


**Ohio Department of Public Safety**
**Division of Emergency Medical Services**

# *Psychomotor Examination Manual*

## EMR and EMT Level

***Mandatory Requirement for all courses beginning on or after 7/1/2022***

Ohio | Department of Public Safety

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# Program Director Responsibilities / Authority

The program director or his/her designee is responsible for the overall planning, staffing, implementation, quality control, and validation of the psychomotor examination process in conjunction with the Ohio Division of EMS and Ohio Administrative Code 4765-12-05 & 4765-15-05. **The program director or his/her designee is responsible for the following:**

- Conducting examination related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The program director or his/her designee must help ensure that each EMR / EMT State final practical skills evaluator conducts himself/herself in a similar manner throughout the examination.
- Coordinating the examination with the lead instructor of the EMT/EMR course to oversee the administration of the psychomotor examination.
- Ensuring that the facilities for the psychomotor examinations meet the acceptable educational standards.
- Selection of qualified EMR /EMT State final practical skills evaluators. At a minimum, each EMR / EMT State final practical skills evaluator must be a State of Ohio certified EMR / EMT provider or higher to perform the skill that he/she is to evaluate.
- Options for simulated patients include a high-fidelity simulation manikin capable of responding as a real patient given the scenario(s), a person playing the role of the patient, or a low fidelity manikin.
- If used, the selection of appropriate individuals of average adult height and weight can serve as simulated patients. Simulated patients must be adults or adolescents who are older than sixteen (16) years of age. **Candidates who registered to take the examination may not serve as patients or assistants for any skill.**
- Obtaining clean, functional, and required equipment for each skill and ensuring that all equipment is operational.
- Overseeing the timely flow of all candidates through the skills.
- Ensuring that excessive "hall talk" between candidates or discussing specific examination scenarios or material does not occur during the examination.

**The program director or his/her designee must be present at the site during the examination. The program director or his/her designee may not serve as an EMR / EMT State final practical skills evaluator during the examination.**

If the program director or his/her designee is not able to be present at the examination due to unforeseen circumstances, he/she must assign a competent, informed, and capable person to coordinate all examination activities in his/her absence. In such a case, this person shall serve as and assume all responsibilities of the “program director or his/her designee,” during the examination.

She/he is responsible for the tabulation of the results for each candidate; therefore, has access to the EMR / EMT Psychomotor Report Form found at the end of this document, or on an electronic device. The designated program director or his/her designee has the authority to approve, deny access, or dismiss any EMR / EMT State final practical skills evaluator for due cause.

# Skills Evaluator Qualifications

Recruit EMR / EMT State final practical skills evaluators from the local EMS community. In addition, pay careful attention to avoid possible conflicts of interest, local political disputes, or any additional pre-existing conditions that could potentially bias the EMR / EMT State final practical skills evaluator towards a particular group or the entire group of candidates. **In no case should a lead instructor serve as an EMR / EMT State final practical skills evaluator for any of his/her own students.** Casual instructor staff may be utilized if necessary, so long as they are not biased and do not evaluate any skill for which they served as the lead instructor. For example, the local PHTLS or ITLS instructor who taught the trauma portion of the candidates' class may not serve as the Patient Assessment/Management – Trauma EMR / EMT State final practical skills evaluator, but can be utilized to evaluate another skill you feel he/she is not biased and is qualified to perform the skill to be evaluated.

Select EMR / EMT State final practical skills evaluators who are fair, consistent, objective, respectful, reliable, competent in the skill being evaluated, and impartial in his/her conduct and evaluation. Choose EMR / EMT State final practical skills evaluators based upon their expertise and understanding that there is more than one acceptable way to perform all skills. The lead instructor should obtain EMR / EMT State final practical skills evaluators who are not acquainted with the candidates if possible. All EMR / EMT State final practical skills evaluators are responsible for the overall conduct of his/her skill evaluation area, ensuring the integrity and reliability of the examination and his/her skill, and for maintaining strict security of all examination-related items throughout the examination.

The selected examination team should represent a combination of out-of-hospital care providers and may include nurses, physicians, and other appropriately trained allied health personnel. All EMR / EMT State final practical skills evaluators should have experience in working with EMR / EMTs, teaching, or formal evaluation of psychomotor skills. The EMR / EMT State final practical skills evaluator should possess local credibility in the field of out-of-hospital care. We encourage recruitment of currently Nationally Registered EMR / EMTs to serve as EMR / EMT State final practical skills evaluators as they are already familiar with the examination process and possess a previously demonstrated expertise in the skill. If Nationally Registered EMR / EMTs are not available to staff all skills, you should select suitable personnel as outlined.

Consult the Ohio Division of EMS if you are unable to locate persons that satisfy the qualifications for EMR / EMT State final practical skills evaluators. Ultimate approval for assuring that examiners meet these minimum qualifications is at the discretion of the program director.

# Recommended Timeline to Coordinate Examination

**Exam Location:** _____ **Exam Date:** _____

| Time Frame Prior to Exam | Action |
|---|---|
| 3 to 4 weeks minimum | ✓ Secure facilities to host psychomotor examination.<br>✓ Begin recruiting evaluators. |
| 2 weeks | ✓ Determine the candidates who will be testing and the stations they will test.<br>✓ Inform all candidates of the exam date. |
| Week before exam | ✓ Secure commitments from all EMR / EMT State final practical skills evaluators and simulated patients. Be sure to plan on 1 or 2 extra EMR / EMT State final practical skills evaluators just in case of unexpected emergencies on examination day.<br>✓ Gather all equipment and supplies.<br>✓ Re-confirm facilities will be available for the psychomotor examination as previously planned<br>✓ Send a reminder (letter or email) to all EMR / EMT State final practical skills evaluators and simulated patients. Include a copy of the Evaluation Form for each EMR / EMT State final practical skills evaluator, as well as a tentative schedule. |
| 1 day | ✓ Set-up all skills stations if possible. |

# Facilities for the Psychomotor Examination

The program director or his/her designee is responsible for securing a facility large enough to accommodate the number of candidates scheduled to attend the psychomotor examination. Each facility utilized for the psychomotor examination should provide:

- Adequate space to offer a minimum of 100 square feet for each of the skills. The testing area shall be partitioned to allow easy entrance / exit and prohibit observation by other candidates / non-involved personnel. Entrance to, and exit from, all skills should not disturb other candidates who are testing.
- A comfortable testing environment free of undue noise and distraction.
- Ample gathering space for candidates during the candidate orientation to the psychomotor examination.
- Adequate and effective heating, cooling, ventilation, and lighting.
- A waiting area adjacent to the skills for candidates to assemble while waiting for skills to open.
- Adequate restroom facilities and parking with reasonable access to the examination site.
- Adequate space for the EMR / EMT State final practical skills evaluators' orientation to the psychomotor examination, including any simulated patients. This space should visually and audibly prohibit observation by the candidates.
- Adequate security of all examination materials during the examination.
- Signage denoting skill stations.
- A table and chair in each room for EMR / EMT State final practical skills evaluators.
- A room that is secure and large enough to facilitate tabulation and reporting of the psychomotor examination results. Multiple tables with a large surface area are recommended.

# Staffing for the EMR Psychomotor Examination

An examination for twenty (20) candidates requires the minimum staffing as previously outlined to complete the examination within four (4) to five (5) hours. If the number of skill stations are increased, the test can either accommodate more candidates in the same time, or take less time to conduct.

The following chart should assist the program director or his/her designee in staffing to administer the psychomotor examination for 20 candidates:

| | STAFF EXAM | | FLOW |
|---|---|---|---|
| **EMR SKILLS** | **Skills Evaluator** | **Simulated patient (Live, Low or High-Fidelity manikin)** | **Average # of Candidates Evaluated per Hour** |
| **M-1 Patient assessment/management – Trauma** | **1** | **1** | **4** |
| **M-2 Patient assessment/management – Medical** | **1** | **1** | **3 to 4** |
| **M-3 BVM ventilation of an apneic adult and pediatric patient** | **1** | **1** | **5 to 6** |
| **M-4 Oxygen administration via non-rebreather mask** | **1** | **1** | **5 to 6** |
| **M-5 Cardiac arrest management/AED** | **1** | **1** | **4** |
| **Random *(choose 1 skill which all candidates will test)***<br>**R-1 Medication administration via autoinjector**<br>**R-2 Bleeding control/shock Management**<br>**R-3 Medication administration via intranasal route** | **1** | **1** | **4** |
| **TOTAL OVERALL STAFF** | **6** | **6** | **Average 4 per HOUR** |

| SKILLS | TIME LIMITS |
|---|---|
| M-1 Patient Assessment/Management – Trauma | 10 minutes |
| M-2 Patient Assessment/Management – Medical | 15 minutes |
| M-3 BVM Ventilation of an Apneic Adult and Pediatric Patient | 5 minutes |
| M-4 Oxygen Administration via Non-Rebreather Mask | 5 minutes |
| M-5 Cardiac Arrest Management/AED | 10 minutes |
| Random Skill (R-1, R-2, or R-3) | 5-10 minutes |

# EMR Psychomotor Examination Skills

The State of Ohio EMR psychomotor examination consists of skills presented in a scenario-type format to approximate the abilities of the EMR to function in the out-of-hospital setting. All skill examinations were developed in accordance with the current National EMS Education Standards and current American Heart Association Guidelines for Basic Life Support for Healthcare Providers. These materials are revised periodically to help ensure that the most up-to-date guidelines are met. The design of the psychomotor examination is to serve as formal verification of the candidate's "hands-on" abilities and knowledge to help ensure public protection, rather than a teaching, coaching, or remedial training session. Therefore, do not discuss specific errors in any performance with the candidate.

All forms were designed to evaluate terminal performance expectations of an entry-level provider upon successful completion of the state-approved Emergency Medical Responder program and were not designed as "teaching" forms. To fully understand the why's, how's, and sequencing of all steps in each skill, a solid cognitive and psychomotor foundation should be established throughout the educational process. After a minimal level of competence begins to develop, the candidate should refer to the appropriate EMR / EMT State final exam skills evaluation form for self-assessment in identifying areas of strength and weakness. If indicated, remedial training and practice over the entire skill with the educational institution is strongly encouraged. Once skill mastery has been achieved in this fashion, the candidate should be prepared for graduation from the program and completion of the psychomotor examination.

Emergency Medical Responder candidates for State of Ohio certification should demonstrate an acceptable level of competency in the following six skills:

### 1. Patient Assessment/Management – Trauma

All candidates will be required to perform a "hands-on," head-to-toe, physical assessment, and voice treatment of a moulaged simulated patient or a moulaged manikin (low or high fidelity) for a given scenario. This skill includes:

- Scene Size-up
- Primary Survey/Resuscitation
- History Taking/Secondary Assessment
- Reassessment

### 2. Patient Assessment/Management – Medical

All candidates will be required to perform a "hands-on," head-to-toe, physical assessment, and voice treatment of a moulaged simulated patient or a moulaged manikin (low or high fidelity) for a given scenario. This skill includes:

- Scene Size-up
- Primary Survey/Resuscitation
- History Taking/Secondary Assessment
- Vital Signs/Reassessment

### 3. BVM Ventilation of an Apneic Adult and Pediatric Patient

All candidates will be required to provide ventilatory assistance to an apneic adult and pediatric patient who has a pulse and no associated injuries. They are required to manually open an airway, suction the mouth and oropharynx (adult only), insert an oropharyngeal airway, and ventilate an adult and pediatric manikin with a bag- valve-mask device. This is a single station and candidates are expected to transition from the adult patient to the pediatric patient. A short break may be included to reset the skill station if needed.

### 4. Oxygen Administration by Non-Rebreather Mask

All candidates will be required to assemble a regulator to a portable oxygen tank and administer oxygen by non-rebreather mask to an adult patient who is short of breath.

### 5. Cardiac Arrest Management/AED

All candidates will be required to integrate CPR skills to include the performance of 2 cycles of 1-person adult CPR, the attachment and use of an AED (including shock delivery) and work as a team to perform 2-person CPR given a scenario of an adult patient found in cardiac arrest.

### 6. Random Skill

All candidates will be required to provide appropriate care for one of the following skills. The coordinator should choose one skill for the entire test.

- R-1 Medication Administration via Autoinjector
- R-2 Bleeding Control/Shock Management
- R-3 Medication Administration via Intranasal Route

## Staffing for the EMT Psychomotor Examination

An examination for twenty (20) candidates requires the minimum staffing as previously outlined to complete the examination within four (4) to five (5) hours. If the number of skill stations are increased, the test can either accommodate more candidates in the same time, or take less time to conduct.

The following chart should assist the Program director in staffing to administer the psychomotor examination for 20 candidates:

| | EXAM STAFF | | FLOW |
|---|---|---|---|
| **EMT SKILLS** | **Skills Evaluator** | **Simulated patient (Live, Low or High-Fidelity manikin)** | **Average # of Candidates Evaluated per Hour** |
| **M-1 Patient assessment/management – Trauma** | **1** | **1** | **4** |
| **M-2 Patient assessment/management – Medical** | **1** | **1** | **3 to 4** |
| **M-3 BVM ventilation of an apneic adult and pediatric patient** | **1** | **1** | **5 to 6** |
| **M-4 Cardiac arrest management / AED** | **1** | **1** | |
| **M-5 Bleeding control/shock management** | **1** | **1** | **4 to 5** |
| **Random A *(choose 1 skill which all candidates will test)***<br>• **A-1 Long bone immobilization**<br>• **A-2 Joint immobilization**<br>• **A-3 Oxygen administration via non-rebreather mask** | **1** | **1** | **4** |
| **Random B *(choose 1 skill which all candidates will test)***<br>• **B-1 Medication administration via autoinjector**<br>• **B-2 Medication administration via intranasal route**<br>• **B-3 Ventilation via supraglottic airway device** | **1** | **1** | **4** |
| **TOTAL OVERALL STAFF** | **7** | **7** | **Average 4 per HOUR** |

| SKILL | TIME LIMITS |
|---|---|
| M-1 Patient Assessment/Management – Trauma | 10 minutes |
| M-2 Patient Assessment/Management – Medical | 15 minutes |
| M-3 BVM Ventilation of an Apneic Adult and Pediatric Patient | 5 minutes |
| M-4 Cardiac Arrest Management/AED | 10 minutes |
| M-5 Bleeding Control/Shock Management | 5 minutes |
| Random A (A-1, A-2, or A-3) | 10 minutes |
| Random B (B-1, B-2, or B-3) | 10 minutes |

# EMT Psychomotor Examination Skills

The State of Ohio EMT psychomotor examination consists of skills presented in a scenario-type format to approximate the abilities of the EMT to function in the out-of-hospital setting. All skill examinations were developed in accordance with the current National EMS Education Standards and current American Heart Association Guidelines for Basic Life Support for Healthcare Providers. These materials are revised periodically to help ensure that the most up-to-date guidelines are met. The design of the psychomotor examination is to serve as formal verification of the candidate's "hands-on" abilities and knowledge to help ensure public protection, rather than a teaching, coaching, or remedial training session. Therefore, do not discuss specific errors in any performance with the candidate.

The candidate is cautioned that all forms were designed to evaluate terminal performance expectations of an entry level provider upon successful completion of the state-approved Emergency Medical Technician program and were not designed as "teaching" forms. To fully understand the rationale, process, and sequencing of all steps in each skill, a solid cognitive and psychomotor foundation should be established throughout the educational process. After a minimal level of competence begins to develop, the candidate should refer to the appropriate skill evaluation form for self-assessment in identifying areas of strength and weakness. If indicated, remedial training and practice over the entire skill with the educational institution is strongly encouraged. Once skill mastery has been achieved in this fashion, the candidate should be prepared for graduation from the program and completion of the psychomotor examination.

Emergency Medical Technician candidates for State of Ohio certification should demonstrate an acceptable level of competency in the following seven skills:

**1. Patient Assessment/Management – Trauma**

All candidates will be required to perform a "hands-on," head-to-toe, physical assessment and voice treatment of a moulaged simulated patient or a moulaged manikin (low or high fidelity) for a given scenario. This skill includes:

- Scene Size-up
- Primary Survey/Resuscitation
- History Taking/Secondary Assessment
- Reassessment

**2. Patient Assessment/Management – Medical**

All candidates will be required to perform a "hands-on," head-to-toe, physical assessment and voice treatment of a moulaged simulated patient or a moulaged manikin (low or high fidelity) for a given scenario. This skill includes:

- Scene Size-up
- Primary Survey/Resuscitation
- History Taking/Secondary Assessment
- Vital Signs/Reassessment

### 3. BVM Ventilation of an Apneic Adult and Pediatric Patient

All candidates will be required to provide ventilatory assistance to an apneic adult and pediatric patient who has a pulse and no associated injuries. They are required to manually open an airway, suction the mouth and oropharynx (adult only), insert an oropharyngeal airway, and ventilate an adult and pediatric manikin with a bag- valve-mask device. This is a single station and candidates are expected to transition from the adult patient to the pediatric patient. A short break may be included to reset the skill station if needed.

### 4. Cardiac Arrest Management/AED

All candidates will be required to integrate CPR skills to include the performance of 2 cycles of 1-person adult CPR, the attachment and use of an AED (including shock delivery) and work as a team to perform 2 person CPR given a scenario of an adult patient found in cardiac arrest

### 5. Bleeding Control/Shock Management

All candidates will be required to control simulated bleeding on an adult patient.

### 6. Random A Skill

All candidates will be required to provide appropriate care for one of the following skills. The coordinator should choose one skill for the test.

- A-1 Long Bone Immobilization
- A-2 Joint Immobilization
- A-3 Oxygen Administration via Non-Rebreather Mask

### 7. Random B Skill

All candidates will be required to provide appropriate care for one of the following skills. The coordinator should choose one skill for the test.

- B-1 Medication Administration via Autoinjector
- B-2 Medication Administration via Intranasal Route
- B-3 Ventilation via Supraglottic Airway Device

# Psychomotor Examination Results

Candidates are required to complete five (5) skills as described above and one (1) random skill when taking a full attempt of the EMR psychomotor examination or five (5) skills as described above and two (2) random skills when taking a full attempt of the EMT psychomotor examination. Candidates are eligible for up to **two (2) full attempts** of the psychomotor examination, provided they meet all other STATE OF OHIO certification requirements. New graduates from an EMR / EMT course seeking initial STATE OF OHIO EMR / EMT certification have no more than two (2) years from their date of course completion to successfully complete all components of the Ohio Division of EMS certification process (cognitive and psychomotor examinations). Grading of the psychomotor examination is on a Pass/Retest/Fail basis:

1. Passed STATE OF OHIO EMR / EMT examination results are valid for up to twelve (12) months from the date of the examination, provided they meet all other Ohio certification requirements for the Ohio Division of EMS.
2. Testing Sequence

**<u>EMERGENCY MEDICAL RESPONDER</u> (EMR) PSYCHOMOTOR TESTING ATTEMPTS FIRST FULL ATTEMPT (PSYCHOMOTOR TAKE # 1A):** Test six (6) skills

**Pass:** ***Pass all six (6) skills:*** Passed practical results remain valid for up to 12 months from the date of the examination, provided all other State certification requirements are met.

**Retest:** ***Fail three (3) or less skills:*** →

Candidate is eligible for up to two (2) retest attempts of the two (2) or less skills failed for no more than 12 months from the date of the examination, provided all other State certification requirements are met.

→ **First Retest from First Full Attempt (Practical Take #1R1)**

Test the three (3) or less skills failed on Take #1A:

- Pass (valid for up to 12 months)
- Retest

→ **Second Retest from First Full Attempt (Practical Take #1R2)**

Test the skill(s) failed on Take #1R1:

- Pass (valid for up to 12 months)
- Fail

**Fail:** ***Fail four (4) or more skills or fail any skill on a second retest attempt from Take #1R2:***
Candidate must submit official documentation of remedial education before attempting the entire psychomotor examination (all six [6] skills) on the next full attempt of the psychomotor examination, provided all other State certification requirements are met.

↓

**SECOND FULL ATTEMPT (PSYCHOMOTOR TAKE # 2A):** Test six (6) skills

**Pass:** ***Pass all six (6) skills:*** Passed practical results remain valid for up to 12 months from the date of the examination, provided all other State certification requirements are met.

**Retest:** ***Fail three (3) or less skills:*** →

Candidate is eligible for up to two (2) retest attempts of the two (2) or less skills failed for no more than 24 months from the date of the examination, provided all other State certification requirements are met.

→ **First Retest from Second Full Attempt (Practical Take #2R1)**

Test the three (3) or less skills failed on Take #1A:

- Pass (valid for up to 12 months)
- Retest

→ **Second Retest from Second Full Attempt (Practical Take #2R2)**

Test the skill(s) failed on Take #1R1:

- Pass (valid for up to 12 months)
- Fail

**Fail:** ***Fail four (4) or more skills or fail any skill on a second retest attempt from Take #2R2:***
Candidate must complete a new, state-approved Emergency Medical Responder Training Program.

**<u>EMERGENCY MEDICAL TECHNICIAN</u> (EMT) PSYCHOMOTOR TESTING ATTEMPTS FIRST FULL ATTEMPT (PSYCHOMOTOR TAKE # 1A):** Test seven (7) skills

**Pass:** ***Pass all seven (7) skills:***
Passed practical results remain valid for up to twelve (12) months from the date of the examination, provided all other State certification requirements are met.

| **Retest:** ***Fail three (3) or less skills:*** → | **First Retest from First Full Attempt (Practical Take #1R1)** → | **Second Retest from First Full Attempt (Practical Take #1R2)** |
|---|---|---|
| Candidate is eligible for up to two (2) retest attempts of the three (3) or less skills failed for no more than twelve (12) months from the date of the examination, provided all other State certification requirements are met. | Test the three (3) or less skills failed on Take #1A:<br>• Pass (valid for up to 12 months)<br>• Retest | Test the skill(s) failed on Take #1R1:<br>• Pass (valid for up to 12 months)<br>• Fail ↓ |

**Fail:** ***Fail four (4) or more skills or fail any skill on a second retest attempt from Take #1R2:***
Candidate must submit official documentation of remedial education before attempting the entire psychomotor examination (all seven [7] skills) on the next full attempt of the psychomotor examination, provided all other State certification requirements are met.

↓

**SECOND FULL ATTEMPT (PSYCHOMOTOR TAKE # 2A):** Test seven (7) skills

**Pass:** ***Pass all seven (7) skills:***
Passed practical results remain valid for up to twelve (12) months from the date of the examination, provided all other State certification requirements are met.

| **Retest:** ***Fail three (3) or less skills:*** → | **First Retest from Second Full Attempt (Practical Take #2R1)** → | **Second Retest from First Full Attempt (Practical Take #2R2)** |
|---|---|---|
| Candidate is eligible for up to two (2) retest attempts of the three (3) or less skills failed for no more than twelve (12) months from the date of the examination, provided all other State certification requirements are met. | Test the three (3) or less skills failed on Take #2A:<br>• Pass (valid for up to 12 months)<br>• Retest | Test the skill(s) failed on Take #2R1:<br>• Pass (valid for up to 12 months)<br>• Fail ↓ |

**Fail:** ***Fail four (4) or more skills or fail any skill on a second retest attempt from Take #2R2:***
Candidate must complete a new, state-approved EMT Training Program.

3. Candidates are eligible for up to two (2) retest attempts based on the number of stations passed.
   a. All retesting must occur within twelve (12) months from the date of the original examination, provided they meet all other certification requirements for Ohio Division of EMS.
   b. If offered, only one (1) retest attempt per skill may be completed on the same day. Retests must be completed in an all-or-none fashion. The candidate must retest the specific skill(s) failed. This also applies to skills failed within the random station(s). Incomplete psychomotor examination attempts cannot be scored or reported. Candidates are not permitted to complete only a portion of the skills that need to be retested. Same-day retest opportunities are not mandated or guaranteed at any EMR / EMT psychomotor examination site.
4. Failure of any skill on the second retest attempt constitutes complete failure of that testing attempt.

# Psychomotor Examination Accommodations

All candidates must complete the psychomotor examination in the same standardized format. The program director and the Ohio Division of EMS must approve any requests for accommodations to the skills stations/performance expectations. The intent of the psychomotor examination is to present simulated patients with realistic situations that approximate the candidates' abilities to function in the out-of-hospital environment. The program director or his/her designee and all EMR / EMT State final practical skills evaluators must remain vigilant for any situation that may alter the normal presentation of any skill other than that which is intended throughout the psychomotor examination. When in doubt, contact the program director for assistance.

*All accommodations must be approved by the Ohio Division of EMS.*

# Evaluator Orientation to the Psychomotor Examination

***The program director or his/her designee must read the following to all EMR/EMT State final practical skills evaluators and simulated patients:***

"Good [morning, afternoon, evening]. My name is [program director or his/her designee's name]. I will be responsible for the administration of this examination. On behalf of the [State Accredited School] and State of Ohio Division of EMS, I would like to thank you for serving as an EMR / EMT State final practical skills evaluator today. All data relative to a candidate's performance is based upon your objective recordings and observations. You were chosen as an examiner today because of your expertise in the assigned skill and ability to fairly and accurately observe and document various performances. All performances must be reported with the greatest degree of objectivity possible. The forms you are using today have been designed to assist you in objectively evaluating the candidates.

Let me emphasize that this examination is a formal verification procedure not designed for teaching, coaching, or remedial training. Therefore, you are not permitted to give any indication whatsoever of satisfactory or unsatisfactory performance to any candidate at any time. You must not discuss any specific performance with anyone other than me. If you are unsure of scoring a particular performance, notify me as soon as possible. Do not sign or complete any evaluation form in which you have a question until we have discussed the performance. If I am busy with other duties, make notes of the performance and continue with your evaluation of other candidates if possible.

Please act in a professional manner at all times, paying particular attention to the manner in which you address candidates. The [accredited school] will not tolerate any type of discrimination or harassment by anyone involved with the administration of the psychomotor examination. You must be consistent, fair, and respectful in carrying out your duties as a formal examiner. The safest approach is to limit your dialogue to examination-related material only. Be careful of the manner in which you address candidates as many will interpret your remarks as some indication of his/her performance. You should develop a dialogue with candidates throughout his/her performance and should ask questions for clarification purposes. These questions may not be leading but should be asked when additional clarification is required. Do not ask for information that does not relate to the evaluation criteria in your skill. For example, if a candidate states, "I'd now apply high flow oxygen," your appropriate response might be, "Please explain how you would do that." Do

not ask for additional information beyond the scope of the skill, such as having the candidate explain the percentage of oxygen delivered by the device, contraindications to the use of the device, or other knowledge-type information. You may also have to stimulate a candidate to perform some action. If a candidate states, "I'd do a quick assessment of the legs," you must interject and ask the candidate to perform the assessment as he/she would in a field situation.

We suggest you introduce yourself to each candidate as you call him/her into your room. No candidate, at any time, is permitted to remain in the testing area while waiting for his/her next skill. As the candidate enters, be sure he/she did not bring any books, pamphlets, brochures, study materials, calipers, calculators, or any other electronic or mechanical devices (this includes smartwatches). Take a few moments and clearly print the candidate's first and last name on the evaluation form as well as your name, the date, and the scenario or set number if required. We suggest you use ink pens and follow good documentation practices when completing these forms. You should then read aloud the appropriate set of "Instructions to the Psychomotor Skills Candidate" exactly as printed at the end of your scenarios. Be sure to alternate the scenarios between candidates if required in your skill. You may not add to or detract from these instructions but may repeat any portion as requested. The instructions must be read to each candidate in the same manner to ensure consistency and fairness. Give the candidate time to inspect the equipment if necessary and explain any specific design features of the equipment if you are asked. If the candidate enters with any equipment, be sure I have inspected it and you are familiar with its appropriate use prior to evaluating the candidate.

When the candidate begins his/her performance, please document the actual time started (not elapsed times) on the appropriate space of the evaluation form. As the candidate progresses through the skill, fill out the evaluation form in the following manner:

1. Place the point or points in the appropriate space at the time each item is completed.
2. Only whole points may be awarded for those steps performed in an acceptable manner. **You are not permitted to award fractions of a point**.
3. Place a zero in the "Points Awarded" column for any step that was not completed or was performed in an unacceptable fashion (inappropriate, haphazard, or non-sequential resulting in excessive and potentially detrimental delay).

All forms are completed in a manner that prohibits the candidate from directly observing the points you award or comments you may note. Do not become distracted by searching for specific statements on the evaluation form when you should be observing the candidate's performance. Ideally, you should be familiar with these forms, but if this occurs, simply turn the form over and concisely record the entire performance on the backside. After the candidate finishes the performance, complete the front side of the evaluation form in accordance with the documented performance. Some skills evaluation instruments are printed with areas provided for performances to be documented. Please remember the most accurate method of fairly evaluating any candidate is one in which your attention is devoted entirely to the performance of the candidate.

Please observe and enforce all time limits for the skills. When the time limit has been reached, simply stop the candidate's performance promptly, document the actual time the performance ended, and direct the candidate to move on to the next skill, making sure that no candidate takes any notes or recordings of the skill (notes on vital signs, scenario

information, etc.). If the candidate is in the middle of a step when the time limit is reached, permit him/her to complete only that step but not start another. You should then place a zero in the "Points Awarded" column for any steps that were not completed within the allotted time.

After all points have been awarded, you must total them and enter the total in the appropriate space on the form. Next, review all "Critical Criteria" statements printed on the evaluation form and check all that apply to the performance you just observed. **For each of the "Critical Criteria" statements you check, please document your rationale on the reverse side of the evaluation form**. Do not be vague or contradictory and do not simply rewrite the statement that you have checked. Factually document the candidate's actions that caused you to check the respective statements. You may also wish to document each step of the skill in which zero points were awarded in the same fashion. Be sure to sign the form in the appropriate space and prepare the equipment and supplies to appear in the same fashion before accepting another candidate into your skill. Are there any questions at this time?

You are responsible for the security of all evaluation materials throughout the examination and must return all materials to me before you leave this site. If you need to take a break, inform me or the lead instructor and secure all evaluation instruments that were issued to you. After you receive your materials, proceed to your skill and check the props, equipment, and moulage to ensure all equipment is available and functioning properly. Please take a moment to look around the room and remove any materials that may assist a candidate with the examination process (charts, posters, algorithms, training materials, etc.). You should orient any simulated patients over their roles today. Simulated patients should act as similar patients would in a field situation. Please emphasize the importance of their consistent and professional performance throughout today's examination. You **must** read through the scenario and instructions, brief your simulated patients, program any high-fidelity simulation manikins, and review the evaluation form prior to evaluating any candidate. Please wait until I have inspected your room and answered any of your specific questions before opening your skill. I will also be visiting all skills during the examination and will try to avoid interference as much as possible.

Are there any questions before we dismiss?”

***The program director or his/her designee distributes all psychomotor examination materials and dismisses all EMR/EMT State final practical skills evaluators and simulated patients to the skills.***

# Candidate Orientation to the Psychomotor Examination

***The program director or his/her designee must read the following orientation to all candidates for the psychomotor examination:***

"Good [morning, afternoon, evening]. My name is [program director or his/her designee name]. I will be responsible for the administration of this examination. On behalf of the Ohio Division of EMS, and [Name of Accredited school], I would like to welcome you here today. I would like to thank [program director or school] for arranging and securing the facilities and personnel assisting with today's examination. We extend our sincere wishes for your successful completion of this part of the certification process and obtaining subsequent State of Ohio certification as an EMR / EMT.

***Program director or his/her designee take attendance and close testing location for the admittance of anyone who is late.***

If I did not call your name, please identify yourself so that I can record your attendance today. I suggest that everyone check with me before leaving this site to compare the skills you think you need to complete with the official roster. It is your responsibility to complete all required skills. The [State Accredited School] and the Ohio Division of EMS are not responsible for your incomplete attempt of the psychomotor examination.

***The program director or his/her designee must read the following instructions to all candidates for the psychomotor examination:***

The instructions I am about to give pertain to the psychomotor examination. Please pay close attention, as we will not repeat these instructions.

The EMR / EMT State final practical skills evaluators utilized today were selected because of their expertise in the assigned skill. The EMR / EMT State final practical skills evaluator is an observer and recorder of your actions. Each EMR / EMT State final practical skills evaluator documents your performance in relation to criteria established by the Ohio Division of EMS that adheres to the National EMS Education Standards, AHA Guidelines, and the National Trauma Triage Protocol published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention.

You will be routed from the staging area when a skill is prepared for testing. No candidate, at any time, is permitted to remain in the testing area while waiting for his/her next skill. When you get to the room, please knock on the door or announce yourself to let the EMR / EMT State final practical skills evaluator know that you are waiting to test. You are not permitted to take any books, pamphlets, brochures, study materials, calculators, or any other electronic or mechanical devices (Including smartwatches). Any notes you take must be left in the room when you complete the skill. At this time, all pagers, cellular telephones, smartwatches, and similar electronic communication devices must be turned off and locked in your vehicle or other secure area for the duration of the examination. If you attempt to use any communication device during the examination for any reason whatsoever, you will be immediately dismissed from the remainder of the examination.

As you enter the room, the EMR / EMT State final practical skills evaluator will greet you and ask for your first and last name. Please provide the proper spelling of your name so that your results may be reported accurately. The EMR / EMT State final practical skills evaluator will then read aloud the "Instructions to the Psychomotor Skills Candidate" exactly as printed on the instructions provided by the Ohio Division of EMS. This information is read to each of you in the same manner to ensure consistency and fairness. Please pay close attention to the instructions as they correspond to similar information you might receive on an EMS call and give you valuable information on what will be expected of you during your performance. The EMR / EMT State final practical skills evaluator will ask if you understand the instructions and will be happy to repeat any portion if necessary. It is not permitted to ask the EMR / EMT State final practical skills evaluator to supply additional information not contained in the instructions.

The skills are supplied with several types of equipment for your selection. You will be given time at the beginning of each skill to survey and select the equipment necessary for the appropriate management of the patient. Do not feel obligated to use all of the equipment. The EMR / EMT State final practical skills evaluators will offer to point out any specific operational features of the equipment if you are unfamiliar with any device. If you brought any of your own equipment, I must inspect and approve it for use before you enter the skill.

As you progress through the psychomotor examination, each EMR / EMT State final practical skills evaluator will be observing and documenting your performance. Do not let their documentation practices influence your performance. There is no correlation between the volume of their documentation and the quality of your performance. We encourage you to explain the things you are doing within the scope of the time limit. The EMR / EMT State final practical skills evaluator may also ask questions for clarification purposes. Simply answer any questions and do not assume they provide feedback on the quality of your performance.

If the skill has an overall time limit, the examiner will inform you of this during the instructions. When you reach the time limit, the EMR / EMT State final practical skills evaluator will direct you to stop your performance. However, if you complete the skill before your allotted time, inform the EMR / EMT State final practical skills evaluator that you have finished your performance. You may also be asked to help remove equipment from the simulated patient before leaving the skill. As you leave, please remember that you are not permitted to make any copies or recordings of this examination at any time.

Candidates sometimes complain that EMR / EMT State final practical skills evaluators are abrupt, cold, or appear unfriendly. No one is here to add to the stress and anxiety you already feel. It is important for you to understand that the EMR / EMT State final practical skills evaluators have been instructed to avoid any casual conversation with you. This is necessary to help ensure fair and equal treatment of all candidates throughout the exam. Please recognize this behavior as a professional and simply perform the skills to the best of your ability. We have instructed the EMR / EMT State final practical skills evaluators not to indicate to you in any way your performance in any skill. Please do not interpret any remarks as an indication of your overall performance.

You are not permitted to discuss any specific details of any skill with each other at any time. Please be courteous to the candidates who are testing by keeping all excess noise to a minimum. Be prompt in reporting to each skill so that we may complete this examination within a reasonable time.

Your official psychomotor results will be reported as pass/fail of each skill by [program director or his/her designee] at [program director or his/her designee should choose the time]. The purpose of certification by the Ohio Division of EMS is to verify the achievement of minimal competencies for safe and effective practice. Providing a specific analysis of errors in your performance was the responsibility of your Instructor during the learning process and not the certification process. If you are unsuccessful in any skill today, we recommend that you contact your program director for remedial training before attempting to retest. Please remember today's examination is a formal verification process and was not designed to assist with teaching or learning. The EMR / EMT State final practical skills evaluators have not played any role in the establishment of pass/fail criteria, but merely observe and document your performance in each skill.

If you feel you have a complaint concerning the psychomotor examination, a formal complaint procedure does exist. You must initiate any complaint with me today. Complaints will not be valid after today and will not be accepted if they are issued after you learn of your results or leave this site. You may file a complaint for only two (2) reasons:

1. If you feel discrimination has occurred.
2. There was an equipment problem or malfunction during your performance in any skill.

If you feel either of these two things occurred, you must contact me immediately to initiate the complaint process. I will supply the necessary complaint form that you must complete in writing. The Lead Instructor and I will review your concerns and make a final determination of your complaint.

I am here today to ensure that fair, objective, and impartial evaluations occur in accordance with the Ohio Division of EMS. If you have any concerns, please notify me immediately to discuss your concerns. I will be visiting all skills throughout the examination to verify adherence to these guidelines. Please remember that if you do not voice your concerns or complaints today before you leave this site or before I inform you of your results, your complaints will not be accepted.

Does anyone have any questions concerning the psychomotor examination at this time?

***The program director or his/her designee should now distribute the EMR/EMT Psychomotor Examination Report Form at this time and instruct the candidates to legibly fill-in the following information:***

Please print the following information legibly on the EMR / EMT Psychomotor Examination Report Form:

- Name
- Examination Date (Month, Day, Year)
- Examination site (Name of Facility, City, State)
- Circle testing cycle
    - Just completed initial course and this your FIRST state test = 1A

Notice the skills listed in the chart. If you are taking the entire psychomotor examination today, be sure to complete all required skills that are listed. If you are retesting two (2) or less skills today, be sure to check with me before starting your psychomotor examination.

**Remember** that your retest must be within twelve (12) months of your initial psychomotor examination (all six [6] skills for EMR and all seven [7] skills for EMT) to be accepted. Whatever the case, it is **your** responsibility to complete all appropriate skills.

If you are taking the entire psychomotor examination today, you can fail up to three (3) skills for EMR and up to three (3) skills for EMT and be eligible to retest just the skills failed.
Failing more than three (3) skills for EMR or three (3) skills for EMT will require remedial training and repeating the entire psychomotor examination on another date. Remember that examination results are only valid for **up to twelve (12) months** from the date of the examination. If you are eligible for retesting, you have two (2) retest attempts to pass the failed skill(s) within that twelve (12) month period. Note that you only need to retest the specific skill(s) failed. For example, if you are here for your first attempt of the psychomotor examination and fail Patient Assessment/ Management – Medical and BVM Ventilation of an Apneic Adult and Pediatric Patient, you only need to retest these two (2) skills. If we conduct a same-day retest today, you must retest all skills that need to be retested or none at all. We cannot score or report incomplete psychomotor examination attempts. The [Accredited School] and the Ohio Division of EMS do not mandate or guarantee same-day retest opportunities at any EMR / EMT psychomotor examination site.

Lastly, be sure to read the “Candidates Statement” on the backside of the form carefully before signing your legal signature and filling-in today’s date. Please note that unprofessional behavior, such as the use of foul language, making threats, or other types of irregular behavior will not be tolerated and could lead to immediate dismissal and other appropriate actions.

Please come up to turn-in your completed EMR / EMT Psychomotor Examination Report Form. I will need to see some form of identification, such as your driver’s license, as you turn-in these forms if you are not a student of [accredited school]. This would also be a good time to confirm the skills you "think" you need to complete with me before we begin the examination. Please remember to turn off all of your electronic communication devices and lock them in your vehicle or other secure area before we start this examination.

| | |
|---|---|
| ***NOTE:*** | ***The program director or his/her designee should collect all EMR/EMT Psychomotor Examination Report Forms at this time and verify the candidate’s identity with an official form of photo identification, if not validated by program director or his/her designee or lead instructor (government-issued identification such as a driver’s license). If an imposter is discovered, document the occurrence as outlined under the “False Identification” section*** |
| | ***If a candidate has no acceptable form of ID and the lead instructor or any other person in an official capacity at the examination site cannot verify his/her true identity, the program director or his/her designee should immediately dismiss the candidate from the psychomotor examination.*** |

# Policies and Procedures

### Number of Evaluators within a Skills Station

During the examination process, the program director may designate more than one evaluator within one skill(s) station. The purpose of this second evaluator may be to:

- Ensure consistency of evaluation.
- Provide a second voice to assist with evaluation in the settings where low or high-fidelity simulation is used.
- Ensure smooth operation of the skills station.
- Consensus will need to be obtained between evaluators.

### False Identification

Following the collection of the EMR / EMT Psychomotor Examination Report Form after orienting all candidates to the psychomotor examination, if it is ascertained that a candidate's identification does not match the official examination roster or information that the candidate has completed on the form, the program director or his/her designee must immediately attempt to identify the impersonator. All examination materials handed-in by the impersonator must be clearly marked to indicate that the candidate identified on the EMR / EMT Psychomotor Examination Report Form did not actually complete the psychomotor examination. The program director or his/her designee must also dismiss the impersonator from the examination site. A report must be filed to document the irregularity and to identify all individuals involved, including the candidate scheduled to take the examination as well as the identity of the impersonator if it can be determined.

### Late Arrivals

Situations such as inclement weather conditions or ambulance runs are typical examples in which the candidate may be granted permission to begin the psychomotor examination late. If admitted into the examination, candidates arriving late must be afforded the opportunity to complete all the psychomotor examination he/she needs. **No candidate may be permitted to complete only a portion of the psychomotor examination he/she needs.** If you can ensure the candidate will be able to complete all portions of the psychomotor examination that he/she needs, you must orient the candidate to the psychomotor examination in the usual manner before permitting him/her to start the examination. If the facility cannot ensure that the candidate will be able to complete all portions of the psychomotor examination, he/she needs, the candidate must be dismissed from the psychomotor examination and instructed to make alternate arrangements to complete the psychomotor examination at a later date.

**Psychomotor Examination Irregularities**

These are examples of irregularities that may occur during a psychomotor skills exam. This list is not all-inclusive.

- A candidate withdraws for any reason prior to completion of the exam.
    - Collect the candidate's skills evaluation materials in the usual manner and report any results completed up until that point. You should write a note of explanation on the candidate's report form in the section for “Comments” below your signature
- A disturbance that significantly affects any candidate’s performance
    - The program director or his/her designee should use his/her best judgment and nullify the result if necessary if you believe the interruption adversely affected the candidate’s performance
    - Examples include loss of power, excessive noise, fire alarms, etc
- Study materials taken into a testing station
- A candidate files a complaint
- Examination material are duplicated / recorded
- A candidate engages in unprofessional / disruptive behavior during the psychomotor examination that prevents others from doing their best work
    - A warning may be given to the candidate that they will be dismissed if the behavior persists
- Skills station where multiple evaluators are unable to come to consensus related to whether a candidate has passed or failed

If a psychomotor examination irregularity occurs, the program director or his/her designee will use the Psychomotor Examination Irregularity Form found within the document. Pay attention to the following criteria:

- Identify all suspected candidate(s) by name, identification number, and level of examination
- Place his/her name(s), identification number(s), and level of examination(s) in the report. Please explain the degree to which the additional candidate(s) was/were cooperating in the misconduct
- Identify the names, addresses, and phone numbers of all EMR / EMT State final exam skills evaluators, Lead Instructor, simulated patients, and any other person who also observed the incident
- Submit all completed forms to the program director or his/her designee before leaving the site
- Document the observed behavior
- Each person submitting the report must sign the report
- Attach any supporting documentation

## Dismissal from the Psychomotor Examination

Dismissing candidates from an exam should be a rare event and utilized based on evidence gathered during the investigation of irregularities during a psychomotor exam. Because of the need to maintain order and examination security in the examination process, you have the authority to dismiss a candidate; however, dismissal from the examination may have serious consequences for a candidate and should be a last resort. Prior to making a decision for dismissal, you may consult the Ohio Administrative Code 4765-9 Ethical Standards of Conduct.

Use your best judgment when dismissing a candidate. Complete the Psychomotor Examination Irregularity Form and Investigation Form. Take no action until you are certain a candidate has:

- Given or received assistance while testing in a skills station
- Used prohibited aids
- Disturbed others who were taking the examination
- Made threats toward the Accredited School or Ohio Division of EMS staff
- Used unprofessional (foul) language when interacting with the Accredited School or Ohio Division of EMS staff or agents
- Attempted to take or has taken any Ohio Division of EMS examination materials
- Engaged in irregular behavior in connection with the administration of the examination

When you are sure of a violation, immediately collect all the candidate's psychomotor examination material completed up until that point and dismiss him/her/them from the examination site. Tell the candidate(s) only that failure to abide by the examination regulations has made your actions necessary. Give a full account of the incident on a report. Follow documentation retention guidance listed within this document.

## Reporting Psychomotor Examination Results

The program director or his/her designee should determine, based upon the "Critical Criteria" and minimum point totals, if a candidate has passed or failed each skill. The psychomotor examination skills evaluation forms should be totaled by the EMR / EMT State final practical skills evaluator; however, the program director or his/her designee

- May total the points on forms that have not been added-up if the points for each individual step have been entered should re-calculate the point total on all sheets where it appears as though the minimum number of points has not been gained
- Should engage the EMR / EMT State final practical skills evaluator if
    - Any areas of the form are left blank
    - If comments do not support the points awarded or deducted
    - Any other areas of confusion exist
    - After discussion, if it is determined that the EMR / EMT State final practical skills evaluator made any error in scoring, the EMR / EMT State final practical skills evaluator should make any necessary adjustments to the evaluation form and initial any changes
        - If questioning the objectivity of the EMR / EMT State final practical skills evaluator, the program director or his/her designee should observe the EMR / EMT State final practical skills evaluator until he/she verifies that the evaluation is or is not within the Ohio Division of EMS guidelines

The program director or his/her designee should transcribe all results onto the EMR / EMT Psychomotor Examination Report Form. This may be accomplished at the examination site or following the examination at the discretion of the program director or his/her designee based upon availability of private space to score psychomotor results, the flow of the examination, and the possibility of administering a same-day retest. All official records of the psychomotor examination should be retained by the program director or his/her designee in accordance with the Ohio Division of EMS OAC 4765-7-02(G) records retention requirement.

If a same-day retest is administered, use the same EMR / EMT Psychomotor Examination Report Form that the candidate filled-out during the orientation process rather than having him/her complete another form.

Candidates will be brought into a private location where results can be disclosed. The program director or his/her designee should remind all candidates that no complaint will be valid if it is issued after being informed of his/her results. The candidate needs to acknowledge this stipulation.

When results are disclosed, candidates may only know the following:

- Pass by station
- Fail by station
- Eligible to retest
- If remediation is needed
- Candidates MAY NOT know the score or rationale as to why a station was determined as pass or fail

**Same-Day Retest Considerations**

The program director or his/her designee in conjunction with the lead instructor may decide to administer a psychomotor examination retest on the same day if permissible under local policies and procedures. Make the decision as early as possible during the day of the examination. Consider the following factors:

- The ability of the program director or his/her designee to score all psychomotor results and tabulate retest needs
- Availability of qualified EMR / EMT State final practical skills evaluators to be reoriented to different skills
    - No candidate may be retested on the same day in any skill by the evaluator(s) who determined a failed behavior
- Protection of all EMR / EMT State final practical skills evaluators and the lead instructor
- Total number of candidates who need to retest on the psychomotor exam
- Consensus and ability of the EMR / EMT State final practical skills evaluators to stay the additional time to complete all retests
- Availability of the examination site to ensure completion of the retest and associated logistics
- Travel considerations of the program director or his/her designee and EMR / EMT State final practical skills evaluators

After the decision has been made to conduct a same-day retest, all candidates should be informed that a same-day retest will be made available. The program director or his/her designee should inform all candidates that they will be entitled to only one (1) retest attempt at that test. No candidate is permitted to complete the entire EMR / EMT Psychomotor Examination again during a same-day retest attempt.

Candidates are eligible for a same-day retest based on the information found in section "Psychomotor Exam Results."

**Retests should be completed in an all-or-none fashion. Candidates are only permitted to complete the entire retest, not just a portion of the retest to which they are entitled**. It is the candidate's decision to complete a same-day retest. Candidates who are completing Retest #2 should be cautioned that failure of any skill on Retest #2 constitutes complete failure of the entire psychomotor examination, requiring him/her to complete the entire psychomotor examination (all six [6] skills for EMR or all seven [7] skills for EMT) on the next full attempt after officially documenting remedial training in all skills.

### Scoring of Tests

Candidates will fail a skill if any of the following occur …

- Violation of the critical criteria
    - Examiners should document the circumstance(s) supporting this determination
- Obtain less than 70% of the available points

## Skill Equipment / Scenarios

The program director or his/her designee is responsible for obtaining and setting-up the various skills on the day prior to the scheduled psychomotor examination. If it is not possible, the program director or his/her designee must at least verify the availability of all equipment needed.

Each EMR / EMT State final practical skills evaluator will need:

- A device capable of determining time spent during a skills evaluation (watch, stopwatch, cell phone, etc.)
- Pen
- Access to skills evaluation forms or electronic device to document each candidate's performance

The program offering the exam should construct scenarios for the psychomotor station. Efforts should be made to ensure the security of said scenarios. If multiple scenarios are created for a single skill, efforts should be made to ensure that scenarios are of similar intensity.

**Patient Assessment/Management – Trauma**

## Equipment List

Do not open this skill for testing until the program director or his/her designee has provided you with an approved trauma scenario. You should also have a live simulated patient who is an adult or adolescent greater than sixteen (16) years of age. The simulated patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. Live patients are desirable. A low or high- fidelity simulation manikin may also be used as the simulated patient. The following equipment should also be available, and you should ensure that it is working adequately throughout the examination:

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Penlight
- Blood pressure cuff
- Stethoscope
- Backboard
- Scissors
- Blanket
- Tape (for outer garments)

**INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR**
**PATIENT ASSESSMENT / MANAGEMENT – TRAUMA**

Welcome to the Patient Assessment/Management - Trauma skill. In this skill, you will have ten (10) minutes to perform your assessment and "voice" treat all conditions and injuries discovered. You should conduct your assessment as you would in the field, including communicating with your simulated patient. You may remove the simulated patient's clothing down to his/her shorts or swimsuit if you feel it is necessary.

As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example, blood pressure, will be given to you only when you ask the following demonstration of how you would normally obtain that information in the field. You may assume you have two (2) partners working with you who are trained to your level of care. They will correctly perform the verbal treatments you indicate necessary. I will acknowledge your treatments and may ask you for additional information if clarification is needed. Do you have any questions?

(EMR/EMT State final practical skills evaluator now reads “Mechanism of Injury” from the prepared scenario and begins 10-minute time limit.)

**Patient Assessment/Management – Medical**

## Equipment List

Do not open this skill for testing until the program director or his/her designee has provided you with an approved medical assessment scenario. You should also have a live simulated patient who is an adult or adolescent greater than sixteen (16) years of age. The simulated patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. Live patients are desirable. A low or high-fidelity simulation manikin may also be used as the simulated patient. The following equipment should also be available, and you should ensure that it is working adequately throughout the examination:

- Examination gloves
- Moulage kit or similar substitute
- Outer garments to be cut away
- Watch with second hand
- Penlight
- Blood pressure cuff
- Stethoscope
- Scratch paper and pencil/pen
- Scissors
- Blanket
- Tape (for outer garments)

**INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR**
**PATIENT ASSESSMENT / MANAGEMENT – MEDICAL**

This is the Patient Assessment/Management - Medical skill. In this skill, you will have fifteen (15) minutes to perform your assessment, patient interview, and "voice" treat all conditions discovered. You should conduct your assessment as you would in the field, including communicating with your simulated patient. You may remove the simulated patient's clothing down to his/her shorts or swimsuit if you feel it is necessary.

As you progress through this skill, you should state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example, blood pressure, should be obtained from the simulated patient just as you would in the out-of-hospital setting. You may assume you have two (2) partners working with you who are trained to your level of care. They can only perform the interventions you indicate necessary, and I will acknowledge all interventions you order. I may also supply additional information and ask questions for clarification purposes. Do you have any questions?

(EMR/EMT State final practical skills evaluator now reads “Entry Information” from the approved scenario and begins 15-minute time limit.)

**BVM Ventilation of an Apneic Adult and Pediatric Patient**

## Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination. All equipment must be disassembled before accepting a candidate for evaluation:

- Examination gloves (may also add masks, gowns, and eyewear)
- Manikin capable of demonstrating effective ventilation (adult and pediatric of an approximate size between a 1- to 4-year-old child)
- Bag-valve-mask device with reservoir (adult and pediatric)
- Bag-valve face mask of various sizes
- Oxygen cylinder with regulator
- Oxygen connecting tubing
- Selection of oropharyngeal airways (adult and pediatric)
- Suction device (electric or manual) with a rigid catheter and appropriate suction tubing
- Stethoscope
- Tongue blade
- Towel or other appropriate padding

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR**
**BAG-VALVE-MASK VENTILATION OF AN APNEIC ADULT and PEDIATRIC PATIENT**

This skill is designed to evaluate your ability to provide immediate and aggressive ventilatory assistance to an apneic adult and pediatric patient who has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary. You are required to demonstrate sequentially all procedures you would perform, from simple maneuvers, suctioning, insertion of airway adjuncts, and ventilation with a BVM.

**You must actually ventilate each manikin for at least one (1) minute with each adjunct and procedure utilized.** I will serve as your trained assistant and will be interacting with you throughout this skill. I will correctly carry-out your orders upon your direction. Do you have any questions?

Please take two (2) minutes to check your equipment and prepare whatever you feel is necessary. Please advise me when you are ready.

Upon your arrival to the scene, you find a patient lying motionless on the floor. Bystanders tell you that the patient suddenly became unresponsive. The scene is safe, and no hemorrhage or other immediate problem is found. When you have completed the adult ventilation, we will move onto the pediatric patient. You have five (5) minutes to complete both the adult and pediatric skills.

## Equipment List

The manikin must be placed and left on the floor for this skill. Live shocks must be delivered if possible. If the AED does not sense appropriate transthoracic resistance and will not deliver a shock, the Skill Examiner must operate the equipment to simulate actual delivery of a shock as best as possible. The following equipment must also be available, and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Mouth-to-barrier device (disposable) or bag valve mask
- Automated External Defibrillator (trainer model programmed with current AHA Guidelines) with charged batteries and spares
- CPR manikin that can be defibrillated with an AED Trainer
- Appropriate disinfecting agent and related supplies

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR**
**CARDIAC ARREST MANAGEMENT / AED**

This skill is designed to evaluate your ability to manage an out-of-hospital cardiac arrest by integrating patient assessment/management skills, CPR skills, and usage of an AED. You arrive on scene by yourself and there are no bystanders present. You must begin resuscitation of the patient in accordance with current American Heart Association Guidelines for CPR. You must physically perform 1-rescuer CPR and operate the AED, including delivery of any shock. The patient's response is not meant to give any indication whatsoever as to your performance in this skill. Please take a few moments to familiarize yourself with the equipment before we begin, and I will be happy to explain any of the specific operational features of the AED. If you brought your own AED, I need to make sure it is approved for testing before we begin.

Please take two (2) minutes to check your equipment and prepare whatever you feel is necessary. Please advise me when you are ready.

You will have ten (10) minutes to complete this skill once we begin. I may ask questions for clarification and will acknowledge the treatments you indicate are necessary. Do you have any questions?

You respond to a call and find a patient lying on the floor. The scene is safe, and this patient has sustained no trauma.

**Oxygen Administration by Non-Rebreather Mask**

## Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination. All equipment must be disassembled (reservoir disconnected and oxygen supply tubing disconnected when using only non-disposable equipment, regulator turned off, etc.) before accepting a candidate for evaluation:

- Examination gloves
- Intubation manikin (adult)
- Oxygen cylinder with regulator: One must be pressurized with air or oxygen to test oxygen administration by non-rebreather mask.
- Oxygen connecting tubing
- Various supplemental oxygen delivery devices (nasal cannula, non-rebreather mask with reservoir, etc. for an adult)

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR**
**OXYGEN ADMINISTRATION BY NON-REBREATHER MASK**

This skill is designed to evaluate your ability to provide supplemental oxygen administration by non-rebreather mask to an adult patient. The patient has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary.

You will be required to assemble an oxygen tank and a regulator. You will then be required to administer oxygen to an adult patient using a non-rebreather mask. I will serve as your trained assistant and will be interacting with you throughout this skill. I will correctly carry-out your orders upon your direction. Do you have any questions?

Please take two (2) minutes to check your equipment and prepare whatever you feel is necessary. Please advise me when you are ready.

Your patient is a 45-year-old male who is short of breath. His lips are cyanotic, and he is confused. You have five (5) minutes to administer oxygen by non-rebreather mask.

**Bleeding Control / Shock Management**

## Equipment List

Do not open this skill for testing until you have a live simulated patient who is an adult or adolescent greater than sixteen (16) years of age. The simulated patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. Live patients are desirable. A low or high-fidelity simulation manikin may also be used as the simulated patient. The following equipment must be available, and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Stretch gauze

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR**
**BLEEDING CONTROL / SHOCK MANAGEMENT**

This skill is designed to evaluate your ability to control hemorrhage. This is a scenario-based evaluation. As you progress through the scenario, you will be given various signs and symptoms appropriate for the Simulated Patient's condition. You will be required to manage the Simulated Patient based on these signs and symptoms. You may use any of the supplies and equipment available in this room. You have ten (10) minutes to complete this skill.

Please take two (2) minutes to check your equipment and prepare whatever you feel is necessary. Please advise me when you are ready.

You respond to a stabbing and find a 25-year-old (male/female) patient. Upon examination, you find a two (2) inch stab wound to the inside of the right arm at the antecubital fossa. Bright red blood is spurting from the wound. The scene is safe, and the patient is responsive and alert. (His/Her) airway is open and (he/she) is breathing adequately. Do you have any questions?

**Medication Administration via Intranasal Route**

## Equipment List

Do not open this skill for testing until you have a live simulated patient who is an adult or adolescent greater than sixteen (16) years of age. The simulated patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. Live patients are desirable. A low or high-fidelity simulation manikin may also be used as the simulated patient. The following equipment must be available, and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Oxygen cylinder with delivery system (tank may be empty)
- Bag-valve-mask device
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Naloxone (prefilled syringe or spray administrator)
- Mucosal atomization device (if prefilled syringe is used)

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR**
**MEDICATION ADMINISTRATION VIA INTRANASAL ROUTE**

This skill is designed to evaluate your ability to deliver medications via intranasal route to an adult patient. The patient has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary.

You will be required to assemble or prepare naloxone (prefilled syringe with atomizer or spray device) and administer it to an adult patient. I will serve as your trained assistant and will be interacting with you throughout this skill. I will correctly carry-out your orders upon your direction. Do you have any questions?

Please take two (2) minutes to check your equipment and prepare whatever you feel is necessary. Please advise me when you are ready.

Your patient is a 25-year-old male who is breathing at 2-4 times per minute and cyanotic following an apparent opioid overdose. He has a pulse of 60 beats per minute and the patient is being ventilated via BVM. The scene is safe. You have two (2) minutes to administer the naloxone via the intranasal route.

**Medication Administration via Autoinjector**

## Equipment List

Do not open this skill for testing until you have a live simulated patient who is an adult or adolescent greater than sixteen (16) years of age. The simulated patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. Live patients are desirable. A low or high-fidelity simulation manikin may also be used as the simulated patient. The following equipment must be available, and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Gauze pads (2x2, 4x4, etc.)
- Alcohol wipes
- Epinephrine (autoinjector)

**INSTRUCTIONS TO THE PRACTICAL SKILLS CANDIDATE FOR**
**MEDICATION ADMINISTRATION VIA AUTOINJECTOR**

This skill is designed to evaluate your ability to deliver medications via autoinjector to an adult patient. The patient has no other associated injuries. This is a non-trauma situation and cervical precautions are not necessary.

You will be required to prepare and administer epinephrine to an adult patient via autoinjector. I will serve as your trained assistant and will be interacting with you throughout this skill. I will correctly carry-out your orders upon your direction. Do you have any questions?

Please take two (2) minutes to check your equipment and prepare whatever you feel is necessary. Please advise me when you are ready.

Your patient is a 22-year-old female who is experiencing a severe allergic reaction to a bee sting. She has facial swelling, difficulty in breathing, wheezing, and rash across her chest and back. Her heart rate is 130 beats per minute, respiratory rate is 24 breaths per minute, and blood pressure is 100/70. The scene is safe. You have two (2) minutes to administer the epinephrine via the autoinjector.

**Joint Immobilization**

## Equipment List

Do not open this skill for testing until you have one a live simulated patient who is an adult or adolescent greater than sixteen (16) years of age. The simulated patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. Live patients are desirable. A low or high-fidelity simulation manikin may also be used as the simulated patient. The following equipment must be available, and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Triangular bandages / Cravats (6) to be used as a sling and swathe
- Splinting supplies (commercial or improvised)

**INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR**
**JOINT IMMOBILIZATION**

This skill is designed to evaluate your ability to properly immobilize an uncomplicated shoulder injury. You are required to treat only the specific, isolated injury to the shoulder. The scene survey and primary survey have been completed and a suspected injury to the (left, right) shoulder is discovered during the secondary survey. Continued assessment of the patient's airway, breathing, and central circulation is not necessary.

Please take two (2) minutes to check your equipment and prepare whatever you feel is necessary. Please advise me when you are ready.

You have five (5) minutes to complete this skill. Do you have any questions?

**Long Bone Immobilization**

## Equipment List

Do not open this skill for testing until you have a live simulated patient who is an adult or adolescent greater than sixteen (16) years of age. The simulated patient should also be of average adult height and weight and dressed in appropriate attire (shorts or swimsuit) down to which he/she will be exposed. Live patients are desirable. A low or high-fidelity simulation manikin may also be used as the simulated patient. The following equipment must be available, and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Rigid splint materials (various sizes)
- Roller gauze
- Triangular bandages/Cravats (6)
- Tape

**INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR**
**LONG BONE IMMOBILIZATION**

This skill is designed to evaluate your ability to properly immobilize a closed, non-angulated suspected long bone fracture. You are required to treat only the specific, isolated injury. The scene survey and primary survey have been completed and a suspected, closed, non-angulated fracture of the (radius, ulna, tibia, or fibula) is discovered during the secondary survey. Continued assessment of the patient's airway, breathing, and central circulation is not necessary in this skill.

Please take two (2) minutes to check your equipment and prepare whatever you feel is necessary. Please advise me when you are ready.

You have five (5) minutes to complete this skill. Do you have any questions?

**Ventilation via Supraglottic Airway Device**

## Equipment List

Do not open this skill for testing until the following equipment is available. You must ensure that all equipment is working adequately throughout the examination. All equipment must be disassembled (reservoir disconnected and oxygen supply tubing disconnected when using only non-disposable equipment, regulator turned off, etc.) before accepting a candidate for evaluation:

- Adult manikin capable accepting a supraglottic airway.
- A disposable sampling line used to obtain end-tidal $CO_2$ (compatible with capnography / capnometry device)
- Capnography / Capnometry device (waveform or numeric / can be simulated)
- Bag Valve Mask (adult)
- Oxygen connecting tubing
- Supraglottic airway
- Syringe appropriate for supraglottic airway
- Stethoscope
- Lubricant

**INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR**
**SUPRAGLOTTIC AIRWAY**

This skill is designed to evaluate your ability to properly ventilate an adult patient in cardiac arrest while using a supraglottic airway.

Please take two (2) minutes to check your equipment and prepare whatever you feel is necessary. Please advise me when you are ready.

Your patient has been discovered in cardiac arrest. CPR is being provided by the EMS team, an oropharyngeal airway is in place, and BVM ventilations are being performed. You have been ordered to insert a supraglottic airway. Once the airway is placed, you are responsible to ensure CPR continues effectively.

You have five (5) minutes to complete this skill. Do you have any questions?

# Ohio Division of EMS Reports

## OHIO DIVISION OF EMS EXAMINATION SETUP

| EXAMINATION SITE | EXAMINATION DATE |
|---|---|
| | |

| Examination Level: ☐ EMR ☐ EMT | LEAD INSTRUCTOR |
|---|---|
| EXAM COORDINATOR | MEDICAL DIRECTOR |
| | |

| **Candidate Registration** | | **Skills Testing**<br>**Testing Sequence: 1A, 1R1, 1R2 or 2A, 2R1, 2R2** | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Candidate Listing | Candidate Signature | AT | AM | BVM | $O_2$ | CA | BS | RA | RB |
| José Sample | | 1A | 1A | 1A | 1A | 1A | 1A | 1A | 1A |
| 1. | **x** | | | | | | | | |
| 2. | **x** | | | | | | | | |
| 3. | **x** | | | | | | | | |
| 4. | **x** | | | | | | | | |
| 5. | **x** | | | | | | | | |
| 6. | **x** | | | | | | | | |
| 7. | **x** | | | | | | | | |
| 8. | **x** | | | | | | | | |
| 9. | **x** | | | | | | | | |
| 10. | **x** | | | | | | | | |
| 11. | **x** | | | | | | | | |
| 12. | **x** | | | | | | | | |
| 13. | **x** | | | | | | | | |
| 14. | **x** | | | | | | | | |
| 15. | **x** | | | | | | | | |
| 16. | **x** | | | | | | | | |
| 17. | **x** | | | | | | | | |
| 18. | **x** | | | | | | | | |
| 19. | **x** | | | | | | | | |
| 20. | **x** | | | | | | | | |
| 21. | **x** | | | | | | | | |
| 22. | **x** | | | | | | | | |
| 23. | **x** | | | | | | | | |
| 24. | **x** | | | | | | | | |

AT = Assessment Trauma, AM = Assessment Medical, BVM = Bag Valve Mask, $O_2$ = Oxygen,
CA = Cardiac Arrest, BS = Bleeding and Shock, RA = Random Group A, RB = Random Group B

**EMR Skills: AT, AM, BVM, $O_2$, CA, RA**

**EMT Skills: AT, AM, BVM, CA, BS, RA, RB**

## OHIO DIVISION OF EMS EXAMINATION SETUP

| EXAMINATION SITE | EXAMINATION DATE |
|---|---|
| | |

| Examination Level: ☐ EMR ☐ EMT | LEAD INSTRUCTOR |
|---|---|
| EXAM COORDINATOR | MEDICAL DIRECTOR |
| | |

| **Evaluators** | | **Skills Testing**<br>**Testing Sequence: 1A, 1R1, 1R2 or 2A, 2R1, 2R2** | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Name | Skill Location | AT | AM | BVM | $O_2$ | CA | BS | RA | RB |
| 1. | **x** | | | | | | | | |
| 2. | **x** | | | | | | | | |
| 3. | **x** | | | | | | | | |
| 4. | **x** | | | | | | | | |
| 5. | **x** | | | | | | | | |
| 6. | **x** | | | | | | | | |
| 7. | **x** | | | | | | | | |
| 8. | **x** | | | | | | | | |
| 9. | **x** | | | | | | | | |
| 10. | **x** | | | | | | | | |
| 11. | **x** | | | | | | | | |
| 12. | **x** | | | | | | | | |
| 13. | **x** | | | | | | | | |

AT = Assessment Trauma, AM = Assessment Medical, BVM = Bag Valve Mask, $O_2$ = Oxygen,
CA = Cardiac Arrest, BS = Bleeding and Shock, RA = Random Group A, RB = Random Group B

**EMR Skills: AT, AM, BVM, $O_2$, CA, RA**

**EMT Skills: AT, AM, BVM, CA, BS, RA, RB**

## PSYCHOMOTOR EXAMINATION AGGREGATE RESULTS

| Skill Tested | Total Tested | Total Pass | % Pass TP/TT | Total Fail | % Fail TF/TT |
|---|---|---|---|---|---|
| Patient Assessment/Management - Trauma | | | | | |
| Patient Assessment/Management - Medical | | | | | |
| BVM Ventilation of an Apneic Adult and Pediatric Patient | | | | | |
| $O_2$ Administration by Non-Rebreather Mask | | | | | |
| Cardiac Arrest Management/AED | | | | | |
| Medication Administration via Autoinjector | | | | | |
| Medication Administration via Intranasal Route | | | | | |
| Bleeding Control/Shock Management | | | | | |
| Long Bone Immobilization | | | | | |
| Joint Immobilization | | | | | |
| Ventilation via Supraglottic Airway Device | | | | | |

## OHIO DIVISION OF EMS EXAMINATION IRREGULARITY INVESTIGATION

| CANDIDATE NAME | |
|---|---|
| EXAMINATION SITE | EXAMINATION DATE |

| | | |
|---|---|---|
| Skill(s) Involved | 1. | 4. |
| | 2. | 5. |
| | 3. | 6. |
| Skills Examiner(s) and Phone Number | NAME | PHONE |
| | NAME | PHONE |
| | NAME | PHONE |
| | NAME | PHONE |

After reviewing the facts as presented, the program director, medical director, and lead instructor has determined the following opinion.

| | |
|---|---|
| ☐ | Nullify the results of the skill(s) in question regardless of the score and repeat the skill(s). |
| ☐ | After consideration of the facts, all results in question stand as reported. |

We the undersigned have reviewed the candidate's complaint based upon all facts presented.

| | |
|---|---|
| MEDICAL DIRECTOR<br>**X** | DATE |
| PROGRAM DIRECTOR<br>**X** | DATE |
| LEAD INSTRUCTOR<br>**X** | DATE |

(Applies to a candidate complaint) As the complainant, I have been informed of the Program Director, Medical Director, and Lead Instructor's official and final decision.

| | |
|---|---|
| CANDIDATE<br>**X** | DATE |

*Attach any supportive documentation to this report and file in the course file available for review by the Ohio Division of EMS.*

## OHIO DIVISION OF EMS EMR PSYCHOMOTOR EXAMINATION REPORT

Circle Todays Testing Cycle.

1A 1R1 1R2

2A 2R1 2R2

| CANDIDATE NAME | |
|---|---|
| EXAMINATION SITE | EXAMINATION DATE |

| SKILLS | Test 1A or 2A | Test 1R1 or 2R1 | Test 1R2 or 2R2 |
|---|---|---|---|
| 1. Patient Assessment/Management - Trauma | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| 2. Patient Assessment/Management - Medical | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| 3. BVM Ventilation of an Apneic Adult and Pediatric Patient | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| 4. Cardiac Arrest Management/AED | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| 5. $O_2$ Administration by Non-Rebreather Mask | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| 6. Random (check skill tested)<br>☐ Medication Administration via Autoinjector<br>OR<br>☐ Medication Administration via Intranasal Route<br>OR<br>☐ Bleeding Control/Shock Management | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| Overall Results | Pass / Fail / Retest | Pass / Fail / Retest | Pass / Fail |

- A candidate is eligible to retest if failed three (3) or less skills when taking a full attempt.

| | |
|---|---|
| Test 1A (6 stations) | ➔ Fail 3 or less ➔ Test 1R1 ➔ Fail 1 or more ➔ Test 1R2 ➔ Fail 1 or more ➔ remediate all 6 stations ➔ Test 2A |
| | ➔ Fail 4 or more ➔ Remediate all 6 stations ➔ Test 2A |

- If a candidate chooses to retest, s/he must retest ALL skill(s) marked as fail today.
- If available, only one (1) retest attempt can be completed at this examination today.
- Remediation occurs on another date. Direct candidate to their program coordinator for scheduling.
- Testing cycle 2A follows the same path as above except no remediation. Failing candidates have access to 2R1 and 2R2 as appropriate. Overall failure must retake an **entire** EMR program.
- Passed examination results are only valid for up to twelve (12) months from the date of the examination, provided all other certification requirements of the Ohio Division of EMS are met.

| PROGRAM DIRECTOR / DESIGNEE | DATE |
|---|---|
| **X** | |
| COMMENTS | |

## OHIO DIVISION OF EMS EMT PSYCHOMOTOR EXAMINATION REPORT

Circle Todays Testing Cycle.

1A 1R1 1R2

2A 2R1 2R2

| CANDIDATE NAME | |
|---|---|
| EXAMINATION SITE | EXAMINATION DATE |

| SKILLS | Test 1A or 2A | Test 1R1 or 2R1 | Test 1R2 or 2R2 |
|---|---|---|---|
| 1. Patient Assessment/Management - Trauma | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| 2. Patient Assessment/Management - Medical | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| 3. BVM Ventilation of an Apneic Adult and Pediatric Patient | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| 4. Cardiac Arrest Management: AED | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| 5. Bleeding Control/Shock Management | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| 6. Random A (check skill tested)<br>☐ Long Bone Immobilization OR<br>☐ Joint Immobilization OR<br>☐ $O_2$ Administration by Non-rebreather Mask | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| 7. Random B (check skill tested)<br>☐ Medication Administration via Autoinjector OR<br>☐ Medication Administration via Intranasal Route OR<br>☐ Ventilation via a Supraglottic Airway | ☐ P ☐ F | ☐ P ☐ F | ☐ P ☐ F |
| Overall Results | Pass / Fail / Retest | Pass / Fail / Retest | Pass / Fail |

- A candidate is eligible to retest if failed three (3) or less skills when taking a full attempt.

| | |
|---|---|
| Test 1A (6 stations) | ➔ Fail 3 or less ➔ Test 1R1 ➔ Fail 1 or more ➔ Test 1R2 ➔ Fail 1 or more ➔ remediate all 6 stations ➔ Test 2A |
| | ➔ Fail 4 or more ➔ Remediate all 7 stations ➔ Test 2A |

- If a candidate chooses to retest, s/he must retest ALL skill(s) marked as fail today.
- If available, only one (1) retest attempt can be completed at this examination today.
- Remediation occurs on another date. Direct candidate to their program coordinator for scheduling.
- Testing cycle 2A follows the same path as above except no remediation. Failing candidates have access to 2R1 and 2R2 as appropriate. Overall failure must retake an **entire** EMT program.
- Passed examination results are only valid for up to twelve (12) months from the date of the examination, provided all other certification requirements of the Ohio Division of EMS are met.

| PROGRAM DIRECTOR / DESIGNEE | DATE |
|---|---|
| **X** | |
| COMMENTS | |

## CANDIDATE'S STATEMENT

| CANDIDATE NAME | |
|---|---|
| EXAMINATION SITE | EXAMINATION DATE |

As a participant in the Ohio Division of EMS psychomotor examination process, I acknowledge that:

- My examination performance does not guarantee licensure / certification by the State of Ohio Division of EMS.
- Any complaints need to be filed before examination results are given.
- Specific errors will not be disclosed in the event of an unsuccessful skills performance.
- Candidates are bound by the applicable policies of the Ohio Division of EMS and testing site.
- Candidates are expected to maintain a professional decorum.
- Candidates must truthfully represent their identity.
- Candidates may not copy or record any material from the examinations, in whole or in part, in any form or by any means, for any purpose. Prohibited acts include, but are not limited to:
    - Disclosing or discussing any information about the exam with anyone, including instructors
    - Posting or discussing questions about the exam or exam content on any internet websites or social media platforms
    - Reconstructing exam content using your memory or the memory of others
    - Bringing or attempting to bring unauthorized items or aids to the examination
    - Removing examination content or recorded information from the examination

Any incidents of suspected cheating, violation of policies, disturbances, harassment, discrimination, or any other examination-related misconduct may be subject to actions including, but not limited to:

- Immediate suspension or termination of the examination session
- Disciplinary action
- Legal action
- Prohibition from future examination administrations
- Inability to become state licensed / certified as an EMR / EMT

As a voluntary participant of this examination, I release the Ohio Division of EMS and the testing site of liability of any damages that occur during the participation in this examination.

I acknowledge that I have read, understand, and agree to these terms.

| CANDIDATE SIGNATURE | DATE |
|---|---|
| **X** | |

*Appendix A*

# Emergency Medical Responder (EMR) Skill Sheets

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL RESPONDER PRACTICAL EXAMINATION
# PATIENT ASSESSMENT / MANAGEMENT - TRAUMA

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |
| **EXAMINER NAME** | **EXAMINER SIGNATURE** |
| | **X** |

| ACTUAL TIME STARTED | Note: Areas denoted by ** may be integrated within sequence of Primary Survey/Resuscitation. | Possible Points | Awarded Points |
|---|---|---|---|
| Takes or verbalizes appropriate PPE precautions. | | 1 | |
| **SCENE SIZE UP** | | | |
| Determines the scene/situation is safe | | 1 | |
| Determines the mechanism of injury/nature of illness. | | 1 | |
| Determines number of patients. | | 1 | |
| Requests additional EMS assistance if necessary. | | 1 | |
| Considers stabilization of the spine. | | 1 | |
| **PRIMARY SURVEY / RESUSCITATION** | | | |
| Verbalizes general impression of the patient | | 1 | |
| Determines responsiveness/level of consciousness (AVPU) | | 1 | |
| Determines chief complaint/apparent life-threats | | 1 | |
| Airway<br>• Opens and assesses airway (1 point)<br>• Inserts adjunct as needed (1 point) | | 2 | |
| Breathing<br>• Assesses breathing (1 point)<br>• Assures adequate ventilation (1 point)<br>• Initiates appropriate oxygen therapy (1 point)<br>• Manages any injury which may compromise breathing / ventilation (1 point) | | 4 | |
| Assesses circulation<br>• Assesses/control major bleeding (1 point)<br>• Checks pulse (1 point)<br>• Assesses skin [either skin color, temperature, or condition] (1 point)<br>• Initiates shock management [position patient properly, conserves body heat] (1 point) | | 4 | |
| Identifies patient priority and makes treatment/transport decision | | 1 | |
| **HISTORY TAKING** | | | |
| Obtains baseline vital signs [must include BP, P, and R] (1 point) | | 1 | |
| Attempts to obtain SAMPLE history (1 point) | | 1 | |
| **SECONDARY ASSESSMENT** | | | |
| Head (1 point per area)<br>• Inspects and palpated scalp and ears ** | • Assesses eyes | • Inspects mouth **, nose **, and assesses facial area | 3 | |
| Neck (1 point per area) **<br>• Checks position of tracheal | • Checks jugular veins | • Palpates cervical spine | 3 | |
| Chest (1 point per area) **<br>• Inspects chest | • Palpates chest | • Auscultates chest | 3 | |
| Abdomen/pelvis (1 point per area) **<br>• Inspects and palpates abdomen | • Assesses pelvis | • Verbalizes assessment of genitalia/perinium as needed | 3 | |
| Lower extremities (1 point per extremity) **<br>• Inspects, palpates, and assesses PMS | Upper extremity (1 point per extremity)<br>• Inspects, palpates, and assesses PMS | | 4 | |
| Posterior thorax, lumbar and buttocks (1 point per area) **<br>• Inspects and palpates posterior thorax | • Inspects and palpates lumbar and buttocks area | | 2 | |
| Manages secondary injuries and wounds appropriately | | | 1 | |
| **REASSESSMENT** | | | | |
| Demonstrates how and when to reassess the patient | | | 1 | |
| ACTUAL TIME ENDED | **TOTAL** | | **42** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

EMR Mandatory M-1

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL RESPONDER PRACTICAL EXAMINATION
# PATIENT ASSESSMENT / MANAGEMENT - MEDICAL

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |
| **EXAMINER NAME** | **EXAMINER SIGNATURE** |
| | **X** |

| ACTUAL TIME STARTED | | | | Possible Points | Awarded Points |
|---|---|---|---|---|---|
| Takes or verbalizes appropriate PPE precautions. | | | | 1 | |
| SCENE SIZE UP | | | | | |
| Determines the scene/situation is safe | | | | 1 | |
| Determines the mechanism of injury/nature of illness. | | | | 1 | |
| Requests additional EMS assistance if necessary. | | | | 1 | |
| Considers stabilization of the spine. | | | | 1 | |
| PRIMARY SURVEY / RESUSCITATION | | | | | |
| Determines responsiveness/level of consciousness (AVPU) | | | | 1 | |
| Determines chief complaint/apparent life-threats | | | | 1 | |
| Assesses airway and breathing<br>• Assessment (1 point) | • Assures adequate ventilation (1 point) | • Initiates appropriate oxygen therapy (1 point) | | 3 | |
| Assesses circulation<br>• Assesses/control major bleeding (1 point) | • Checks pulse (1 point) | • Assesses skin [either skin color, temperature, or condition] (1 point) | | 3 | |
| Identifies patient priority and makes treatment/transport decision | | | | 1 | |
| HISTORY TAKING | | | | | |
| History of present illness<br>• Onset (1 point)<br>• Provocation (1 point)<br>• Quality (1 pint) | History of present illness (continued)<br>• Radiation (1 point)<br>• Severity (1 point)<br>• Time (1 point) | | | 6 | |
| Obtain a History<br>• Signs and symptoms related to OPQRST (2 points)<br>• Allergies (1 point)<br>• Mediations (1 point) | Obtain a History (continued)<br>• Past pertinent history (1 point)<br>• Last oral intake (1 point)<br>• Events leading to the present illness (1 point) | | | 7 | |
| SECONDARY ASSESSMENT (Assesses affected body part/system) | | | | | |
| • Cardiovascular<br>• Pulmonary | • Neurological<br>• Musculoskeletal | • Integumentary<br>• GI/GU | • Reproductive<br>• Psychological/Social | 5 | |
| VITAL SIGNS (1 point each) | | | | | |
| • Blood pressure | • Pulse | • Respiratory rate | • Respiratory Quality | 4 | |
| States field impression of patient | | | | 1 | |
| Interventions [verbalizes proper interventions/treatment] | | | | 1 | |
| REASSESSMENT | | | | | |
| Demonstrates how and when to reassess the patient and determine changes in condition | | | | 1 | |
| Provides accurate verbal report | | | | 1 | |
| ACTUAL TIME ENDED | | **TOTAL** | | **40** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL RESPONDER PRACTICAL EXAMINATION
# BVM VENTILATION OF AN APNEIC ADULT AND PEDIATRIC PATIENT

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |

| EXAMINER NAME | EXAMINER SIGNATURE |
|---|---|
| | **X** |

**ADULT PATIENT**

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Takes or verbalizes needed body substance isolation | | 1 | |
| Determines patient's responsiveness | | 1 | |
| Requests additional help if needed | | 1 | |
| Checks breathing and pulse at the same time | | 1 | |
| *NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, the examiner informs candidate, "The patient is unresponsive, apneic, and has a weak pulse of 60 BPM."* | | | |
| Opens airway properly using head-tilt/chin lift technique | | 1 | |
| *NOTE: The examiner must now inform the candidate, "There are copious secretions in the patient's oropharynx."* | | | |
| Prepares suction catheter | | 1 | |
| Turns on power to the suction device or retrieves a manual suction device | | 1 | |
| Inserts suction catheter without applying suction; applies suction to clear the oropharynx | | 2 | |
| *NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."* | | | |
| Opens the airway manually | | 1 | |
| Measures oropharyngeal airway to assure proper size | | 1 | |
| Inserts oropharyngeal airway using a 180 or 90-degree rotation | | 1 | |
| *NOTE: The examiner now tells the candidate, "No gag reflex is present, and the patient accepts the airway adjunct."* | | | |
| Ventilates the patient immediately using a BVM device | | 1 | |
| *NOTE: The examiner must now inform the candidate that ventilation is being correctly performed without difficulty.* | | | |
| Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute] (give credit if $O_2$ already connected) | | 1 | |
| Ventilates the patient with<br>• Proper volume to cause visible chest rise (1 point)<br>• Proper rate [10/minute (1 ventilation every 6 seconds)] (1 point) | | 2 | |
| *Note: The examiner now asks the candidate, "How would you know if you are delivering a correct volume with each ventilation?"* | | | |
| ACTUAL TIME ENDED | | | |

**PEDIATRIC PATIENT**

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Determines patient's responsiveness | | 1 | |
| Checks breathing and pulse at the same time | | 1 | |
| *NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, the examiner informs candidate, "The infant is unresponsive, apneic, and has a weak pulse of 80."* | | | |
| Opens airway properly (sniffing position with adequate padding) | | 1 | |
| Measures oropharyngeal airway to assure proper size | | 1 | |
| Directly inserts oropharyngeal airway (may use tongue blade to assist insertion) | | 1 | |
| *NOTE: The examiner must now inform the candidate, "No gag reflex is present, and the patient accepts the airway adjunct."* | | | |
| Ventilates the patient with<br>• Proper volume to cause visible chest rise (1 point)<br>• Proper rate [12 – 20/minute (1 ventilation every 3 – 5 seconds)] (1 point) | | 2 | |
| *Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"* | | | |
| ACTUAL TIME ENDED | **TOTAL** | **23** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL RESPONDER PRACTICAL EXAMINATION
# OXYGEN ADMINISTRATION BY NRBM

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |
| **EXAMINER NAME** | **EXAMINER SIGNATURE** |
| | **X** |

**SCENARIO #** _____

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| 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 | |
| Open the oxygen tank valve | | 1 | |
| Checks oxygen tank pressure | | 1 | |
| Checks for leaks | | 1 | |
| Attaches non-rebreather mask to correct port of regulator | | 1 | |
| Occludes valve inside of NRBM and then 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:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL RESPONDER PRACTICAL EXAMINATION
# CARDIAC ARREST MANAGEMENT / AED

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |

| EXAMINER NAME | EXAMINER SIGNATURE |
|---|---|
| | **X** |

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Takes or verbalizes needed body substance isolation | | 1 | |
| Determines patient's responsiveness | | 1 | |
| Requests additional help if needed | | 1 | |
| Checks breathing and pulse at the same time | | 1 | |
| *NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, the examiner informs candidate, "The patient is unresponsive, apneic, and pulseless."* | | | |
| Begins high-quality chest compressions<br>• Proper depth (at least 2 inches) (1 point)<br>• Proper rate [at least 100/minute) (1 point)<br>• Allows complete chest recoil after each compression | | 3 | |
| After every 30 compressions, properly opens patient's airway using the head-tilt/chin lift technique | | 1 | |
| Effectively delivers breaths using a BVM device<br>• Proper volume to cause visible chest rise (1 point)<br>• Proper rate [2 breaths)] (1 point) | | 2 | |
| Resumes high-quality CPR after delivering breaths | | 1 | |
| *NOTE: After two cycles of high-quality CPR, the examiner tells the candidate, "The AED is here, and I will act as your partner."* | | | |
| Powers on AED | | 1 | |
| Correctly attaches AED pads | | 1 | |
| Clears the patient for analysis | | 1 | |
| Clears the patient to deliver the defibrillation safely | | 1 | |
| Presses the correct button to deliver the defibrillation | | 1 | |
| Working as a team resumes chest compressions and ventilations immediately for another three cycles (30:2) | | 1 | |
| Efficiently switches positions at the end of the two-minute cycle of CPR | | 1 | |
| Assesses the patient to determine if there is a return of spontaneous circulation | | 1 | |
| ACTUAL TIME ENDED | **TOTAL** | **19** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL RESPONDER PRACTICAL EXAMINATION
# MEDICATION ADMINISTRATION VIA AUTOINJECTOR

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |
| **EXAMINER NAME** | **EXAMINER SIGNATURE** |
| | **X** |

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Takes or verbalizes body substance isolation | | 1 | |
| Obtains autoinjector appropriate for situation | | 1 | |
| *Checks to ensure the 5 rights of medication administration* | | | |
| • Right Medication | | 1 | |
| • Right Dose | | 1 | |
| • Right Route | | 1 | |
| • Right Time | | 1 | |
| • Right Patient | | 1 | |
| Removes safety cap from the injector | | 1 | |
| Identifies correct injection site: middle of the anterior or lateral thigh | | 1 | |
| Pushes autoinjector firmly against site to deploy needle | | 1 | |
| Holds injector against site for a minimum of ten (10) seconds or as appropriate by device. | | 1 | |
| Removes device from thigh and properly discards autoinjector | | 1 | |
| Verbalizes monitoring the patient for desired and adverse effects | | 1 | |
| ACTUAL TIME ENDED | **TOTAL** | **13** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

EMR Random R-1

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL RESPONDER PRACTICAL EXAMINATION
# BLEEDING CONTROL / SHOCK MANAGEMENT

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |

| EXAMINER NAME | EXAMINER SIGNATURE |
|---|---|
| | **X** |

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Takes or verbalizes appropriate PPE 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 | | 1 | |
| *Note: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion and bleeding is now controlled.* | | | |
| Properly positions the patient | | 1 | |
| Administers high concentrations oxygen | | 1 | |
| Initiates steps to prevent heat loss for the patient | | 1 | |
| Indicates need for immediate transportation | | 1 | |
| ACTUAL TIME ENDED | **TOTAL** | **7** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL RESPONDER PRACTICAL EXAMINATION
# MEDICATION ADMINISTRATION VIA INTRANASAL ROUTE

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |
| **EXAMINER NAME** | **EXAMINER SIGNATURE** |
| | **X** |

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Assures that patient is being ventilated adequately if necessary | | 1 | |
| Asks patient/bystanders for known allergies | | 1 | |
| Clearly explains procedure to patient/bystanders | | 1 | |
| *Selects, Checks and Assembles Equipment* | | | |
| • Medication | | 1 | |
| • Mucosal atomizer device (MAD®) | | 1 | |
| • Sharps container | | 1 | |
| *Selects Correct Medication by Identifying:* | | | |
| • Right patient | • Right medication | 2 | |
| • Right dosage (Unit Dose) | • Right time | 2 | |
| • Right route | • Checks for clarity | 2 | |
| • Checks expiration date | | 1 | |
| Assembles syringe and attaches MAD® while maintaining sterility | | 1 | |
| Reaffirms medication | | 1 | |
| *Administers Medication* | | | |
| Takes or verbalizes appropriate PPE precautions | | 1 | |
| Stops ventilation of patient if necessary and removes mask | | 1 | |
| Inspects nostrils to determine which is largest, least deviated, or obstructed | | 1 | |
| Inserts MAD® into nostril and briskly depresses the syringe plunger while pressing the other nostril closed | | 1 | |
| Disposes/verbalizes proper disposal of syringe and MAD® in proper container | | 1 | |
| Resumes ventilation of the patient if necessary | | 1 | |
| Verbalizes need to observe patient for desired effect and adverse side effects | | 1 | |
| ACTUAL TIME ENDED | **TOTAL** | **22** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

EMR Random R-3

*Appendix B*

# Emergency Medical Technician (EMT) Skill Sheets

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL TECHNICIAN PRACTICAL EXAMINATION
# LONG BONE IMMOBILIZATION

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |

| EXAMINER NAME | EXAMINER SIGNATURE |
|---|---|
| | **X** |

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Takes or verbalizes appropriate PPE precautions | | 1 | |
| Directs application of manual stabilization of the injury | | 1 | |
| Assesses distal motor, sensory and circulation functions in the injured extremity | | 1 | |
| *Note: The examiner acknowledges, "Motor, sensory, and circulation functions are present and normal."* | | | |
| Measures the splint | | 1 | |
| Applies the splint | | 1 | |
| Immobilizes the site of the injury | | 1 | |
| Immobilizes the joint above the injury site | | 1 | |
| Immobilizes the joint below the injury site | | 1 | |
| Secures the entire injured extremity | | 1 | |
| Reassesses distal motor, sensory and circulation functions in the injured extremity | | 1 | |
| *Note: The examiner acknowledges, "Motor, sensory, and circulation functions are present and normal."* | | | |
| ACTUAL TIME ENDED | **TOTAL** | **10** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

EMT Random A-1

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL TECHNICIAN PRACTICAL EXAMINATION
# JOINT IMMOBILIZATION

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |
| **EXAMINER NAME** | **EXAMINER SIGNATURE** |
| | **X** |

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Takes or verbalizes appropriate PPE precautions | | 1 | |
| Directs application of manual stabilization of the injury | | 1 | |
| Assesses distal motor, sensory and circulation functions in the injured extremity | | 1 | |
| *Note: The examiner acknowledges, "Motor, sensory, and circulation functions are present and normal."* | | | |
| Selects the proper splinting material | | 1 | |
| Immobilizes the site of the injury | | 1 | |
| Immobilizes the bone above the injury site | | 1 | |
| Immobilizes the bone below the injury site | | 1 | |
| Secures the entire injured extremity | | 1 | |
| Reassesses distal motor, sensory and circulation functions in the injured extremity | | 1 | |
| *Note: The examiner acknowledges, "Motor, sensory, and circulation functions are present and normal."* | | | |
| ACTUAL TIME ENDED | **TOTAL** | **9** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

EMT Random A-2

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL TECHNICIAN PRACTICAL EXAMINATION
# OXYGEN ADMINISTRATION BY NRBM

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |

| EXAMINER NAME | EXAMINER SIGNATURE |
|---|---|
| | X |

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| 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 | |
| Open the oxygen tank valve | | 1 | |
| Checks oxygen tank pressure | | 1 | |
| Checks for leaks | | 1 | |
| Attaches non-rebreather mask to correct port of regulator | | 1 | |
| Occludes valve inside of NRBM and then 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:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL TECHNICIAN PRACTICAL EXAMINATION
# MEDICATION ADMINISTRATION VIA AUTOINJECTOR

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |
| **EXAMINER NAME** | **EXAMINER SIGNATURE** |
| | **X** |

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Takes or verbalizes body substance isolation | | 1 | |
| Obtains autoinjector appropriate for situation | | 1 | |
| *Checks to ensure the 5 rights of medication administration* | | | |
| • Right Medication | | 1 | |
| • Right Dose | | 1 | |
| • Right Route | | 1 | |
| • Right Time | | 1 | |
| • Right Patient | | 1 | |
| Removes safety cap from the injector | | 1 | |
| Identifies correct injection site: middle of the anterior or lateral thigh | | 1 | |
| Pushes autoinjector firmly against site to deploy needle | | 1 | |
| Holds injector against site for a minimum of ten (10) seconds or as appropriate by device | | 1 | |
| Removes device from thigh and properly discards autoinjector | | 1 | |
| Verbalizes monitoring the patient for desired and adverse effects | | 1 | |
| ACTUAL TIME ENDED | **TOTAL** | **13** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

EMT Random B-1

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL TECHNICIAN PRACTICAL EXAMINATION
# MEDICATION ADMINISTRATION VIA INTRANASAL ROUTE

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |
| **EXAMINER NAME** | **EXAMINER SIGNATURE** |
| | **X** |

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Assures that patient is being ventilated adequately | | 1 | |
| Asks patient/bystanders for known allergies | | 1 | |
| Clearly explains procedure to patient/bystanders | | 1 | |
| *Selects, Checks and Assembles Equipment* | | | |
| • Medication | | 1 | |
| • Mucosal atomizer device (MAD®) | | 1 | |
| • Sharps container | | 1 | |
| *Selects Correct Medication by Identifying:* | | | |
| • Right patient | • Right medication | 2 | |
| • Right dosage (Unit Dose) | • Right time | 2 | |
| • Right route | • Checks for clarity | 2 | |
| • Checks expiration date | | 1 | |
| Assembles syringe and attaches mucosal atomizer device while maintaining sterility | | 1 | |
| Reaffirms medication | | 1 | |
| *Administers Medication* | | | |
| Takes or verbalizes appropriate PPE precautions | | 1 | |
| Stops ventilation of patient if necessary and removes mask | | 1 | |
| Inspects nostrils to determine largest and least deviated or obstructed nostril | | 1 | |
| Inserts mucosal atomizer device into nostril and briskly depresses the syringe plunger while pressing the other nostril closed | | 1 | |
| Disposes/verbalizes proper disposal of syringe and MAD® in proper container | | 1 | |
| Resumes ventilation of the patient if necessary | | 1 | |
| Verbalizes need to observe patient for desired effect and adverse side effects | | 1 | |
| ACTUAL TIME ENDED | **TOTAL** | **22** | |

*Note: Candidate is NOT expected to perform drug math.*

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

EMT Random B-2

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL TECHNICIAN PRACTICAL EXAMINATION
# SUPRAGLOTTIC AIRWAY

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |
| **EXAMINER NAME** | **EXAMINER SIGNATURE** |
| | **X** |

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| *NOTE: Examiner reports that the patient has no pulse and is not breathing and states "CPR is being provided by the EMS team, an oropharyngeal airway is in place, and BVM ventilations are being performed without difficulty."* | | | |
| Takes appropriate PPE precautions | | 1 | |
| Check/prepares supraglottic airway (SGA) device | | 1 | |
| Lubricates distal tip of the device [may be verbalized] | | 1 | |
| Interrupts CPR. "Stop ventilating and move clear of the airway" "Continue compressions as I insert the supraglottic airway" | | 1 | |
| *NOTE: Examiner must now remove airway adjunct and move out of the way when candidate is prepared to insert device.* | | | |
| Positions head properly | | 1 | |
| Performs a tongue-jaw lift | | 1 | |
| Inserts device to proper depth | | 1 | |
| Secures device in airway (inflates cuffs with proper volumes and immediately removes syringe if required by device) | | 1 | |
| Ventilates patient and confirms proper ventilation (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over epigastrium | | 1 | |
| Adjusts ventilation as necessary | | 1 | |
| Verifies proper tube placement by secondary confirmation such as capnography or capnometry | | 1 | |
| Secures device to patient or confirms that the device remains properly secured (straps, tape, as required by device) | | 1 | |
| *NOTE: The examiner must now ask the candidate, "How would you deliver ventilations through the SGA while chest compressions continue?"* | | | |
| Adequately ventilates patient asynchronously ensuring 1 breath every 6 seconds (10 breaths per minute) in an adult. | | 1 | |
| Resumes CPR while ventilating through the SGA. Ensures a new person relieves the provider doing chest compressions. | | 1 | |
| ACTUAL TIME ENDED | **TOTAL** | **14** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

EMT Random B-3

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL TECHNICIAN PRACTICAL EXAMINATION
# PATIENT ASSESSMENT / MANAGEMENT - TRAUMA

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |
| **EXAMINER NAME** | **EXAMINER SIGNATURE** |
| | **X** |

| ACTUAL TIME STARTED | Note: Areas denoted by ** may be integrated within sequence of Primary Survey/Resuscitation. | Possible Points | Awarded Points |
|---|---|---|---|
| Takes or verbalizes appropriate PPE precautions. | | 1 | |
| **SCENE SIZE UP** | | | |
| Determines the scene/situation is safe | | 1 | |
| Determines the mechanism of injury/nature of illness | | 1 | |
| Determines number of patients | | 1 | |
| Requests additional EMS assistance if necessary | | 1 | |
| Considers stabilization of the spine | | 1 | |
| **PRIMARY SURVEY / RESUSCITATION** | | | |
| Verbalizes general impression of the patient | | 1 | |
| Determines responsiveness/level of consciousness (AVPU) | | 1 | |
| Determines chief complaint/apparent life-threats | | 1 | |
| Airway<br>• Opens and assesses airway (1 point)<br>• Inserts adjunct as needed (1 point) | | 2 | |
| Breathing<br>• Assesses breathing (1 point)<br>• Assures adequate ventilation (1 point)<br>• Initiates appropriate oxygen therapy (1 point)<br>• Manages any injury which may compromise breathing / ventilation (1 point) | | 4 | |
| Assesses circulation<br>• Assesses/control major bleeding (may be done during general impression if bleeding is significant) (1 point)<br>• Checks pulse (1 point)<br>• Assesses skin [either skin color, temperature, or condition] (1 point)<br>• Initiates shock management [position patient properly, conserves body heat] (1 point) | | 4 | |
| Identifies patient priority and makes treatment/transport decision | | 1 | |
| **HISTORY TAKING** | | | |
| Obtains baseline vital signs [must include BP, P, and R] (1 point) | | 1 | |
| Attempts to obtain SAMPLE history (1 point) | | 1 | |
| **SECONDARY ASSESSMENT** | | | |
| Head (1 point per area)<br>• Inspects and palpates scalp and ears ** | • Assesses eyes | • Inspects mouth **, nose **, and assesses facial area | 3 | |
| Neck (1 point per area) **<br>• Checks position of tracheal | • Checks jugular veins | • Palpates cervical spine | 3 | |
| Chest (1 point per area) **<br>• Inspects chest | • Palpates chest | • Auscultates chest | 3 | |
| Abdomen/pelvis (1 point per area) **<br>• Inspects and palpates abdomen | • Assesses pelvis | • Verbalizes assessment of genitalia/perinium as needed | 3 | |
| Lower extremities (1 point per extremity) **<br>• Inspects, palpates, and assesses CMS | Upper extremity (1 point per extremity)<br>• Inspects, palpates, and assesses CMS | | 4 | |
| Posterior thorax, lumbar and buttocks (1 point per area) **<br>• Inspects and palpates posterior thorax | • Inspects and palpates lumbar and buttocks area | | 2 | |
| Manages secondary injuries and wounds appropriately | | | 1 | |
| **REASSESSMENT** | | | | |
| Demonstrates how and when to reassess the patient | | | 1 | |
| ACTUAL TIME ENDED | **TOTAL** | | **42** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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

EMT Mandatory M-1

OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL TECHNICIAN PRACTICAL EXAMINATION
# PATIENT ASSESSMENT / MANAGEMENT - MEDICAL

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |
| **EXAMINER NAME** | **EXAMINER SIGNATURE** |
| | **X** |

| ACTUAL TIME STARTED | | | | Possible Points | Awarded Points |
|---|---|---|---|---|---|
| Takes or verbalizes appropriate PPE precautions. | | | | 1 | |
| SCENE SIZE UP | | | | | |
| Determines the scene/situation is safe | | | | 1 | |
| Determines the mechanism of injury/nature of illness | | | | 1 | |
| Requests additional EMS assistance if necessary | | | | 1 | |
| Considers stabilization of the spine | | | | 1 | |
| PRIMARY SURVEY / RESUSCITATION | | | | | |
| Determines responsiveness/level of consciousness (AVPU) | | | | 1 | |
| Determines chief complaint/apparent life-threats | | | | 1 | |
| Assesses airway and breathing<br>• Assessment (1 point) | • Assures adequate ventilation (1 point) | • Initiates appropriate oxygen therapy (1 point) | | 3 | |
| Assesses circulation<br>• Assesses/control major bleeding (1 point) | • Checks pulse (1 point) | • Assesses skin [either skin color, temperature, or condition] (1 point) | | 3 | |
| Identifies patient priority and makes treatment/transport decision | | | | 1 | |
| HISTORY TAKING | | | | | |
| History of present illness<br>• Onset (1 point)<br>• Provocation (1 point)<br>• Quality (1 pint) | History of present illness (continued)<br>• Radiation (1 point)<br>• Severity (1 point)<br>• Time (1 point) | | | 6 | |
| Obtain a History<br>• Signs and symptoms related to OPQRST (2 points)<br>• Allergies (1 point)<br>• Mediations (1 point) | Obtain a History (continued)<br>• Past pertinent history (1 point)<br>• Last oral intake (1 point)<br>• Events leading to the present illness (1 point) | | | 7 | |
| SECONDARY ASSESSMENT (Assesses affected body part/system) | | | | | |
| • Cardiovascular<br>• Pulmonary | • Neurological<br>• Musculoskeletal | • Integumentary<br>• GI/GU | • Reproductive<br>• Psychological/Social | 5 | |
| VITAL SIGNS (1 point each) | | | | | |
| • Blood pressure | • Pulse | • Respiratory rate | • Respiratory Quality | 4 | |
| States field impression of patient | | | | 1 | |
| Interventions [verbalizes proper interventions/treatment] | | | | 1 | |
| REASSESSMENT | | | | | |
| Demonstrates how and when to reassess the patient and determine changes in condition | | | | 1 | |
| Provides accurate verbal report | | | | 1 | |
| ACTUAL TIME ENDED | | **TOTAL** | | **40** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL TECHNICIAN PRACTICAL EXAMINATION
# BVM VENTILATION OF AN APNEIC ADULT AND PEDIATRIC PATIENT

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |

| EXAMINER NAME | EXAMINER SIGNATURE |
|---|---|
| | X |

**ADULT PATIENT**

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Takes or verbalizes needed body substance isolation | | 1 | |
| Determines patient's responsiveness | | 1 | |
| Requests additional help if needed | | 1 | |
| Checks breathing and pulse at the same time | | 1 | |
| *NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, the examiner informs candidate, "The patient is unresponsive, apneic, and has a weak pulse of 60 BPM."* | | | |
| Opens airway properly using head-tilt/chin lift technique | | 1 | |
| *NOTE: The examiner must now inform the candidate, "There are copious secretions in the patient's oropharynx."* | | | |
| Prepares suction catheter | | 1 | |
| Turns on power to the suction device or retrieves a manual suction device | | 1 | |
| Inserts suction catheter without applying suction; applies suction to clear the oropharynx | | 2 | |
| *NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."* | | | |
| Opens the airway manually | | 1 | |
| Measures oropharyngeal airway to assure proper size | | 1 | |
| Inserts oropharyngeal airway using a 180 or 90-degree rotation | | 1 | |
| *NOTE: The examiner now tells the candidate, "No gag reflex is present, and the patient accepts the airway adjunct."* | | | |
| Ventilates the patient immediately using a BVM device | | 1 | |
| *NOTE: The examiner must now inform the candidate that ventilation is being correctly performed without difficulty.* | | | |
| Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute] (give credit if $O_2$ already connected) | | 1 | |
| Ventilates the patient with<br>• Proper volume to cause visible chest rise (1 point)<br>• Proper rate [10/minute (1 ventilation every 6 seconds)] (1 point) | | 2 | |
| *NOTE: The examiner now asks the candidate, "How would you know if you are delivering a correct volume with each ventilation?"* | | | |
| ACTUAL TIME ENDED | | | |

**PEDIATRIC PATIENT**

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Determines patient's responsiveness | | 1 | |
| Checks breathing and pulse at the same time | | 1 | |
| *NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, the examiner informs candidate, "The infant is unresponsive, apneic, and has a weak pulse of 80."* | | | |
| Opens airway properly (sniffing position with adequate padding) | | 1 | |
| Measures oropharyngeal airway to assure proper size | | 1 | |
| Directly inserts oropharyngeal airway (may use tongue blade to assist insertion) | | 1 | |
| *NOTE: The examiner must now inform the candidate, "No gag reflex is present, and the patient accepts the airway adjunct."* | | | |
| Ventilates the patient with<br>• Proper volume to cause visible chest rise (1 point)<br>• Proper rate [12 – 20/minute (1 ventilation every 3 – 5 seconds)] (1 point) | | 2 | |
| *NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"* | | | |
| ACTUAL TIME ENDED | **TOTAL** | **23** | |

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OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL TECHNICIAN PRACTICAL EXAMINATION
# CARDIAC ARREST MANAGEMENT / AED

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |

| EXAMINER NAME | EXAMINER SIGNATURE |
|---|---|
| | **X** |

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Takes or verbalizes needed body substance isolation | | 1 | |
| Determines patient's responsiveness | | 1 | |
| Requests additional help if needed | | 1 | |
| Checks breathing and pulse at the same time | | 1 | |
| *NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, the examiner informs candidate, "The patient is unresponsive, apneic, and pulseless."* | | | |
| Begins high-quality chest compressions<br>• Proper depth (at least 2 inches) (1 point)<br>• Proper rate [at least 100/minute) (1 point)<br>• Allows complete chest recoil after each compression | | 3 | |
| After every 30 compressions, properly opens patient's airway using the head-tilt/chin lift technique | | 1 | |
| Effectively delivers breaths using a BVM device<br>• Proper volume to cause visible chest rise (1 point)<br>• Proper rate [2 breaths)] (1 point) | | 2 | |
| Resumes high-quality CPR after delivering breaths | | 1 | |
| *NOTE: After two cycles of high-quality CPR, the examiner tells the candidate, "The AED is here, and I will act as your partner."* | | | |
| Powers on AED | | 1 | |
| Correctly attaches AED pads | | 1 | |
| Clears the patient for analysis | | 1 | |
| Clears the patient to deliver the defibrillation safely | | 1 | |
| Presses the correct button to deliver the defibrillation | | 1 | |
| Working as a team resumes chest compressions and ventilations immediately for another three cycles (30:2) | | 1 | |
| Efficiently switches positions at the end of the two-minute cycle of CPR | | 1 | |
| Assesses the patient to determine if there is a return of spontaneous circulation | | 1 | |
| ACTUAL TIME ENDED | **TOTAL** | **19** | |

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OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF EMERGENCY MEDICAL SERVICES

# EMERGENCY MEDICAL TECHNICIAN PRACTICAL EXAMINATION
# BLEEDING CONTROL / SHOCK MANAGEMENT

| CANDIDATE NAME | EXAMINATION DATE |
|---|---|
| | |
| **EXAMINER NAME** | **EXAMINER SIGNATURE** |
| | **X** |

| ACTUAL TIME STARTED | | Possible Points | Awarded Points |
|---|---|---|---|
| Takes or verbalizes appropriate PPE 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 | | 1 | |
| *Note: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion and bleeding is now controlled.* | | | |
| Properly positions the patient | | 1 | |
| Administers high concentrations oxygen | | 1 | |
| Initiates steps to prevent heat loss for the patient | | 1 | |
| Indicates need for immediate transportation | | 1 | |
| ACTUAL TIME ENDED | **TOTAL** | **7** | |

**CRITICAL CRITERIA:** ☐ Uses or orders a harmful intervention ☐ Exhibits unprofessional behavior

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