Cerro Coso College Course Outline of Record Report 10/08/2021

EMTC C107 : Emergency Medical Technician for Law Enforcement

General Information	
Author:	Tech SupportMetcalf, Michael
Attachments:	document(22).pdf
Course Code (CB01) :	EMTC C107
Course Title (CB02) :	Emergency Medical Technician for Law Enforcement
Department:	Allied Health
Proposal Start:	Spring 2018
TOP Code (CB03) :	(1250.00) Emergency Medical Services
SAM Code (CB09) :	Clearly Occupational
Distance Education Approved:	No
Course Control Number (CB00) :	No value
Curriculum Committee Approval Date:	02/03/2017
Board of Trustees Approval Date:	03/09/2017
External Review Approval Date:	Pending
Course Description:	This course provides instruction to law enforcement officers in response, scene safety, security, evaluation, and emergency medical care. This course also includes instruction in the care rendered on specialty response situations managed by law enforcement until traditional medical personnel are clear to enter the scene. The student shall meet health requirements to participate in the clinical section of the course. Mandatory physical examination/immunizations will be required within two weeks of the beginning of the course and are at the student's expense. Failure to meet these requirements will result in student ineligibility for clinical objectives. Upon successful completion of the mandated course criteria the student receives a Certificate of Completion. This qualifies the student to apply for and take the national exam for the Emergency Medical Technician, to ultimately qualify for application within the State of California to become certified. The student must provide a valid American Heart Association Healthcare Provider CPR/AED card to the instructor at the first class session to remain enrolled in this course.
Submission Type:	New Course: SWAT, tactical response teams, and law enforcement air support and response teams are trained to become EMTs but under different threat levels and standards. This course meets the basic standards of instruction for EMT but specific to tactical and specialty aspects to managing high level threat situations such as terrorist attacks and active shooter. No value
Author:	No value

Faculty Minimum Qualifications

Master Discipline Preferred:	No value
Alternate Master Discipline Preferred:	No value
Bachelors or Associates Discipline Preferred:	Emergency Medical Technologies
Additional Bachelors or Associates Discipline Preferred:	No value

Course Development Options

Basic Skills Status (CB08)	Course Special Class Status	(CB13) Grade Ontions
Course is not a basic skills course.	Course is not a special class.	Grade Options
		Letter Grade MethodsPass/No Pass
Allow Students to Gain Credit by	Allowed Number of Retakes	Course Prior To College Level (CB21)
Exam/Challenge	0	No value
Rationale For Credit By Exam/Challe	enge Retake Policy Description	
No value	Type: Legally Mandated Train Unlimited	ning Limit: Allow Students To Audit Course
Course Support Course Status (CB2	6)	
No value		
Associated Programs		
Course is part of a program (CB2	24)	
Associated Program	Award Type	Active
No value	No value	
Transferability & Gen. Ed	I. Options	
Course General Education Status	s (CB25)	
No value		
Transferability	Т	ransferability Status
Not transferable	Ν	ot transferable
Units and Hours		
Summary		
Summary Minimum Credit Units (CB07)	9.5	
Minimum Credit Units (CB07)	9.5	
-	9.5 9.5	
Minimum Credit Units (CB07)		
Minimum Credit Units (CB07) Maximum Credit Units (CB06) Total Course In-Class (Contact)	9.5	
Minimum Credit Units (CB07) Maximum Credit Units (CB06) Total Course In-Class (Contact) Hours Total Course Out-of-Class	9.5 189	

Credit / Non-Credit Options

Non-Credit Characteristic **Course Credit Status (CB04)** Course Non Credit Category (CB22) Credit Course. No Value Credit - Degree Applicable **Course Classification Status (CB11)** Funding Agency Category (CB23) Cooperative Work Experience Education Status (CB10) Credit Course. Not Applicable. Variable Credit Course **Weekly Student Hours Course Student Hours** In Class **Out of Classs Course Duration (Weeks)** 18

Lecture Hours 9 18 Hours per unit divisor 54 0 **Course In-Class (Contact) Hours** Laboratory Hours 1.5 Activity Hours 0 0 Lecture 162 27 Laboratory Activity 0 Total 189 **Course Out-of-Class Hours** Lecture 324 Laboratory 0 0 Activity Total 324

Time Commitment Notes for Students

No value

Faculty Load

Extra Duties: 0

Faculty Load: 0

Units and Hours - Weekly Special	ty Hours		
Activity Name	Туре	In Class	Out of Class
No Value	No Value	No Value	No Value

Units and Hours: Non-Standard

Summary

Minimum Credit Units (CB07)	0
Maximum Credit Units (CB06)	0
Total Course In-Class (Contact) Hours	0
Total Course Out-of-Class Hours	0
Total Student Learning Hours	0
Faculty Load	0

Detail

Weekly Student Hours

	In Class	Out of Classs	Course Duration (Weeks)	18
Lecture Hours	0	0	Hours per unit divisor	54
Laboratory Hours	0	0	Course In-Class (Contact)	Hours
Activity Hours	0	0	Lecture	0
			Laboratory	0
			Activity	0
			Total	0
			Course Out-of-Class Hou	'S
			Lecture	0
			Laboratory	0
			Activity	0
			Total	0
Time Commitment Note	es for Students			
No Value				
Faculty Load				
Extra Duties: 0		-		
Extra Duties: 0		r	aculty Load: 0	
Units and Hours:	Non-Standard -	Weekly Specialty Ho	urs	
Activity Name		Туре	In Class	Out of Class

Course Student Hours

No	Val	lue
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No	Value
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No Value

No Value

Pre-requisites, Co-requisites, Anti-requisites and Advisories

Prerequisite

ADMJC145 - Basic Peace Officer Training Academy

Health and Safety: Public safety plans exposed in this course. ADMJ C145 or equivalent to enroll into this course. Health and Safety

Entrance Skills Description Entrance Skills Description No value No value Limitations on Enrollment Description Limitations on Enrollment Description ADMJ C145 or equivalent to enroll into this No Value

Specifications	
Methods of Instruction	
Methods of Instruction	Audiovisual
Rationale	No value
Matheolo of Instruction	
Methods of Instruction	Case Study
Rationale	No value
Methods of Instruction	Demonstration
Rationale	No value

Methods of Instruction	Discussion
Rationale	No value
Methods of Instruction	Group Work
Rationale	No value
Methods of Instruction	Informational Interviews
Rationale	No value
Methods of Instruction	Instruction through examination or quizzing
Rationale	No value
Methods of Instruction	Job Shadowing
Rationale	No value
Methods of Instruction	Laboratory
Rationale	No value
Methods of Instruction	Lecture
Rationale	No value
Methods of Instruction	Outside reading
Rationale	No value
Methods of Instruction	Peer analysis, critique & feedback
Rationale	No value
Methods of Instruction	Peer-to-peer instruction
Rationale	No value
Methods of Instruction	Performance

Rationale	No value			
Methods of Instruction	Problem Solving			
Rationale	No value			
Methods of Instruction	Skills Development and	d Performance		
Rationale	No value			
Methods of Instruction	Written work			
Rationale	No value			
REQUIRED REAGINGS and WORKNOOK C			ie	
management. Practicing skill techn	evant medical signs and symptoms of pa iques for medical and trauma patient sce ions. Writing assignments include compl discussions.	enarios using manikin	S,	
required to perform and define rele management. Practicing skill techn live persons, and computer simulat questions followed with reflective c Methods of Evaluation	iques for medical and trauma patient sce ions. Writing assignments include compl discussions. Rationale Practical skills are teste example, students will application of interven An exam is administere and labeling questions signs that are pale, coc	enarios using manikin etion of case scenario ad using scenario base appropriately assess a tions, communication ed using multiple cho . For example: The 25 of and diaphoretic. All	s, ed simulation at the na a simulated accident v s, critical thinking and ice, matching, true/fals year-old patient of a of the following woul	ational standard level. For rictim and demonstrate effective I leadership skills. se, fill-in-the-blank, short answe fall is presenting with skin vital d be causes of shock in this heart; 4. bilateral femur
required to perform and define rele management. Practicing skill techn live persons, and computer simulat	iques for medical and trauma patient sce ions. Writing assignments include compl discussions.	enarios using manikin etion of case scenario ad using scenario base appropriately assess a tions, communication ed using multiple cho . For example: The 25 of and diaphoretic. All	s, ed simulation at the na a simulated accident v s, critical thinking and ice, matching, true/fals year-old patient of a of the following woul	ictim and demonstrate effective l leadership skills. se, fill-in-the-blank, short answe fall is presenting with skin vital d be causes of shock in this
required to perform and define rele management. Practicing skill techn live persons, and computer simulat questions followed with reflective of Methods of Evaluation Tests	iques for medical and trauma patient sce ions. Writing assignments include compl discussions.	enarios using manikin etion of case scenario ad using scenario base appropriately assess a tions, communication ed using multiple cho . For example: The 25 of and diaphoretic. All	s, ed simulation at the na a simulated accident v s, critical thinking and ice, matching, true/fals year-old patient of a of the following woul	ictim and demonstrate effective l leadership skills. se, fill-in-the-blank, short answe fall is presenting with skin vital d be causes of shock in this
required to perform and define rele management. Practicing skill techn live persons, and computer simulat questions followed with reflective of Methods of Evaluation Tests Equipment No Value	iques for medical and trauma patient sce ions. Writing assignments include compl discussions.	enarios using manikin etion of case scenario ad using scenario base appropriately assess a tions, communication ed using multiple cho . For example: The 25 of and diaphoretic. All	s, ed simulation at the na a simulated accident v s, critical thinking and ice, matching, true/fals year-old patient of a of the following woul	ictim and demonstrate effective l leadership skills. se, fill-in-the-blank, short answe fall is presenting with skin vital d be causes of shock in this
required to perform and define rele management. Practicing skill techn live persons, and computer simulat questions followed with reflective of Methods of Evaluation Tests Equipment No Value Textbooks	iques for medical and trauma patient see ions. Writing assignments include compl discussions. Rationale Practical skills are teste example, students will application of interven An exam is administere and labeling questions signs that are pale, coo patient except: 1. inter fractures.	enarios using manikin etion of case scenario appropriately assess a tions, communication ed using multiple cho . For example: The 25 of and diaphoretic. All nal bleeding; 2. fractu	ed simulation at the na a simulated accident v s, critical thinking and ice, matching, true/fals year-old patient of a of the following woul red pelvis; 3. ruptured	ictim and demonstrate effective I leadership skills. se, fill-in-the-blank, short answe fall is presenting with skin vital d be causes of shock in this heart; 4. bilateral femur

No Value

Materials Fee

No value

Learning Outcomes and Objectives **Course Objectives** No value **CSLOs** Identify critical threats or hazardous conditions using scene size-up. Recognize the basic topographical anatomy, functions, and interactions of human organ systems. Demonstrate appropriate patient assessment, management, and treatment of medical and trauma patients in a safety-conscious manner to the training level of an Emergency Medical Technician. Demonstrate critical thinking and practical application of interventions meeting state and national Emergency Medical Technician curriculum standards and state Peace Officers Standards and Training.

Expected SLO Performance: 70.0

Explain how the human organ systems react in various medical and traumatic conditions.

Outline

Course Outline

*See attached document for another view of outline I. Introduction Α. Emergency Medical Services (EMS) systems. Β. Roles and responsibilities of the law enforcement EMT from other prehospital care providers. C. Roles and responsibilities related to personal safety and the special nature of law enforcement response. D. Roles and responsibilities of the EMT towards the safety of the crew, the patient and bystanders. E. Roles and responsibilities of the law enforcement EMT towards overall safety of the scene. 24. F Quality improvement and the EMT's role in the process G. Medical direction and discuss the EMT's role in the process.

Η.

Statutes and regulations in your state regarding the EMS system. Т Personal attitude and conduct of the EMT. J. Methods used to access the EMS system in your community. П. Well Being of the law enforcement EMT A. Emotional reactions that the EMT may experience when faced with trauma, illness, death and dying. B. Possible reactions that a family member may exhibit when confronted with death and dying. C. Steps in the EMT's approach to the family confronted with death and dying. D. Possible reactions that the family of the EMT may exhibit due to their outside involvement in law enforcement and EMS. E. Recognize the signs and symptoms of critical incident stress. F. Possible steps that the EMT may take to help reduce/alleviate stress. G. The need to determine scene safety. Η. The importance of body substance isolation (BSI). ١. Steps the EMT should take for personal protection from airborne and bloodborne pathogens. J. Personal protective equipment necessary for each of the following i. Hazardous materials ii. **Rescue operations** iii Violent scenes iv. Crime scenes v. Exposure to bloodborne pathogens vi. Exposure to airborne pathogens III. Medical Legal and Ethical Issues Α. EMT scope of practice. B. Importance of Do Not Resuscitate [DNR] (advance directives) and local or state provisions regarding EMS application. C. Consent and the methods of obtaining consent. D. Expressed and implied consent. E. The role of consent of minors in providing care. F. Implications for the EMT in patient refusal of transport. G. Issues of abandonment, negligence, and battery and their implications to the EMT. Η. Conditions necessary for the law enforcement EMT to have a duty to act. ١. Importance, necessity and legality of patient confidentiality. J. Considerations of the EMT in issues of organ retrieval. K. Actions that a law enforcement EMT should take to assist in the preservation of a crime scene with consideration of patient management.

IV. The Human Body Α. Identify the following topographic terms: i. Medial ii. Lateral iii. Proximal iv. Distal V. Superior vi. Inferior vii. Anterior viii. Posterior ix. Midline х. Right and left xi. Mid-clavicular xii. Bilateral, mid-axillary Β. Describe the anatomy and function of the following major body systems: i. Respiratory ii. Circulatory Critical Criteria Did not take, or verbalize, body substance isolation precautions Did not obtain a patent airway with the oropharyngeal airway Did not obtain a patent airway with the nasopharyngeal airway Did not demonstrate an acceptable suction technique Inserted any adjunct in a manner dangerous to the patient BAG-VALVE-MASK APNEIC PATIENT Start Time: Stop Time: Date: Candidate's Name: Evaluator's Name: Points Possible Points Awarded Takes, or verbalizes, body substance isolation precautions 1 Voices opening the airway 1 Voices inserting an airway adjunct 1 Selects appropriately sized mask 1 Creates a proper mask-to-face seal 1 Ventilates patient at proper rate and adequate volume (The examiner must witness for at least 30 seconds) 1 Connects reservoir and oxygen 1 Adjusts liter flow to 15 liters/minute or greater 1 The examiner indicates arrival of a second EMT. The second EMT is instructed to ventilate the patient while the

candidate controls the mask and the airway Voices re-opening the airway 1 Creates a proper mask-to-face seal 1 Instructs assistant to resume ventilation at proper rate and adequate volume (The examiner must witness for at least 30 seconds) 1 Total: 11 Critical Criteria Did not take, or verbalize, body substance isolation precautions Did not immediately ventilate the patient Interrupted ventilations for more than 20 seconds Did not provide high concentration of oxygen Did not provide, or direct assistant to provide proper volume/breath or rate (more than 2 ventilation errors per minute) Did not allow adequate exhalation BLEEDING CONTROL/SHOCK MANAGEMENT Start Time Stop Time: Date Candidate's Name Evaluator's Name: Points Possible Points Awarded Takes, or verbalizes, body substance isolation precautions 1 Applies direct pressure to the wound 1 Note: The examiner must now inform the candidate that the wound continues to bleed. Applies tourniquet Note: The examiner must now inform the candidate the patient is now showing signs and symptoms indicative of hypoperfusion Properly positions the patient 1 Administers high concentration oxygen 1 Initiates steps to prevent heat loss from the patient 1 Indicates the need for immediate transportation 1 Total: 7 Critical Criteria Did not take, or verbalize, body substance isolation precautions Did not apply high concentration oxygen Did not control hemorrhage using correct procedures in a timely manner Did not indicate a need for immediate transportation CARDIAC ARREST MANAGEMENT/AEDWITH BYSTANDER CPR IN PROGRESS Start Time: Stop Time: Date: Candidate's Name: Evaluator's Name: Points Possible Points Awarded ASSESSMENT Takes, or verbalizes, body substance isolation precautions

1 Briefly questions the rescuer about arrest events 1 Turns on AED power 1 Attaches AED to the patient 1 Directs rescuer to stop CPR and ensures all individuals are clear of the patient 1 Initiates analysis of the rhythm 1 Delivers shock 1 Directs resumption of CPR 1 TRANSITION Gathers additional information about the arrest event 1 Confirms effectiveness of CPR (ventilation and compressions) 1 INTEGRATION Verbalizes or directs insertion of a simple airway adjunct (oral/nasal airway) 1 Ventilates, or directs ventilation of the patient 1 Assures high concentration of oxygen is delivered to the patient 1 Assures adequate CPR continues without unnecessary/prolonged interruption 1 Continues CPR for 2 minutes 1 Directs rescuer to stop CPR and ensures all individuals are clear of the patient 1 Initiates analysis of the rhythm 1 Delivers shock 1 Directs resumption of CPR TRANSPORTATION Verbalizes transportation of the patient 1 Total: 20 **Critical Criteria** Did not take, or verbalize, body substance isolation precautions Did not evaluate the need for immediate use of the AED Did not immediately direct initiation/resumption of CPR at appropriate times Did not assure all individuals were clear of patient before delivering a shock Did not operate the AED properly or safely (inability to deliver shock) Prevented the defibrillator from delivering any shock IMMOBILIZATION SKILLS JOINT INJURY Start Time Stop Time: Date Candidate's Name Evaluator's Name: Points Possible Points Awarded Takes, or verbalizes, body substance isolation precautions 1 Directs application of manual stabilization of the shoulder injury 1 Assesses motor, sensory and circulatory function in the injured extremity

Note: The examiner acknowledges "motor, sensory and circulatory function are presentand normal." Selects the proper splinting material 1 Immobilizes the site of the injury 1 Immobilizes the bone above the injured joint 1 Immobilizes the bone below the injured joint 1 Reassesses motor, sensory and circulatory function in the injured extremity 1 Note: The examiner acknowledges "motor, sensory and circulatory function are presentand normal." Total: 8 Critical Criteria Did not support the joint so that the joint did not bear distal weight Did not immobilize the bone above and below the injured site Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting Stop Time: Candidate's Name: Date: Evaluator's Name: Points Possible Points Awarded Takes, or verbalizes, body substance isolation precautions 1 Directs application of manual stabilization of the injured leg 1 Directs the application of manual traction 1 Assesses motor, sensory and circulatory function in the injured extremity 1 Note: The examiner acknowledges "motor, sensory and circulatory function arepresent and normal' Prepares/adjusts splint to the proper length Positions the splint next to the injured leg Applies the proximal securing device (e.g..ischial strap) 1 Applies the distal securing device (e.g..ankle hitch) 1 Applies mechanical traction 1 Positions/secures the support straps 1 Re-evaluates the proximal/distal securing devices 1 Reassesses motor, sensory and circulatory function in the injured extremity 1 Note: The examiner acknowledges "motor, sensory and circulatory function arepresent and normal" Note: The examiner must ask the candidate how he/she would prepare thepatient for transportation Verbalizes securing the torso to the long board to immobilize the hip Verbalizes securing the splint to the long board to prevent movement of the splint 1 Total: 14 Critical Criteria Loss of traction at any point after it was applied

Did not reassess motor, sensory and circulatory function in the injured extremity before and after splinting

The foot was excessively rotated or extended after splint was applied

1

Did not secure the ischial strap before taking traction Final immobilization failed to support the femur or prevent rotation of the injured leg Secured the leg to the splint before applying mechanical traction Note: If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The candidate should be awarded one (1) point as if manual traction were applied. Note: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch maybe applied before elevating the leg and used to provide manual traction. MOUTH TO MASK WITH SUPPLEMENTAL OXYGEN Start Time: Stop Time: Date: Candidate's Name: Evaluator's Name: Points Possible Points Awarded Takes, or verbalizes, body substance isolation precautions 1 Connects one-way valve to mask 1 Opens patient's airway or confirms patient's airway is open (manually or with adjunct) 1 Establishes and maintains a proper mask to face seal 1 Ventilates the patient at the proper volume and rate 1 Connects the mask to high concentration or oxygen 1 Adjusts flow rate to at least 15 liters per minute 1 Continues ventilation of the patient at the proper volume and rate 1 Note: The examiner must witness ventilations for at least 30 seconds Total: 8 **Critical Criteria** Did not take, or verbalize, body substance isolation precautions Did not adjust liter flow to at least 15 liters per minute Did not provide proper volume per breath (more than 2 ventiliation errors per minute) Did not ventilate the patient at a rate of 10-12 breaths per minute Did not allow for complete exhalation **OXYGEN ADMINISTRATION** Start Time: Stop Time: Date: Candidate's Name: Evaluator's Name: Points Possible Points Awarded Takes, or verbalizes, body substance isolation precautions 1 Takes, or verbalizes, body substance isolation precautions 1 Assembles the regulator to the tank 1 Opens the tank 1 Checks for leaks Checks tank pressure 1 Attaches non-rebreather mask to oxygen 1 Prefills reservoir

1 Adjusts liter flow to 12 liters per minute or greater Applies and adjusts the mask to the patient's face 1 Note: The examiner must advise the candidate that the patient is not tolerating thenon-rebreather mask. The medical director has ordered you to apply a nasal cannula to the patient. Attaches nasal cannula to oxygen 1 Adjusts liter flow to 6 liters per minute or less 1 Applies nasal cannula to the patient 1 Note: The examiner must advise the candidate to discontinue oxygen therapy Removes the nasal cannula from the patient Shuts off the regulator 1 Relieves the pressure within the regulator 1 Total: 15 Critical Criteria Did not take, or verbalize, body substance isolation precautions Did not assemble the tank and regulator without leaks Did not prefill the reservoir bag Did not adjust the device to the correct liter flow for the non-rebreather mask (12 liters per minute or greater) Did not adjust the device to the correct liter flow for the nasal cannula (6 liters per minute or less) Patient Assessment/Management - Medical Start Time Stop Time: Date Candidate's Name Evaluator's Name: Points Possible Points Awarded Takes, or verbalizes, body substance isolation precautions 1 SCENE SIZE-UP Determines the scene is safe 1 Determines the mechanism of injury/nature of illness 1 Determines the number of patients 1 Requests additional help if necessary 1 Considers stabilization of spine 1 INITIAL ASSESSMENT Verbalizes general impression of the patient 1 Determines responsiveness/level of consciousness 1 Determines chief complaint/apparent life threats Assesses airway and breathing Assessment Indicates appropriate oxygen therapy Assures adequate ventilation 111 Assesses circulation

Assesses/controls major bleeding Assesses pulse Assesses skin (color, temperature and condition) 111 Identifies priority patients/makes transport decisions 1 FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID ASSESSMENT Signs and symptoms (Assess history of present illness) 1 Respiratory Cardiac Altered Mental Status AllergicReaction Poisoning/Overdose Environmental Emergency Obstetrics Behavioral *Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions? *Onset? *Provokes? *Quality? *Radiates? *Severity? *Time? *Interventions? *Description of the episode. *Onset? *Duration? *Associated Symptoms? *Evidence of Trauma? *Interventions? *Seizures? *Fever? *History of allergies? *What were you exposed to? *How were you exposed? *Effects? *Progression? *Interventions? *Substance? When did you ingest/become exposed? *How much did you ingest? *Over what time period? *Interventions? *Estimated weight? *Source? *Environment? *Duration? *Loss of consciousness?

*Effectsgeneral or local? *Are you pregnant? *How long have you been pregnant? *Pain or contractions? *Bleeding or discharge? *Do you feel the need to push? *Last menstrual period? *How do you feel? *Determine suicidal tendencies. *Is the patient a threat to self or others? Is there a medical problem? Interventions? Allergies 1 Medications 1 Past pertinent history 1 Last oral intake 1 Event leading to present illness (rule out trauma) 1 Performs focused physical examination (assesses affected body part/system or, if indicated, completes rapid assessment) 1 Vitals (obtains baseline vital signs) 1 Interventions (obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment) 1 Transport (re-evaluates the transport decision) 1 Verbalizes the consideration for completing a detailed physical examination 1 ONGOING ASSESSMENT (verbalized) Repeats initial assessment 1 Repeats vital signs 1 Repeats focused assessment regarding patient complaint or injuries 1 Critical Criteria Total: 30 Did not take, or verbalize, body substance isolation precautions when necessary Did not determine scene safety Did not obtain medical direction or verbalize standing orders for medical interventions Did not provide high concentration of oxygen Did not find or manage problems associated with airway, breathing, hemorrhage or shock (hypoperfusion) Did not differentiate patient's need for transportation versus continued assessment at the scene Did detailed or focused history/physical examination before assessing the airway, breathing and circulation

Did not ask questions about the present illness Administered a dangerous or inappropriate intervention Patient Assessment/Management -Trauma Start Time Stop Time: Date Candidate's Name Evaluator's Name: Points Points Possible Awarded Takes, or verbalizes, body substance isolation precautions SCENE SIZE-UP Determines the scene is safe 1 Determines the mechanism of injury 1 Determines the number of patients 1 Requests additional help if necessary 1 Considers stabilization of spine 1 INITIAL ASSESSMENT Verbalizes general impression of the patient 1 Determines responsiveness/level of consciousness 1 Determines chief complaint/apparent life threats 1 Assessment 1 Assesses airway and breathing Initiates appropriate oxygen therapy 1 Assures adequate ventilation 1 Injury management 1 Assesses/controls major bleeding 1 Assesses circulation Assesses pulse 1 Assesses skin (color, temperature and conditions) 1 Identifies priority patients/makes transport decision 1 FOCUSED HISTORY AND PHYSICAL EXAMINATION/RAPID TRAUMA ASSESSMENT Selects appropriate assessment focused or rapid assessment) 1 Obtains, or directs assistance to obtain, baseline vital signs 1 Obtains S.A.M.P.L.E. history 1 DETAILED PHYSICAL EXAMINATION Inspects and palpates the scalp and ears 1 Assesses the head Assesses the eyes 1 Assesses the facial areas including oral and 1 nasal areas Inspects and palpates the neck 1 Assesses the neck Assesses for JVD 1 Assesses for tracheal deviation 1 Inspects 1 Assesses the chest Palpates 1 Auscultates 1 Assesses the abdomen 1 Assesses the abdomen/pelvis Assesses the pelvis 1 Verbalizes assessment of genitalia/perineum

1 as needed 1 point for each extremity 4 Assesses the extremities includes inspection, palpation, and assessment of motor, sensory and circulatory function Assesses the posterior Assesses thorax 1 Assesses lumbar 1 Manages secondary injuries and wounds appropriately 1 1 point for appropriate management of the secondary injury/wound Verbalizes re-assessment of the vital signs 1 Total: 40 Critical Criteria Did not take, or verbalize, body substance isolation precautions Did not determine scene safety Did not assess for spinal protection Did not provide for spinal protection when indicated Did not provide high concentration of oxygen Did not find, or manage, problems associated with airway, breathing, hemorrhage or shock (hypoperfusion) Did not differentiate patient's need for transportation versus continued assessment at the scene Did other detailed physical examination before assessing the airway, breathing and circulation Did not transport patient within (10) minute time limit SPINAL IMMOBILIZATION SEATED PATIENT Start Time Stop Time: Date Candidate's Name Evaluator's Name Points Possible Points Awarded Takes, or verbalizes, body substance isolation precautions 1 Directs assistant to place/maintain head in the neutral in-line position Directs assistant to maintain manual immobilization of the head Reassesses motor, sensory and circulatory function in each extremity 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 Secure the patient's head to the device 1 Verbalizes moving the patient to a long board 1 Reassesses motor, sensory and circulatory function in each extremity 1 Total: 12 Critical Criteria Did not immediately direct, or take, manual immobilization of the head Released, or ordered release of, manual immobilization before it was maintained mechanically Patient manipulated, or moved excessively, causing potential spinal compromise Device moved 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 the neutral position Did not assess motor, sensory and circulatory function in each extremity after voicing immobilization to the long board

Immobilized head to the board before securing the torso SPINAL IMMOBILIZATION SUPINE PATIENT Start Time Stop Time: Date Candidate's Name Evaluator's Name: Points Possible Points Awarded Takes, or verbalizes, body substance isolation precautions Directs assistant to place/maintain head in the neutral in-line position 1 Directs assistant to maintain manual immobilization 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 voids between the torso and the board 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 Secures the patient's arms to the device 1 Reassesses motor, sensory and circulatory function in each extremity 1 Total: 14 **Critical Criteria** Did not immediately direct, or take, manual immobilization of the head Released, or ordered release of, manual immobilization before it was maintained mechanically Patient manipulated, or moved excessively, causing potential spinal compromise 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 the neutral position Did not assess motor, sensory and circulatory function in each extremity after immobilization to the device Immobilized head to the board before securing the torso VENTILATORY MANAGEMENT DUAL LUMEN DEVICE INSERTION FOLLOWING AN UNSUCCESSFUL ENDOTRACHEAL INTUBATION ATTEMPT Start Time: Stop Time: Date: Candidate's Name: Evaluator's Name: Points Possible Points Awarded Continues body substance isolation precautions 1

Confirms the patient is being properly ventilated with high percentage oxygen 1 Directs the assistant to pre-oxygenate the patient 1 Checks/prepares the airway device 1 Lubricates the distal tip of the device (may be verbalized) 1 Note: The examiner should remove the OPA and move out of the way when the candidate is prepared to insert the device Positions the patient's head properly Performs a tongue-jaw lift **USES COMBITUBE** USES THE PTL Inserts device in the mid-line and to the depth so that the printed ring is at the level of the teeth Inserts the device in the mid-line until the bite block flange is at the level of the teeth 1 Inflates the pharyngeal cuff with the proper volume and removes the syringe Secures the strap 1 Inflates the distal cuff with the proper volume and removes the syringe Blows into tube #1 to adequately inflate both cuffs 1 Attaches/directs attachment of BVM to the first (esophageal placement) lumen and ventilates 1 Confirms placement and ventilation through the correct lumen by observing chest rise, auscultation over the epigastrium and bilaterally over each lung 1 Note: The examiner states, "You do not see rise and fall of the chest and hear sounds only over epigastrium" Attaches/directs attachment of BVM to the second (endotracheal placement) lumen and ventilates Confirms placement and ventilation through the correct lumen by observing chest rise, auscultation over the epigastrium and bilaterally over each lung 1 Note: The examiner states, "You see rise and fall off the chest, there are no sounds over the epigastrium and breath sounds are equal over each lung" Secures device or confirms that the device remains properly secured 1 Total: 15 Critical Criteria Did not take or verbalize body substance isolation precautions Did not initiate ventilations within 30 seconds Interrupted ventilations for more than 30 seconds at any time Did not pre-oxygenate the patient prior to placement of the dual lumen airway device Did not provide adequate volume per breath (maximum 2 errors/minute permissable) Did not ventilate the patient at a rate of 10-12 breaths per minute Did not insert the dual lumen airway device at a proper depth or at the proper place within 3 attempts Did not inflate both cuffs properly Combitube - Did not remove the syringe immediately following inflation of each cuff PTL - Did not secure the strap prior to cuff inflation Did not confirm, by observing chest rise and auscultation over the epigastrium and bilaterally over each lung that the proper lumen of the device was being used to ventilate the patient Inserted any adjunct in a manner that was dangerous to the patient VENTILATORY MANAGEMENT ENDOTRACHEAL INTUBATION Start Time: Stop Time: Date: Candidate's Name:

Evaluator's Name: Note If a candidate elects to initially ventilate the patient with a BVM attached to a reservoir and oxygen, full credit must be awarded for steps denoted by "**" provided first ventilation is delivered within the initial 30 seconds Points Possible Points Awarded Takes, or verbalizes, body substance isolation precautions 1 Opens the airway manually 1 Elevates the patient's tongue and inserts a simple airway adjunct (oropharyngeal/nasopharyngeal airway) Note: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airwayadjunct." **Ventilates the patient immediately using a BVM device unattached to oxygen 1 **Ventilates the patient with room air 1 Note: The examiner must now inform the candidate that ventilation is being properly performed without difficulty Attaches the oxygen reservoir to the BVM 1 Attaches the BVM to high flow oxygen (15 liter per minute) 1 Ventilates the patient at the proper volume and rate of 10-12 breaths per minute 1 Note: After 30 seconds, the examiner must auscultate the patient's chest and inform the candidate that breathsounds are present and equal bilaterally and medical direction has ordered endotracheal intubation. The examiner must now take over ventilation of the patient. Directs assistant to pre-oxygenate the patient 1 Identifies/selects the proper equipment for endotracheal intubation 1 Checks equipment Checks for cuff leaks Checks laryngoscope operation and bulb tightness 1 1 Note: The examiner must remove the OPA and move out of the way when the candidate is prepared to intubate thepatient. Positions the patient's head properly 1 Inserts the laryngoscope blade into the patient's mouth while displacing the patient's tongue laterally 1 Elevates the patient's mandible with the laryngoscope 1 Introduces the endotracheal tube and advances the tube to the proper depth 1 Inflates the cuff to the proper pressure 1 Disconnects the syringe from the cuff inlet port 1 Directs assistant to ventilate the patient 1 Confirms proper placement of the endotracheal tube by auscultation bilaterally and over the epigastrium 1 Note: The examiner must ask, "If you had proper placement, what would you expect to hear?" Secures the endotracheal tube (may be verbalized) 1 Total: 21 Critical Criteria Did not take or verbalize body substance isolation precautions when necessary Did not initiate ventilation within 30 seconds after applying gloves or interrupts ventilations for greater than 30 seconds at a time Did not voice or provide high oxygen concentrations (15 liter/minute or greater) Did not ventilate the patient at a rate of 10-12 breaths per minute Did not provide adequate volume per breath (maximum of 2 errors per minute permissible)

Did not pre-oxygenate the patient prior to intubation Did not successfully intubate the patient within 3 attempts

Used the patient's teeth as a fulcrum

Did not assure proper tube placement by auscultation bilaterally over each lung

and

over the epigastrium

The stylette (if used) extended beyond the end of the endotracheal tube

Inserted any adjunct in a manner that was dangerous to the patient

Did not immediately disconnect the syringe from the inlet port after inflating the cuff