

# Creating Competency

## Tips and Tricks for Implementing Pre-Hospital Skill Demonstration

Maintaining skill and equipment competencies is an important way to ensure providers are prepared no matter what situation they are called to. This is especially true for skills and scenarios that are not often encountered, such as pediatric events. An Institute of Medicine study on pediatrics "Emergency Care for Children: Growing Pains" found that it may be difficult for EMS personnel to maintain comfort and competency in caring for seriously ill or injured children since they provide treatment for them so infrequently. The federal EMS for Children program has also recognized this opportunity, and included it in their federal performance measures, striving to increase the number of EMS agencies that require a process to routinely demonstrate competency on pediatric-specific equipment. The Kansas EMSC program wants to help EMS agencies that are interested in having competency and skill check processes in place create and implement these, and we have created a toolkit with examples and helpful tips. We encourage you to take a look and see how these could benefit your agency, and remember you can always reach out to our program! Give us a call at [785-213-1454](tel:785-213-1454) or send an email to [Brittney.Nichols@ks.gov](mailto:Brittney.Nichols@ks.gov). We would love to partner with you to help improve pediatric pre-hospital care for all!

### Selecting Skills:

Oftentimes the hardest part of a new venture is determining where to start. Consider skills, competencies, and devices that providers don't have the opportunity to utilize as often. This could include those for specialized populations (pediatrics and/or those with disability), those that are higher risk, or situations that providers are unlikely to encounter on a regular basis. Other ways to choose skills for proficiency check-offs include:

- Ask your staff what skills or devices they would like more practice utilizing.
- Review cases from the past year to see if there have been any issues regarding provider skill or equipment error.
- If your agency has on-going quality assurance and/or performance improvement initiatives check to see if these could benefit from a hands-on skill demonstration component.
- If your agency participates in regular drills, review what skills are being used throughout the scenario and add a check-off component.
  - *Example: The sample SIDS case included here came from the Kansas Pediatric Scenario Guidebook. If your agency needs a new copy of this book, please email [Brittney.Nichols@ks.gov](mailto:Brittney.Nichols@ks.gov).*

*Special Note: Equipment and Devices:*

*Many medical devices and other specialized pieces of EMS equipment will include instructions for use and training for employees. If not, reach out to the manufacturer to see what educational resources they advise, and always follow the manufacturer's recommended instructions for use.*

Tips for Drafting:

- If using a scenario or skill that involves special populations, make sure the competency addresses this (i.e. variation in vital signs by age, selection of appropriately sized equipment, administration of oxygen for patients with tracheostomies, etc.).
- Consider breaking down longer skills/processes (such as assessment) into observable steps

*Special Note: Standards:*

*Make sure to double check the Kansas Board of EMS standards for each certification level so that any skill checks meet the provider-level requirements, as well as your own agency protocols.*

- If the skill or scenario involves a decision point or moment of critical thinking make sure to capture this on your check-list.
- Remember to use your resources- oftentimes educator manuals or textbooks will include sample check-offs that can be adapted to meet the needs of your agency and providers.
- Ensure any references used when writing out competency check-offs are current and include the most up to date protocols.

Implementation Considerations:

- How do you want your providers to demonstrate competency? Demonstrations range from skill stations, to simulations and scenario run-throughs. Work with your staff to see what meets their needs and works with their schedules.
- How frequently should providers demonstrate their competency? The Federal EMSC program surveys agencies asking if they conduct their assessments less than every 2 years; at least once every 2 years; at least annually; or twice a year or more. Consider what will be most effective and achievable within your agency.
- Consider conducting a practice run through to streamline the required time and catch any potential mishaps before they occur.
- Encourage questions and provide feedback to help staff gain a higher level of knowledge and proficiency.

Disclaimer: This resource supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services as part of an award through grant number H33MC06726. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.



# SUDDEN INFANT DEATH SYNDROME

<p><b>Goals/Objectives:</b></p> <ul style="list-style-type: none"> <li>• Scene preservation</li> <li>• Acknowledgement of situation</li> <li>• Communication with guardians - verbiage</li> </ul>	<p><b>Dispatch Information:</b> You are dispatched to a home for an unresponsive infant. Caller states her 5-month-old daughter had been put to sleep in her own crib and was found unresponsive. Mother is hysterical on the phone and unable to follow dispatch instructions for CPR. Mother does state the infant is cold to the touch.</p>	
	<p><b>Chief Complaint:</b> Unresponsive Infant</p>	<p><b>Additional Resources Requested:</b> Police and Fire Department, ALS</p>
<p><b>Scene Description:</b></p> <ul style="list-style-type: none"> <li>• It is a cool fall morning around 0600</li> <li>• You arrive on scene and PD advises the scene is safe for you to enter</li> <li>• Patient is found in a crib on her back next to the mother's bed. There are no blankets or additional items in the crib</li> <li>• Patient is wearing a onesie</li> </ul>		
<p><b>Initial Impression:</b> Patient is cold to the touch with rigor mortis present in jaw and upper extremities. Code black.</p>		
<p><b>Vital Sign – Set 1</b>  <b>AVPU:</b> Unresponsive  <b>B/P:</b>  <b>HR:</b> 0  <b>Resp:</b> 0  <b>O<sub>2</sub> Sat:</b>  <b>Pain:</b>  <b>GCS:</b> 3 (1,1,1)  <b>BGL:</b></p>	<p><b>Physical Exam</b></p> <p><b>HEENT:</b>  Head: Unremarkable  Eyes: Constricted and pinpoint  Ears: Unremarkable  Nose: Unremarkable  Oral Cavity: Cyanosis noted to lips and jaw is stick, rigor present</p> <p><b>Chest:</b>  Absent lung sounds upon auscultation in all lobes  No external trauma noted</p> <p><b>Back:</b>  Mottling noted</p> <p><b>Abdomen/Pelvis:</b>  No trauma noted  Pelvis stable</p>	
<p><b>Vital Sign – Set 2</b>  <b>AVPU:</b>  <b>B/P:</b>  <b>HR:</b>  <b>Resp:</b>  <b>O<sub>2</sub> Sat:</b>  <b>Pain:</b>  <b>GCS:</b>  <b>BGL:</b></p>	<p><b>HPI:</b> Patient is breastfeeding and has no complications with intake or output. Normal diapers yesterday and no illnesses to report</p> <p><b>S/S:</b></p> <p><b>Allergies:</b> None</p> <p><b>Medications:</b> None</p> <p><b>PmHx:</b> Full term birth with no complications during pregnancy</p> <p><b>Last Meal:</b> Patient ate before bed around 2200 the night before</p> <p><b>Events Prior:</b></p> <p><b>Current on Immunizations?</b> Yes</p> <p><b>Patient Weight:</b> 7.3kg</p>	
<p><b>Vital Sign – Set 3</b>  <b>AVPU:</b>  <b>B/P:</b>  <b>HR:</b>  <b>Resp:</b>  <b>O<sub>2</sub> Sat:</b>  <b>Pain:</b>  <b>GCS:</b>  <b>BGL:</b></p>	<p><b>Extremity:</b>  No trauma noted to legs or arms  Upper extremities noted to have rigor</p> <p><b>Other:</b>  Skin: Pale and cold to the touch</p> <p><b>Notes:</b>  PD remains present as EMS unzips onesie to assess patient</p> <p>EMS triages code black within 8 minutes of arriving on scene</p> <p>PD accepts responsibility for patient</p>	
<p><b>Suggested Treatment:</b>  Supportive care for family</p>	<p><b>Transport Consideration:</b></p>	

# SUDDEN INFANT DEATH SYNDROME

## Additional Things to Consider about the Scene:

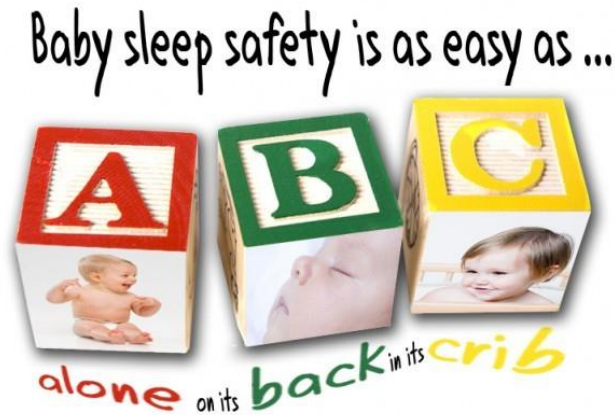
- Assessing where the patient is found and/or sleeping area is important for documentation
- Noting guardians' reaction and documentation of their account of event
- Family centered care

## Additional Things to Consider during Treatment/Transport:

- Preservation of scene as this is a death investigation until the coroner states otherwise
- If needed, notify medical control early
- Availability and contact with either service chaplain and/or faith-based leader for family
- Working with PD on who will give the death notification to family
- Being aware of verbiage to use and respectful acts towards family during notification
- Anticipate anger and/or other reactions from family
- Stay calm. Family will ask hard questions and you may not have the answers they want to hear

## Additional Educational Resources to Consider:

- Kansas Infant Death and SIDS Network
  - [www.kidsks.org](http://www.kidsks.org)
- Kansas State Child Death Review Board – Sudden Unexplained Infant Death Investigation Form
  - <https://ag.ks.gov/about-the-office/affiliated-orgs/scdrb>



## Things to consider based on your EMS protocols, procedures and/or policies:

**Is there a local Safe Sleep Instructor in your area?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Graphic obtained from [kokomoperspective.com](http://kokomoperspective.com)

Employee: \_\_\_\_\_ Observer: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Initial Scene Assessment			
Component	Yes	No	Comments
Surveys scene for safety before approaching patient			
Preserves scene setting for law enforcement			

Pediatric Vital Signs			
Component	Yes	No	Comments
Obtains pulse using the brachial artery as appropriate for infant			
Assesses for presence of respirations			
Obtains pulse-ox using correct oximeter size for infant			
Measures GCS with verbal, eye-opening, and motor response components, and calculates score of 3			

Pediatric Head to Toe Assessment			
Component	Yes	No	Comments
Assesses head and face for symmetry, signs of trauma/abuse, and presence of drainage or abnormality			
Assesses for pupillary response			
Visualizes oral cavity to assess for symmetry, signs of trauma, presence of foreign body or drainage			
Visualizes and assesses chest for symmetry, presence of trauma or deformity			
Auscultates chest for lung sounds across all lobes			
Visualizes and assesses back for symmetry, presence of trauma or deformity			
Visualizes and assesses abdomen and pelvis for symmetry, presence of trauma or deformity			
Visualizes and assesses all four extremities for symmetry, signs of trauma or deformity, and assesses range of motion/presence of rigidity			

<b>Family Interview</b>			
<b>Component</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Uses a manner that is calm, empathetic, and non-judgmental while communicating with family			
Assesses for patient history (including medical history, procedures, medications/immunizations, allergies, and any unusual events/occurrences)			
Conducts questioning on the events leading up to the discovery of the infant (include timing/contents of infants last meal, and where/what position infant was sleeping in vs. found in)			
Offers to connect family with resources they may need such as coroner, chaplain, KIDS Network, etc.			

<b>Additional Comments or Follow-Up:</b>

*Note: Running pediatric calls, particularly where the child is significantly injured or deceased, can take its toll. Check in with staff members involved with these calls to see if they need to debrief or are in need of additional resources for grief and coping. For more information on SIDS or to make a referral, you can contact the Kansas Infant Death and SIDS (KIDS) Network. If you or your employees need further resources, please don't be afraid to utilize agency Employee Assistance Programs or community counseling services. If you or employees need immediate direct help, you can contact the Kansas Suicide Prevention HQ for counseling at 785-841-2345, or contact the Lifeline at 800-273-8255.*

# Samples and Examples

Sample check-offs and templates other states and agencies have used within their own practice.

Thank you to Kingman EMS for sharing their Lab Manual and Training Sheets with us for this guidebook!

**Kingman EMS**

# **EMT Lab Manual**

**Spring 2021**



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



# Master Skills List

This Lab Manual belongs to \_\_\_\_\_

**Lab Instructors and Assistants are to document each pass with legible initials & date in each slot as well as all unsuccessful attempts in the box provided on Page 2. (i.e. 8/13/13 ME)**

Skills can start after Lifting/Moving Lab (16pts)				
Skill	Practice #1	Practice #2	Mastery #1	Master #2
Stryker Power Cot				
Stryker Power Load System				
Stryker Stair Chair				
Mega Mover (seated or supine)	Seated	Supine	Seated	Supine
Skills can start after the Class Lecture on Airway (27pts)				
Oxygen Administration				
Oropharyngeal Airway (OPA)				
Nasopharyngeal Airway (NPA)				
Bag-Valve-Mask				
Suctioning				
IGEL Airway				
CPAP Device				
Waveform EtCO2				
Skills can start after the Class Lecture Patient Assessment and Vitals (24pts)				
Vital Signs				
Basic ECG Application				
12-Lead ECG Acquisition				
AED (Zoll X-Series)				
Scene Size-up/Primary Assessment				
Patient Assessment--Trauma				
Patient Assessment--Medical				
Skills can start after the Class Lecture on Medications (16pts)				
Med Prep & MACC Check				
Auto Injector Administration				
Nitroglycerin Administration				
Nebulizer				
IM Injection	Glucagon	Epi 1:1,000	Glucagon	Epi 1:1,000
Naloxone Administration	Nasal	Injection	Nasal	Injection
Skills can start after Class Lecture and Lab on Splints (26pts)				
Shock Management				
Spinal Motion Restriction	Responsive	Unresponsive	Responsive	Unresponsive
Sling & Swathe Immobilization				
Long Bone				
Traction Splint				
Tourniquet Application				
Comprehensive Assessment			Medical	Trauma

- **Students must retain both fail and pass skill sheets to document progression of student learning.**
- **Students achieving check-offs ahead of implied time frames are not excused from class lab or skills lab.**
- **Students should take the opportunity to further their skill development.**

Skills Enhancements	
Extremity Lift	Discussion and Demonstration in class
Sheet Draw	Discussion and Demonstration in class
Colormetric CO2	Discussion and Demonstration in class
Magill Forceps	Discussion and Demonstration in class
Auto Ventilator	Discussion and Demonstration in class
Gastric Decompression	Discussion and Demonstration in class
Metered Dose Inhaler	Discussion and Demonstration in class
DuoDote Auto Injector	Discussion and Demonstration in class
Pulse Oximeter	Discussion and Demonstration in class
Blood Glucose Monitoring	Discussion and Demonstration in class
Oral Glucose	Discussion and Demonstration in class
Activated Charcoal	Discussion and Demonstration in class
Aspirin	Discussion and Demonstration in class
Administration of Over the Counter Medications	Discussion and Demonstration in class
Administration of Oral Analgesics	Discussion and Demonstration in class
Monitoring Urinary Catheter	Discussion and Demonstration in class
Pelvic Wrap	Discussion and Demonstration in class
Spinal Immobilization of Supine Patient	Discussion and Demonstration in class
Spinal Immobilization of Seated Patient	Discussion and Demonstration in class

Statement of Completion

I, \_\_\_\_\_, submit this completed EMT lab manual as proof of my having met the lab objectives for the EMT program. All documentation of competency is correct and this verification contains no falsification to my knowledge.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

Upon successful completion of the lab objectives, and by the listed deadline, the student must return this lab manual and pass/fail sheets to the lead instructor for placement in the student's class file.

# Section 1 - Student Responsibilities

It is the responsibility of the student to maintain this EMT Lab Manual throughout the EMT course. Students are responsible to have the EMT Lab Manual with them for all classes, both lab and lecture. The EMT student is responsible to ensure that the EMT Lab Manual is not lost or stolen. The faculty and lab assistants of Kingman EMS hold no responsibility to ensure the security of the lab manual.

**The EMT student must return the EMT Lab Manual to their lead instructor by the day of the Final.**

## Rules of Engagement

1. No more than one successful demonstration of competency in a given skill during any given lab session with the same lab assistant. Multiple shows of competency in a given skill may be shown during the same lab as long as the lab assistant is different.
2. At the start of each skill demonstration, the student must declare the skill demonstration to either be a “practice” or a “test”.
3. Students may not work on any check sheet or skills until the Lead Instructor or a Lab assistant has covered the skill in a class session.
4. If a student has failed a competency show (attempted to test) for a given skill two times in a lab session, they may not test that skill again for mastery during that lab session but is encouraged to keep practicing.

## Lab Rules

1. Information contained in the course syllabus about safety applies to all Kingman EMS lab sessions.
2. Students will document attendance at lab sessions by signing in and out of each lab session on the lab attendance form.
3. Information contained in the course syllabus about dress code applies to all Kingman EMS lab sessions.
4. Students are expected to treat equipment with respect.
5. Students are expected to return all equipment to its proper, marked storage location at the close of each lab session. **Equipment should be returned in a ready to use condition.**

# Section 2 – Skill Check Sheets

Copies of the skills sheets are in the Lab and are for Lab assistants to use to check competency during practice or testing situations.

A Master Check Off sheet is on page 2. This is the sheet the Instructor or Lab Assistant should sign to show when unsuccessful attempts or competencies have been obtained. Failure to have the required competencies at the end of the course will be reflected by this sheet.

**Falsification of any competency check off is grounds for dismissal from the class as indicated by the Kingman EMS Syllabus**

## Section 3 – Pass/Fail Requirements

**Practice:** To obtain a sign-off for practice, the student must start a skill and complete the skill. Elements may be missing including critical criteria. However, a student cannot stop mid-skill by giving up and still get a sign-off for practice.

**Mastery:** To obtain a sign-off for mastery, the student should complete all items on the skill check sheet with the exception of Items that are *italicized*, which may be skipped in certain situations/scenarios. Lab Assistants may require a student to perform italicized items at their discretion for the given scenario.

**Failures:** Lab Assistants are to thoroughly document rationale for not passing a student during a mastery check-off. Students will still receive credit for practice check-offs as long as the student finished the skill being challenged and did not stop mid-skill by giving up.

**Challenge:** If a student feels that that a lab assistant did not pass them on a skill that they feel that they should have passed, the student may speak with the lead instructor of record. The lead instructor will review the documentation and may decide to meet with the lab assistant who evaluated the skill. The instructor may override any pass or fail in a lab manual. The decision of the lead instructor will be final.

**Kingman EMS**  
***EMT Skill Sheet***

**STRYKER POWER  
COT**

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes BSI precautions and ensures scene is safe						
Lowers and prepares cot for patient						
Properly assists patient/lifts pt to cot						
Places pt in position of comfort or appropriate position						
Secures pt with torso, leg, and shoulder straps						
Ensures sides rails are up						
Raises pt and moves cot in a lateral direction						
<i>Directs partner to ensure safety bar is latched</i>						
Properly loads pt into the ambulance						
Properly unloads pt from the ambulance.						
Demonstrates how to manually control cot in the event of power failure.						
	Date	Date	Date	Date	Date	Date
	Pass	Pass	Pass	Pass	Pass	Pass
	Fail	Fail	Fail	Fail	Fail	Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*



# Kingman EMS

## EMT Skill Sheet

# STRYKER STAIR CHAIR

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes BSI precautions and ensures scene is safe						
Rule out need for spinal motion restriction						
Unfolds and readies chair for patient						
Assists patient/places patient into chair						
Secures patient to the chair with straps						
<b>Going Down Stairs</b>						
<i>Stops at top of stairs and deploys stair tracks and head bar</i>						
<i>Directs the bottom technician to extend handles</i>						
Directs a third technician to spot the bottom technician						
Safely moves patient down the stairs while keeping patient calm						
<b>Going Up Stairs</b>						
Stops at the bottom of the stairs and extends head bar or handles						
<i>Directs the bottom technician to extend handles</i>						
Directs a third technician to spot the head technician						
Directs a fourth technician to spot the bottom technician (if avail)						
Safely moves patient up the stairs while keeping patient calm.						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# MEGA-MOVER

## (SEATED/SUPINE)

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes BSI precautions and ensures scene is safe						
Rule out need for spinal motion restriction						
<i>Explains to the patient the procedure about to be done</i>						
Rolls MegaMover in half length-wise						
Assists patient in leaning/rolling to one side						
Tucks rolled half of MegaMover under patient						
Assists patient in leaning/rolling to other side						
Unrolls MegaMover and ensures patient is centered on device						
Ensures cot or other moving device is positioned/ready for patient						
Directs team to grasp handles and coordinates lift						
Demonstrates proper lifting technique by lifting with the legs & keeping back straight						
Places patient onto other moving device without incident						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*



# Kingman EMS

## EMT Skill Sheet

# OXYGEN ADMINISTRATION

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes proper BSI precautions						
<b>Oxygen Cylinder</b>						
"Cracks" tank to clear dust/debris						
Assesses quality and presence of regulator seal						
Properly places regulator on tank						
Accurately reads the amount of oxygen in tank						
<b>Nasal Cannula</b>						
Assesses indication for oxygenation by nasal cannula						
Adjusts oxygen flow (1-6 LPM) prior to applying to patient						
Explains application to patient						
Applies cannula to patient with prongs in correct direction						
Adjusts cannula to proper fit						
<b>Non-rebreather Mask</b>						
Assesses indication for oxygenation by non-rebreather mask						
Adjusts oxygen flow (12-15 LPM) prior to applying to patient						
Explains application to patient						
Prefills oxygen reservoir prior to application						
Properly applies mask and adjusts nose piece and strap						
Monitors patient and device for effectiveness						
<b>Discontinue Oxygen Therapy</b>						
Removes device prior to turning oxygen off						
Disconnects device						
Checks oxygen level - replaces tank if < 500 psi						
Properly bleeds tank						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# ORAL AIRWAY

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
<b>Insertion of OPA</b>						
Assesses indication of an oral airway						
Verbalizes contraindications (presence of gag reflex)						
Properly measures OPA from corner of mouth to angle of jaw						
Inserts sideways and rotates 90° once past the tongue						
Rests OPA on lips						
<b>Removal of OPA</b>						
Assesses the need to remove OPA (presence of gag reflex)						
Removes device with the curvature						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# NASAL AIRWAY

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
<b>Insertion of NPA</b>						
Assesses indication of an nasal airway						
Verbalizes contraindications (basilar skull fracture)						
Properly measures NPA from tip of nose to angle of jaw						
Inserts NPA with bevel towards septum (rotates if necessary)						
Inserts until flange rests on the nare						
<b>Removal of NPA</b>						
Removes device with the curvature						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

Not all items need completed for "Practice" check-off

# Kingman EMS

## EMT Skill Sheet

### BAG-VALVE MASK (BVM)

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Assesses for an indication of BVM ventilation (minute volume)						
<i>Opens airway if not patent with manual maneuver</i>						
Immediately ventilates patient (does not delay to attach O2)						
Demonstrates a proper one-person seal						
Attaches oxygen at 15 LPM						
<i>Inserts simple airway (OPA/NPA) if airway is not patent</i>						
Assesses for effectiveness (chest rise)						
Demonstrates a proper two-person seal						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

Not all items need completed for "Practice" check-off

# Kingman EMS

## EMT Skill Sheet

# SUCTIONING

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Assesses for an indication for suctioning						
Immediately rolls patient to lateral recumbent position						
Turns device on and ensures presence of suction						
Properly measures rigid catheter (corner of mouth to angle of jaw)						
Inserts catheter not going past measured mark (without suction)						
Applies suction for no longer than 15 sec or until airway is clear						
Removes catheter with suction						
Rolls patient supine and reassesses ABC's						
Applies supplemental oxygen if needed						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# IGEL AIRWAY

Procedure

P2P1 P2P2 Test 1 Test 2 Test 3 Test 4

Insertion of I-Gel Airway																																	
Takes appropriate BSI precautions																																	
Assesses for an indication for IGEL Airway insertion																																	
Directs assistant(s) to manage basic ABC's while preparing tube																																	
<i>Inserts correctly sized OPA</i>																																	
Checks suction unit																																	
<i>Auscultates baseline lung sounds</i>																																	
Selects appropriate size tube (see chart insert)																																	
Lubricates distal end of airway																																	
Directs assistant to pre-oxygenate patient																																	
Removes OPA																																	
Inserts tube in a upward/posterior position allowing tube to glide along roof of the mouth until resistance is met																																	
ventilates patient																																	
Performs initial tube confirmation via chest rise & auscultation																																	
Secures tube																																	
Performs secondary placement confirmation via waveform capnography																																	
Does not delay BLS care for greater than 30 seconds at anytime																																	
Removal of IGEL Airway																																	
Assesses for the need to remove tube (presence of gag reflex)																																	
Immediately log rolls patient to lateral recumbent position																																	
Turns suction on																																	
unsecures tube																																	
Removes tube with curvature																																	
Properly suction patient as needed																																	
Reassesses patient and supports ABC's as needed																																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #333; color: white;"> <th colspan="3">IGEL Size Selection</th> </tr> <tr> <th style="text-align: center;">Size</th> <th style="text-align: center;">Patient Criteria</th> <th style="text-align: center;">Connector Color</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: center;">2-5kg, 5-11lbs</td><td style="text-align: center;">Pink</td></tr> <tr><td style="text-align: center;">1.5</td><td style="text-align: center;">5-12kg, 11-25lbs</td><td style="text-align: center;">Blue</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">10-25kg, 22-55lbs</td><td style="text-align: center;">Gray</td></tr> <tr><td style="text-align: center;">2.5</td><td style="text-align: center;">25-35kg, 55-77lbs</td><td style="text-align: center;">White</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: center;">30-60kg, 65-130lbs</td><td style="text-align: center;">Yellow</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: center;">50-90kg, 110-200lbs</td><td style="text-align: center;">Green</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: center;">90+kg, 200+lbs</td><td style="text-align: center;">Orange</td></tr> </tbody> </table>	IGEL Size Selection			Size	Patient Criteria	Connector Color	1	2-5kg, 5-11lbs	Pink	1.5	5-12kg, 11-25lbs	Blue	2	10-25kg, 22-55lbs	Gray	2.5	25-35kg, 55-77lbs	White	3	30-60kg, 65-130lbs	Yellow	4	50-90kg, 110-200lbs	Green	5	90+kg, 200+lbs	Orange	Date	Date	Date	Date	Date	Date
IGEL Size Selection																																	
Size	Patient Criteria	Connector Color																															
1	2-5kg, 5-11lbs	Pink																															
1.5	5-12kg, 11-25lbs	Blue																															
2	10-25kg, 22-55lbs	Gray																															
2.5	25-35kg, 55-77lbs	White																															
3	30-60kg, 65-130lbs	Yellow																															
4	50-90kg, 110-200lbs	Green																															
5	90+kg, 200+lbs	Orange																															
	Pass	Pass	Pass	Pass	Pass	Pass																											
	Fail	Fail	Fail	Fail	Fail	Fail																											
	initial	initial	initial	initial	initial	initial																											

NOTES:

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# CPAP DEVICE

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Evaluates indications for CPAP <div style="text-align: right; padding-right: 20px;">           Dyspnea of Respiratory Etiology            SpO2 &lt; 90%            Dyspnea with extreme increased effort of breathing         </div>						
Evaluates Contraindications for CPAP <div style="text-align: right; padding-right: 20px;">           Systolic BP &lt; 90mmHg            Nausea/Vomiting            Altered LOC            Mask is unable to seal            Increased Anxiety         </div>						
Explains Procedure to patient						
Attaches CPAP device to oxygen per manufacturer guidelines <div style="text-align: right; padding-right: 20px;">           CPAP pressure and Peep should be lowest setting         </div>						
Holds mask to face to ensure seal and tolerance						
Properly secures mask to face						
Reassesses device and patient <div style="text-align: right; padding-right: 20px;">           Reassesses SpO2            Reassesses Lung Sounds  <i>Reassesses Effort of Breathing</i>            Reassesses LOC  <i>Reassesses Anxiety and coaches as necessary</i>            Reassesses Mask Seal as needed         </div>						
Adjusts pressures and titrates as necessary						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# WAVEFORM CAPNOGRAPHY

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Evaluates the need to confirm tube placement via capnography						
Attaches CO2 connection between BVM and tube						
Ensures that the monitor's CO2 function is turned on						
Ventilates the patient at least 6 times prior to assessing reading						
Correctly differentiates correct and incorrect waveform						
Correctly interprets various EtCO2 readings <i>Sudden drop to zero - circuit disconnection/esophageal intubation</i> <i>Sudden decrease (not zero) - partial obstruction/circuit leak</i> <i>Exponential decrease - PE/Cardiac arrest/hyperventilation</i> <i>Gradual lowering - Hypovolemia/hypothermia/hypoperfusion</i> <i>Sudden increase - ROSC/obstruction is now clear/TQ release</i> <i>Gradual increase - hypoventilation/rising body temp/partial obst.</i> <i>Change in CO2 baseline - Moisture circuit/calibration error</i>						
Provide appropriate counteractive measures						
Continues to monitor and reassess for trends						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*



# Kingman EMS

## EMT Skill Sheet

# VITAL SIGNS

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes BSI precautions and ensures scene is safe						
<i>Adequately assesses LOC (person, place, time)</i>						
Obtains blood pressure by auscultation						
<i>Obtains blood pressure by palpation</i>						
Assesses pulse (Rate/Rhythm/Quality)						
Assesses respirations (Rate/Rhythm/Quality)						
Assesses skin (Color/Temp/Texture)						
Assesses patient's SpO2						
Assesses patient's eyes/pupils						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

Not all items need completed for "Practice" check-off

# Kingman EMS

## EMT Skill Sheet

# BASIC ECG APPLICATION

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Places leads (wires) to electrodes						
Places leads/electrodes in appropriate place (lead indication) <div style="text-align: center; padding: 5px;">           Red - L Leg/abdomen            Black - L arm/chest            Green - R leg/abdomen            White - R arm/chest         </div>						
Ensures the monitor has a good tracing						
Troubleshoots bad tracing <div style="text-align: center; padding: 5px;"> <i>electrodes are dry/expired</i>  <i>dirty/oily skin</i>  <i>body hair</i>  <i>poor cable connection</i> </div>						
Obtains a 6-second strip						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

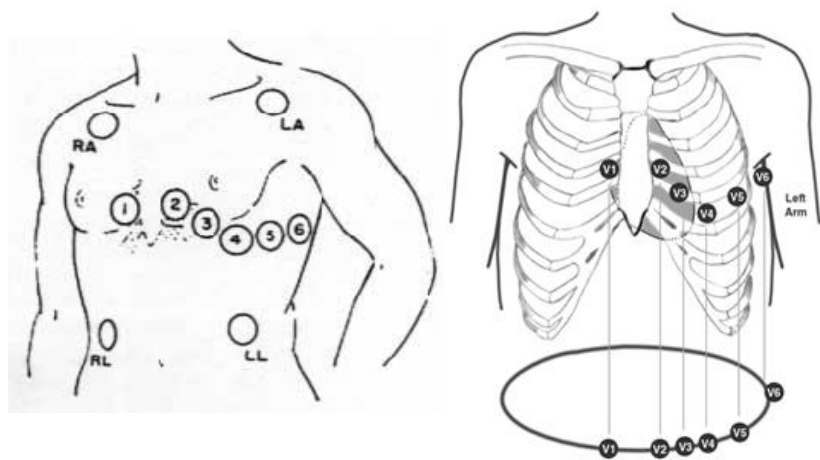
Not all items need completed for "Practice" check-off

# Kingman EMS

## EMT Skill Sheet

# 12-LEAD EKG ACQUISITION

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Connects leads (wires) to electrodes						
Correctly places leads to patient  <i>Correct 4 lead placement</i> V1 - 4th intercostal space right of sternum V2 - 4th intercostal space left of sternum V4 - 5th intercostal space midclavicular line V3 - Directly center of V2 and V4 V5 - Lateral to V4 anterior axillary line V6 - Lateral to V5 midaxillary line						
Enters patient gender and age into cardiac monitor						
Coaches patient to remain still						
Captures/prints 12-Lead EKG						



Date	Date	Date	Date	Date	Date
Pass	Pass	Pass	Pass	Pass	Pass
Fail	Fail	Fail	Fail	Fail	Fail
initial	initial	initial	initial	initial	initial

NOTES:

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

### AED (ZOLL X-SERIES)

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
<i>Directs partners to start CPR if not already in progress</i>						
<i>Removes clothing from patient's chest if needed</i>						
Turns on the Zoll X-Series						
Selects appropriate sized pads for the patient <div style="text-align: center; font-size: small;">           Adult = older than 8yrs old - or - greater than 55lb            Pediatric = 8yo or younger - or - less than 55lb         </div>						
Connects pads to the monitor's defibrillator cable						
Correctly applies pads to the patient's bare chest						
Ensures monitor is in appropriate mode for pads (adult vs. ped)						
Presses the "Analyze" button, which moves monitor into AED Mode						
Follows prompts and delivers shock if necessary						
Directs for the continuation of CPR when prompted						
Listens for and follows later prompts by the monitor						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# MACC & MED PREP

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Identifies the need for medication administration						
<i>If administering (Provider #1): Assesses for the 5 Rights</i>  <div style="text-align: right;"> <i>Right Patient</i>  <i>Right Medication</i>  <i>Right Dose</i>  <i>Right Route</i>  <i>Right Time</i> </div>						
Follows the Medication Administration Cross-Check (MACC) <div style="text-align: center; margin-top: 10px;"> </div>						
NOTES: _____						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

### AUTO-INJECTOR ADMINISTRATION

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Recognizes the indication for drug						
Identifies contraindications (if any)						
Obtains medical direction/ensures protocols are in place						
Assesses "5 Rights" - patient/med/dose/route/time						
Checks expiration date & assesses clarity						
<i>Removes excess clothing (if needed)</i>						
<i>Performs appropriate MACC (Epi Pen Only)</i>						
Removes safety cap						
Grasps pen without thumb/finger over the end						
Firmly presses needle side into lateral thigh						
Holds pen in place for 10 seconds or until fluid is gone						
Removes pen and discards in a sharps container						
Verbalizes documentation of time and location						
Monitors patient for adverse/desired effects						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# NITROGLYCERIN

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Assesses for an indication for NTG administration						
Recognizes contraindications <div style="text-align: right; padding-right: 20px;">Systolic BP &lt; 100mmHg</div> <div style="text-align: right; padding-right: 20px;">Head injury</div> <div style="text-align: right; padding-right: 20px;">Recently taken other vasodilators (Viagra, Cialis, etc...)</div>						
Obtains medical direction/ensures protocols are in place						
Performs appropriate MACC Check <div style="text-align: right; padding-right: 20px;">Dose: 0.4mg</div>						
Explains procedure to patient						
Administers one tablet or spray under the tongue						
Assesses patient for desired/adverse effect						
Documents time of administration						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# NEBULIZER

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Assesses for indication for bronchodilator						
Selects appropriate administration set						
Obtains medical direction/ensures protocols are in place						
Performs appropriate MACC Check <i>DuoNeb Dose: 3cc Adult - 1.5cc Pediatric</i> <i>Albuterol Dose: 2.5mg Adult - 1.25mg Pediatric</i>						
Fills medication chamber of device						
Assembles administration set						
Connects administration set to oxygen (6-8LPM)						
Coaches patient on breathing						
Monitors device and shakes occasionally until empty						
Assesses patient for desired and adverse effects						
Continues oxygen therapy and assesses for need to repeat						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*



# Kingman EMS

## EMT Skill Sheet

# GLUCAGON ADMINISTRATION

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Identifies the indications for Glucagon <div style="text-align: right; padding-right: 20px;">Decreased Blood Glucose Level Altered LOC/unable to swallow</div>						
Obtains medical direction/ensures protocols are in place						
Selects vial of Glucagon and vial of sterile water/PFS sterile water						
Correctly performs MACC Check						
<i>Removes sterile cap from sterile water vial (if not PFS)</i>						
<i>Using a 1 or 3cc syringe, withdraws 1cc sterile water (if not PFS)</i>						
Removes sterile cap from the 1mg vial of Glucagon						
Keeping needle and vial top sterile, punctures vial with needle						
Injects the 1ml sterile water into the glucagon vial						
Mix the Glucagon and sterile water by gently rocking						
Withdraw the 1ml/1mg Glucagon solution back into the syringe						
Locate and prep injection site (Deltoid or Buttocks)						
While applying "Z-Traction", puncture skin/muscle at 90° angle						
Inject medication						
Remove needle and dispose of needle/syringe in sharps container						
Gently massage injection site for 5-10 seconds						
Dress injection site						
Monitor for adverse reactions and/or desired effects						
<i>*PFS = Pre-filled Syringe</i>						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# EPI 1:1000 ADMINISTRATION

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Identifies the indications for Epinephrine 1:1,000 <i>Anaphylaxis: Severe Dyspnea/Wheezing/Hives/Tongue Swelling</i>						
Obtains medical direction/ensures protocols are in place						
Selects ampule of Epinephrine 1:1,000 and a 1cc Syringe						
Correctly performs MACC Check						
Attaches filter needle/straw to 1cc syringe						
Properly breaks the top of the ampule						
Inserts needle/straw into ampule and withdraws 1mg/1ml of Epi						
Carefully removes filter needle/straw and place in sharps						
Attaches regular straight needle (20g) onto syringe						
<i>Wastes 0.7ml for adult -or- 0.85ml for pediatrics</i>						
Locate and prep injection site (Deltoid or Buttocks)						
While applying "Z-Traction", puncture skin/muscle at 90° angle						
Inject medication (0.3mg/ml for adult - 0.15mg/ml for pediatric)						
Remove needle and dispose of needle/syringe in sharps container						
Gently massage injection site for 5-10 seconds						
Dress injection site						
Monitor for adverse reactions and/or desired effects						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# NALOXONE ADMINISTRATION

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Assesses for indication/Opiate Overdose <i>Altered LOC/Unresponsive</i> <i>Constricted (pin-point) pupils</i> <i>Bradycardia</i> <i>Hypotension</i> <i>History of recent opioids/presence of paraphernalia</i>						
Obtains medical direction/ensures protocols are in place						
Selects correct medication: Nalxone 2mg/2ml PFS						
Correctly performs MACC Check						
Correctly assembles the PFS						
<b>Intranasal (IN) Administration</b>						
Attaches Mucosal Atomization Device (MAD) to end of PFS						
Inserts MAD into one nare making a seal with nare tissue						
<b>Quickly</b> pushes 1cc (half of volume)						
Removes MAD and switches to other nare making seal with tissue						
<b>Quickly</b> pushes remaining half (1cc)						
Monitor for adverse reactions and/or desired effects						
<i>Prepare for possible combative patient</i>						
<b>Intramuscle (IM) Administration</b>						
Attaches a straight needle (20g) to the end of PFS						
Holding PFS upright, expels air bubble						
Locate and prep injection site (Deltoid or Buttocks)						
While applying "Z-Traction", puncture skin/muscle at 90° angle						
Inject medication						
Remove needle and dispose of needle/syringe in sharps container						
Gently massage injection site for 5-10 seconds						
Dress injection site						
Monitor for adverse reactions and/or desired effects						
<i>Prepare for possible combative patient</i>						
NOTES: _____						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# SHOCK MANAGEMENT

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Quickly identifies signs/symptoms of shock  <i>Hypotension</i> <i>Pale Skin</i> <i>Major Bleeding</i> <i>Altered LOC</i>						
<i>Identifies major source of external bleeding</i>						
<i>Applies direct pressure with dressing to bleeding wound</i>						
<i>Adds more dressing as needed DOES NOT REMOVE saturated dressing -Considers tourniquet if hemorrhage is in the extremity</i>						
Covers patient with blankets to keep warm						
Places pt in supine position with legs elevated						
<i>Monitors dressings and adds more if needed</i>						
Assess for improvement or deterioration						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# SPINAL MOTION RESTRICTION

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes BSI Precautions/assesses scene safety						
Identifies indication of spinal Motion Restriction (SMR)						
<b>Responsive Patient</b>						
Coaches patient to keep head still						
Assesses neurovascular status (pulse/motor/sensory)						
Correctly applies appropriately sized c-collar						
Assesses if patient is capable of ambulating						
Assists patient to a transport device						
Reassesses neurovascular status (pulse/motor/sensory)						
<b>Unresponsive Patient</b>						
Directs assistant to hold and maintain manual c-spine stabilization						
Assesses neurovascular status (pulse/motor/sensory)						
Correctly applies appropriately sized c-collar						
<i>Performs patient logroll to least affected side</i>						
<i>Assesses posterior neck, back, and buttocks (DCAPBTLS)</i>						
<i>Rolls patient onto a supine transport device</i>						
Secures patient to supine transport device						
Properly lifts patient to the cot						
If hard supine transport device used, removes patient from device by either logrolling or unscoping. Patient may remain secured to a soft cot.						
Secures patient to the cot						
Minimize spinal manipulation as much as possible						
Reassesses neurovascular status (pulse/motor/sensory)						
NOTES: _____						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# SLING & SWATH

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions						
Assesses indication for sling & swath (Shoulder/clavicle injury)						
Directs assistant to stabilize the injured extremity						
Assesses neurovascular status (motor/pulse/sensory)						
Ties a simple knot in corner of triangle bandage (where the two short ends meet)						
Folds second triangle bandage into a 2-4" band						
Places affected extremity in sling (knot forms pocket)						
Positions sling and removes slack to effectively support arm/elbow						
Places swath (below wrist/across elbow) to secure arm to body						
Evaluates for effectiveness and makes necessary adjustments						
Reassesses neurovascular status						
Performs procedures with limited movement						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

# Kingman EMS

## EMT Skill Sheet

# LONG BONE SPLINTING

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions/Assesses scene safety						
Assesses for indication of long bone immobilization						
Directs assistant to stabilize injured extremity in position found						
Assesses neurovascular status (motor/pulse/sensory)						
Gently places extremity in appropriate splint						
<i>Evacuates air if vacuum splint</i>						
Considers cold pack to the injury						
Secures splint to injured extremity						
Ensures effectiveness of splint <i>Fracture - Joint above and below fracture should be immobilized</i> <i>Joint Injury - Bone above and below joint should be immobilized</i>						
Reassesses neurovascular status (motor/pulse/sensory)						
Verbalizes splint reassessment during remainder of care						
Performs procedure with minimal movement of injured extremity						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES: \_\_\_\_\_

# Kingman EMS

## EMT Skill Sheet

# TRACTION SPLINT

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions/Assesses scene safety						
Assesses/Identifies indications/Contraindications <div style="padding-left: 20px;">Indications: Mid-shaft femur fracture (open or closed)</div> <div style="padding-left: 20px;">Contraindications: Hip FX, FX distal to mid-shaft femur</div>						
Directs assistant to stabilize injured extremity						
Correctly measures adjusts splint on unaffected extremity						
Locks splint into position						
Ready's ankle hitch						
Takes over manual stabilization of injury						
Directs assistant to pull and maintain manual traction with hitch						
Places traction splint under injured extremity						
Pushes proximal end of splint until resting against ischial tuberosity						
Secures proximal end of splint to leg with ischial strap						
Connects traction strap to ankle hitch						
Pulls mechanical traction until manual traction is relieved						
Secures splint to the extremity						
Reassesses neurovascular status						
Verbalizes procedures for securing device to cot/spine board						
Verbalizes reassessment of splint during transport						
Performs procedures with minimal movement						
Performs does not release traction once pulled						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*



# Kingman EMS

## EMT Skill Sheet

# TOURNIQUET APPLICATION

Procedure	P2P 1	P2P2	Test 1	Test 2	Test 3	Test 4
Takes appropriate BSI precautions/Assesses scene safety						
Identifies indication for tourniquet (Major bleeding to the extremity not controlled by direct pressure)						
Cuts clothing and exposes injury						
Places device approx 2-3" above wound directly on skin						
Route strap through buckle and secure strap with velcro Avoids routing straps over the rod clips Strap should be tight						
Twist rod either direction until bleeding stops <i>Understands that the procedure will be painful to the alert patient</i>						
Secures rod into the rod clip						
Reassesses for additional bleeding -or- distal pulse <i>If bleeding continues -or- distal pulse present, considers tightening tourniquet</i>						
Routes remaining strap slack over rod and through rod clip						
Secures rod with "TIME" band						
Documents time of application on the "TIME" band						
Reassesses tourniquet effectiveness throughout remainder of care						
	Date	Date	Date	Date	Date	Date
	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail	Pass Fail
	initial	initial	initial	initial	initial	initial

NOTES:

---

*\*Italicized items may be skipped in certain situations/scenarios for mastery check-off*

## Emergency Medical Services – Emergency Medical Responder Competency Checklist

EMS Service: \_\_\_\_\_

EMS Service Member Name: \_\_\_\_\_

Current License in State of Nebraska: # \_\_\_\_\_

EMS Physician Medical Director: \_\_\_\_\_

This document may be used to verify skills competency. If used, complete the following checklist for licensed **EMERGENCY MEDICAL RESPONDERS** on your service and keep a copy on file at the station. The Physician Medical Director (PMD) or Surrogate may sign off each person to be competent in the skills or recommend training to be completed before that person performs the skills.

### Skills

Emergency Medical Responder - Skill	Competent	Needs Training	Training Received (Type of Training Completed And Date)
Extracts Patients From Entrapment			
Assist With Normal Childbirth			
Manual Airway Maneuvers			
Place Oropharyngeal Airway			
Oropharyngeal Suctioning			
Ventilating Patient With Bag Valve Mask			
O2 With Non-Rebreather Mask Or Nasal Cannula			
Oral Medication Administration Of Medications			
Use Of Patient Transport Devices			
Controlling Hemorrhaging			
Inspect And Palpate For Injuries			
Implements Shock Management Techniques			
Bandaging Wounds			
Manually Stabilizing Musculoskeletal Injuries			
Use Of Extremities Immobilization Devices			
Use Of Spinal Immobilization Devices			
Use Of Automatic/Semi-Automatic Defibrillators			
Use of AutoInjectors			

Physician Medical Director Name: \_\_\_\_\_

Physician Medical Director Signature: \_\_\_\_\_

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

## Emergency Medical Services – Emergency Medical Technician Competency Checklist

EMS Service: \_\_\_\_\_

EMS Service Member Name: \_\_\_\_\_

Current License in State of Nebraska: # \_\_\_\_\_

EMS Physician Medical Director: \_\_\_\_\_

This document may be used to verify skills competency. If used, complete the following checklist for licensed **EMERGENCY MEDICAL TECHNICIANS** on your service and keep a copy on file at the station. The Physician Medical Director (PMD) or Surrogate may sign off each person to be competent in the skills or recommend training to be completed before that person performs the skills.

### Skills

Emergency Medical Technician - Skill	Competent	Needs Training	Training Received (Type of Training Completed/Date)
Extracts Patients From Entrapment			
Assist With Normal Childbirth			
Assist With Complicated Child Birth			
Utilize Glucose Monitoring Devices			
Manual Airway Maneuvers			
Place Oropharyngeal Airway			
Place Nasopharyngeal Airway			
Non-Visualized Advanced Airway Devices			
Oropharyngeal Suctioning			
Suctioning Through An Advanced Airway			
Manual Foreign Body Airway Obstruction Removal			
Use Of CPAP			
Use Of Impedance Threshold Devices In Cardiac Arrest			
O2 With Venturi Mask			
Cannulation Of Peripheral Veins (Start IV)			
Monitor Established IV Of NS, LR And D5W			
IV Administration Of Fluids By Gravity			
Use Of Medication AutoInjectors			
Aerosolized Medication Administration			
Monitor An Established Orogastric And Nasogastric Tubes			
Monitor An Established Urinary Catheter			
Use Of Extremity Immobilization Devices			
Use Of Spinal Immobilization Devices			

Emergency Medical Technician - Skill	Competent	Needs Training	Training Received (Type of Training Completed/Date)
Use Of Automatic/Semi-Automatic Defibrillators			
Use Of Mechanical CPR Devices			

Physician Medical Director Name: \_\_\_\_\_

Physician Medical Director Signature: \_\_\_\_\_

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

SAMPLE – SAMPLE – SAMPLE – SAMPLE – SAMPLE

It is not mandatory that you use this form. It is your responsibility to ensure that the language provided in this example is accurate for your services needs and in accordance with current Iowa Code.

Prior to implementing this policy, remove this header: Double-click to open, CTRL+A to highlight and hit DELETE. Double-click within the body of the document to close the header.

## EDUCATION AND SKILL TRAINING ROSTER

Service Name:		Location:	
Date:	Time Start:	Time Finish:	
Describe education and/or skill training:			

Print or Type Name	Signature

<b>PROCTOR STATEMENT OF AFFIRMATION:</b> I hereby affirm and declare that the individuals on this roster were present and participated in the described education and/or training.		
Print Name	Signature	Date

**It is not mandatory that you use this form. It is your responsibility to ensure that the language provided in this example is accurate for your services needs and in accordance with current Iowa Code.**

**Prior to implementing this policy, remove this header: Double-click to open, CTRL+A to highlight and hit DELETE. Double-click within the body of the document to close the header.**

## EMS PROVIDER ORIENTATION FORM

Service Name:		City:	
Provider Name:		Date of Hire:	
Certification #:		Exp. Date:	Verified by:
Preceptor Name:		Date orientation completed:	

SUBMIT DOCUMENTATION PROMPTLY	DATE	INITIAL
Iowa driver license		
BLS Health Care Provider course completion		
Course completions as required by the medical director		
Emergency driving and communications course		
Hepatitis B vaccination and tuberculosis status		
Dependent adult and child abuse training certificate		
NIMS training		
Incident command training		

REVIEW EACH ITEM	DATE	INITIAL
Delegated practice – review Medical Director Duties document		
Physician approved protocols		
CQI Policy and Assignments		
Emergency Driving and Communications Policy		
Pharmacy Agreement Policies and Procedures		
Confidentiality Policy		
Service Policies and Procedures		

### PRECEPTOR VERIFICATION:

I affirm and declare that I have actively provided pertinent information and guidance during this initial orientation process.

Print First Name	Print Last Name	Signature	Date

### MEDICAL DIRECTOR VERIFICATION:

I affirm that the provider's medical skills have been verified and that they understand their Scope of Practice.

Print First Name	Print Last Name	Signature	Date

### NEW EMPLOYEE STATEMENT OF AFFIRMATION:

I hereby affirm and declare that I have actively participated in the orientation. I have read the policies and procedures and protocols and will work diligently to comply.

Print First Name	Print Last Name	Signature	Date

**SAMPLE – SAMPLE – SAMPLE – SAMPLE – SAMPLE**

**It is not mandatory that you use this form. It is your responsibility to ensure that the language provided in this example is accurate for your services needs and in accordance with current Iowa Code.**

**Prior to implementing this policy, remove this header: Double-click to open, CTRL+A to highlight and hit DELETE. Double-click within the body of the document to close the header.**

The preceptor will date and initial each task when satisfactorily completed.

**EXPLAIN THE LOCATION AND PURPOSE OF THE FOLLOWING ITEMS**

ITEM	DATE	INITIAL	ITEM	DATE	INITIAL
Blank Patient Care Reports			Skill maintenance logs		
Bulletin/Message boards			CQI policy manual		
Charge sheets			Schedule		
Computer-copier-printer			Uniform policy		
Protocols			Supply storage		
File cabinets			Vehicle & equip checklists		
Phone contacts					
Mail boxes					
Medicare forms					
Radio, pager and cell phone					
Batteries chargers					

**SERVICE PROGRAM RESPONSE AREA**

ITEM	DATE	INITIAL
Map of service area		
Maps of cities, towns, mobile home parks, schools and businesses		
911 map of service area		
Frequent locations: clinics, nursing homes and hospitals		

**VEHICLES, SUPPLIES AND EQUIPMENT**

Vehicle Cab and Engine Compartment		
ITEM	DATE	INITIAL
Cab area and starting procedure		
Emergency brake		
Radio operations and procedures		
Location of map books and GPS		
Use of lights and siren		
Fueling procedure and credit card use		
Vehicle and equipment checklists		
Vehicle cleaning procedure		
Vehicle safety check ( tire pressure, all lights, wipers, exhaust, mirror adjustments)		
Vehicle patient compartment, supply and equipment storage areas		
ITEM	DATE	INITIAL
Inventory the contents of all cupboards and storage areas inside and outside		
Cot cleaning and operation		
Drug boxes and security measures		
Medication replenishment procedures		
Location and replacement of on-board and portable oxygen tanks		
Location and cleaning of on-board and portable suction		

**SAMPLE – SAMPLE – SAMPLE – SAMPLE – SAMPLE**

**It is not mandatory that you use this form. It is your responsibility to ensure that the language provided in this example is accurate for your services needs and in accordance with current Iowa Code.**

**Prior to implementing this policy, remove this header: Double-click to open, CTRL+A to highlight and hit DELETE.**

**Double-click within the body of the document to close the header.**

Location and cleaning of cardiac monitor and/or AED location		
Location and cleaning of spinal immobilization equipment		
Location and cleaning of extremity immobilization equipment		
Location and cleaning of pediatric equipment		
Location and cleaning of stair chair		
Location and cleaning of glucometer		
Location of AC power inverter		

### **COMMUNICATIONS**

<b>ITEM</b>	<b>DATE</b>	<b>INITIAL</b>
Use, responsibility and access of pagers		
Use of and access to portable radios		
Use of cell phone for patient report to receiving facility		
Use and intent of internal communications staff memo notebook		
Procedure for schedule changes		

### **DOCUMENTATION**

<b>ITEM</b>	<b>DATE</b>	<b>INITIAL</b>
Completion and filing of patient care reports		
Use of patient transfer authorization forms		
Use of HIPPA forms		
Patient refusal documentation		
Documentation of pharmacy replenishment forms		
Documentation of skill maintenance		

### **SECURITY**

<b>ITEM</b>	<b>DATE</b>	<b>INITIAL</b>
Proper operation of overhead and side doors		
Assign keys and/or combinations		
Policy for vehicle safety at the scene		

### **ROLES AND RESPONSIBILITIES**

<b>ITEM</b>	<b>DATE</b>	<b>INITIAL</b>
Be on time for all meetings and trainings		
Contact leadership if you are unable to attend a meeting or training		
If you must miss a meeting or training, it is your responsibility to read the minutes and arrange for and document supervised training		
No more than one unexcused absence per year.		
Do not consume alcohol, sleep aids or anything that may alter consciousness		



**It is not mandatory that you use this form. It is your responsibility to ensure that the language provided in this example is accurate for your services needs and in accordance with current Iowa Code.**

**Prior to implementing this policy, remove this header: Double-click to open, CTRL+A to highlight and hit DELETE. Double-click within the body of the document to close the header.**

within 12 hours of shift		
Be respectful of all team members, patients, families and bystanders		
What happens on calls and at meeting stays confidential.		
Leave pager in charger if you have no intention of responding		
Stay competent on all equipment		
Read and abide by physician approved protocols		
Read and abide by all policies and procedures		
Ensure that the vehicle and equipment is clean and restocked following every call		
Document PCR within 24 hours of responding		
Follow the chain of command		
White Light Permit issuance procedure		
Critical Incident Stress Management		
Drive cautiously and safely within the boundaries of the emergency driving policy		
Sexual harassment or discrimination of any kind will not be tolerated		

**PRECEPTOR VERIFIED COMPETENCIES:**

<b>ITEM</b>	<b>DATE</b>	<b>INITIAL</b>
Demonstrate replacement of oxygen cylinders		
Demonstrate use of on-board and portable suction		
Demonstrate use of airway devices		
Demonstrate use of cardiac monitor and/or AED		
Demonstrate use of spinal immobilization equipment		
Demonstrate use of extremity immobilization equipment including traction splint		
Demonstrate use of pediatric equipment		
Demonstrate use of stair chair		
Demonstrate use of the cot		
Demonstrate use of the glucometer		
Demonstrate competency in performing all of the skills listed in the current Iowa EMS Scope of Practice document within the level of certification and service authorization and as approved by the medical director		
Demonstrate the ability to find five locations randomly selected by the trainer		
Demonstrate the proper documentation of five patient care events		
Demonstrate proper lifting and moving techniques for two rescuer carry, two rescuer cot, bed or cot to chair, cot to bed, use of sheet or slide board lift		

SAMPLE – SAMPLE – SAMPLE – SAMPLE – SAMPLE

It is not mandatory that you use this form. It is your responsibility to ensure that the language provided in this example is accurate for your services needs and in accordance with current Iowa Code.

Prior to implementing this policy, remove this header: Double-click to open, CTRL+A to highlight and hit DELETE. Double-click within the body of the document to close the header.

## PATIENT CARE REPORT (PCR) AUDIT FORM

Service Name:	Location:
Incident Date:	Audit Date:
Report Number:	Auditor:
Report Author:	Additional Staff:

S = satisfactory (element included, clear, and understandable) NA = not applicable

I = improvement needed (element omitted, vague or unclear)

PROVIDE WRITTEN COMMENT BELOW FOR ALL "IMPROVEMENT NEEDED" OR "NO" NOTATIONS

DOCUMENTATION ELEMENTS	S	I	NA	COMMENTS
Service/staff identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scene and time information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chief complaint: documented or obvious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety equipment used by patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
History including MOI or NOI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vital signs and physical exam findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Care rendered prior to arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures and treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reason for use of lights & siren to and/or from the scene documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CLINICAL AUDIT MEASURES	YES	NO	N/A	COMMENTS
Response time acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Scene time acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transport time acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Destination decision appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tiered response time appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriate protocol followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall documentation adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Treatment/procedures appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utilization of lights/siren appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient outcome as expected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Director review needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Follow-up necessary (USE ACTION PLAN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SAMPLE – SAMPLE – SAMPLE – SAMPLE – SAMPLE**

**It is not mandatory that you use this form. It is your responsibility to ensure that the language provided in this example is accurate for your services needs and in accordance with current Iowa Code.**

**Prior to implementing this policy, remove this header: Double-click to open, CTRL+A to highlight and hit DELETE. Double-click within the body of the document to close the header.**

## **WRITTEN AUDIT COMMENTS PAGE**

<b>AUDITOR</b>		
Type or Print Name	Signature	Date
Comments:		
<b>MEDICAL DIRECTOR</b>		
Type or Print Name	Signature	Date
Comments:		
<b>REPORT AUTHOR</b>		
Type or Print Name	Signature	Date
Comments:		
<b>ADDITIONAL RESPONDING STAFF MEMBER</b>		
Type or Print Name	Signature	Date
Comments:		
<b>ADDITIONAL RESPONDING STAFF MEMBER</b>		
Type or Print Name	Signature	Date
Comments:		

SAMPLE – SAMPLE – SAMPLE – SAMPLE – SAMPLE

It is not mandatory that you use this form. It is your responsibility to ensure that the language provided in this example is accurate for your services needs and in accordance with current Iowa Code.

Prior to implementing this policy, remove this header: Double-click to open, CTRL+A to highlight and hit DELETE. Double-click within the body of the document to close the header.

## PROVIDER SKILL MAINTENANCE LOG

NAME:	LEVEL:	YEAR:
-------	--------	-------

BASIC SKILLS	1 <sup>st</sup> QUARTER JAN-MAR	2 <sup>nd</sup> QUARTER APR-JUN	3 <sup>rd</sup> QUARTER JUL – SEP	4 <sup>th</sup> QUARTER OCT-DEC

ADVANCED SKILLS	1 <sup>st</sup> QUARTER JAN-MAR	2 <sup>nd</sup> QUARTER APR-JUN	3 <sup>rd</sup> QUARTER JUL-SEP	4 <sup>th</sup> QUARTER OCT-DEC

# References

- American College of Emergency Physicians
  - <https://www.acep.org/>
- California Emergency Medical Services Authority
  - <https://emsa.ca.gov/emt/>
- Institute of Medicine. 2007. Emergency Care for Children: Growing Pains. Washington, DC: The National Academies Press.
- Iowa Department of Public Health
  - <https://idph.iowa.gov/bets/ems/service-resources>
- Nebraska Department of Health and Human Services
  - <https://dhhs.ne.gov/Pages/EHS-EMS-Licensing.aspx>
- Vermont Department of Health
  - <https://www.healthvermont.gov/sites/default/files/documents/pdf/DEPRIP%20PedSafe%20Program%20Overview.pdf>