLINE  
(NCCP standards)**

**Module I**

**4 hours**

<b>TOPIC – <i>Airway, Respiration, Ventilation and Neurological Management</i></b>	<b>TIME LINE</b>
Ventilation ETCO2 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**

<b>TOPIC – <i>Cardiovascular</i></b>	<b>TIME LINE</b>
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**

<b>TOPIC – Cardiovascular</b>	<b>TIME LINE</b>
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**

<b>TOPIC – Trauma</b>	<b>TIME LINE</b>
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 ETCO<sub>2</sub> 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**

<b>TOPIC – Medical Emergencies I</b>	<b>TIME LINE</b>
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**

<b>TOPIC – <i>Medical Emergencies II</i></b>	<b>TIME LINE</b>
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**

<b>TOPIC – Operations I</b>	<b>TIME LINE</b>
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**

<b>TOPIC – Operations II</b>	<b>TIME LINE</b>
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

Total=32 hours National Component

*(National only requires 30 but added required Geriatrics, pediatric and abdominal for State)*

Local or State Component: 15 hours

Individual Component: 15 hours

### Requirements (NREMT 2 year certification):

TOPIC	HOURS
Paramedic Refresher Course	32
MCI or Disaster Management	2
Haz Mat Awareness X2 (awarded 3 hours annually)	Meeting Standard (6 Hours)
ALS Protocol Refresher (awarded 2 hours annually)	4
CPR (awarded 4 hours every two year CPR certification period)	Meeting Standard (4 Hours)
PALS, PEPP or WVOEMS equivalent	8
ACLS or WVOEMS approved equivalent	8
ITLS, PHTLS or WVOEMS equivalent	8
<b>TOTAL</b>	<b>72</b>

### Proposed Requirement (WVOEMS 4 year certification):

TOPIC	HOURS
Paramedic Refresher Course <b>X2 (biennially)</b>	64
MCI or Disaster Management <b>X2 (biennially)</b>	4
Haz Mat Awareness <b>X4 (annually)</b>	12 (3 hours each)
ALS Protocol Refresher <b>X4 (Annually)</b>	8
CPR <b>X2</b>	8 (4 hours each)
PALS or PEPP or WVOEMS approved Equivalent <b>X2 (biennially)</b>	16
ACLS or WVOEMS approved Equivalent <b>X2 (biennially)</b>	16
ITLS or PHTLS or WVOEMS approved Equivalent <b>X2 (biennially)</b>	16
<b>TOTAL</b>	<b>144</b>

**32** hour Refresher (National required component)

**80** hour proposed State and individual requirements

**Total 144 hours in 4 years meeting National Registry, WVOEMS, and MPCC requirements.**

#### Notes:

- **Applies and ensures consistency to the program**
- **Modules SHALL be taught as a unit. (i.e. Modules cannot be broken down into 30 minute increments)**
- **Maintains standards across the State**
- **Allows individuals to obtain refresher hours as part of multiple classes**
- **Paramedic Refreshers can be entered in WVOEMS data system as 8 separate modules or as one Paramedic Refresher**
- **Allows the program to grow and be modified as needed while maintaining state-wide consistency**

# APPENDIX Q

## WVOEMS Student Teaching Observation Form

# WVOEMS Student Teaching Observation Form

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Topic/Skill: \_\_\_\_\_ Hours: \_\_\_\_\_

<b>Opening the Session</b>	Excellent	Average	Needs Improvement	Comments
1. Gave the title of the topic?				
2. Established importance of topic?				
3. States objectives and purposes?				
4. Created favorable attitude?				

<b>Using Curriculum</b>	Excellent	Average	Needs Improvement	Comments
1. Used the outline?				
2. Knew the contents?				
3. Presented ideas in sequence?				
4. Summarized main points?				

<b>Teaching Skills</b>	Excellent	Average	Needs Improvement	Comments
1. Used questions effectively?				
2. Solicited participation?				
3. Used visual aids?				
4. Used transitions?				
5. Spoke with authority?				
6. Used eye contact?				
7. Used personal experience?				

Personality of Instructor	Excellent	Average	Needs Improvement	Comments
1. Spoke clearly?				
2. Was enthusiastic?				
3. Used showmanship?				
4. Created proper atmosphere?				
5. Made a good appearance?				
6. Showed no objectionable mannerisms?				

Be sure to note the training topics taught, and the number of hours of instruction for both classroom and practical skills.

Additional Comments:

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\_\_\_\_\_  
Supervising Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Teacher

\_\_\_\_\_  
Date

# **APPENDIX R**

## **WVOEMS Student Teaching Improvement Plan**

# Improvement Plan

Improvement Area	Improvement Activities and Resources Available	Verification	Time

Plan Approved \_\_\_\_\_  
Date Student Instructor Supervising Instructor

Plan Completed \_\_\_\_\_  
Date Student Instructor Supervising Instructor

# Improvement Plan

Improvement Area	Improvement Activities and Resources Available	Verification	Time

Plan Approved \_\_\_\_\_  
Date Student Instructor Supervising Instructor

Plan Completed \_\_\_\_\_  
Date Student Instructor Supervising Instructor

# Evaluation of Improvement Plan

Student Instructor: \_\_\_\_\_

Date Initiated: \_\_\_\_\_ Supervising Instructor: \_\_\_\_\_

I. Statement of Deficiency:

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II. Plans for Achieving Improvement – Specific Action(s) to be taken by student teacher:

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III. Monitoring Plan:

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IV. Results of Improvement Plan:

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\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Instructor Signature

\_\_\_\_\_  
Date

# **APPENDIX S**

## **EMS Educator Candidate Presentation Panel Evaluation Form**

**WVOEMS Prospective Instructor  
Final Presentation Grading Sheet**

<b>Candidate Name</b>	
<b>Presentation Topic</b>	
<b>Evaluator Name</b>	
<b>Evaluator Signature</b>	
<b>Date of Presentation</b>	

**1. Classroom Setup**

- Props and training aids in place
- Absence of non-applicable distracters

**2. Appearance**

- Instructor appears professional, neat, and clean

**3. Objectives**

- 1 or more clearly stated at beginning
- Makes clear what students expected to know
- Referenced/related during delivery of content
- Re-emphasized during summary at end

**4. Motivation/Preparation**

- Explained at beginning
- Use of attention getter
- Reinforced during presentation
- Directly relates to subject matter

**5. Lesson Plan**

- Obtained from student
- Structured in logical order
- Instructor follows during presentation
- Clear transitions between points
- Includes safety plan/instructions

**6. Sequence of Instruction**

- Material follows a building block approach
- Main points emphasized and meet objectives

**7. Appropriate Teaching Techniques and Methods**

- Fits the level being taught
- Enhances student critical thinking skills
- Methods used effectively
- Minimum of 2 methods/techniques used (ie, lecture, demo, discussion, simulation, etc.)
- Encouraged audience participation

**8. Instructional Aids**

- Used aids or equipment properly
- Implemented at proper time in presentation
- Transition between aids and lecture is smooth
- Media (ie, PowerPoint) is organized and non-distracting
- Aids visible by all in audience

**9. Instructor Knowledge**

- Evidence of subject matter knowledge beyond lesson plan material
- Material is taught and not read
- Confident with material and answering student questions

**10. Speaking Voice/Skills/Mannerisms**

- Clear with proper fluctuation
- Uses transitions between thoughts/topics
- Shows enthusiasm
- Makes eye contact with audience
- Transitional sayings (uh, um, etc.) not dominate
- No obvious distracting mannerisms
- Speech and actions free of discrimination and harassment
- Reacted favorably towards audience questions

**11. Grammar**

- Speaks/write in complete sentences
- Clear and accurate pronunciation
- No use of slang unless appropriate to topic
- Verbiage tailored to audience

**12. Class Control**

- Minimizes distractions
- Corrects disruptive behavior

**13. Summary**

- Summarizes main points
- Application step is addressed
- Assignment(s) are made
- Evaluation step is addressed (through formal assessment or Q/A throughout)
- Is not using fielded questions to prolong time

**Total Presentation Time:**

**Total Presentation Score:**

Note: 2 points for each item marked. Deduct 2 points (up to max of 6 points) for each minute under 15 or over 18. Presentations will be terminated at 21 minutes regardless of completion status.

**Briefly describe strengths and weaknesses student exhibited during presentation.**

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**Does the student have instructor potential?**

\_\_\_\_\_ YES

\_\_\_\_\_ NO

