St. Anthony
PreHospital Services
Continuing Education Coordinator Manual

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www.sahems.org
The purpose of this resource manual is to provide St. Anthony Agency EMS Coordinators with Continuing Education Guidelines for State of Colorado EMT Certification.
Table of Contents

What is a State of Colorado EMT Training Center? ................................................................. 3
Can all Training Centers teach every course approved by the State of Colorado? ...................... 3
Who is our Training Center? ......................................................................................................... 3
What is a Medical Director? ......................................................................................................... 3
Who is our Medical Director? ...................................................................................................... 3
Who’s protocols do I work under, and where can I get a copy? ................................................. 3
What is a CE or CEU? .................................................................................................................. 4
Who can attend CE? ...................................................................................................................... 4
How much credit do I get for CE? ............................................................................................... 4
What area the CE categories? ....................................................................................................... 4
Were can I get CE? ....................................................................................................................... 5
Who can teach CE? ....................................................................................................................... 5
Does time spent working on an ambulance or doing patient care count towards CE? .............. 5
Are there different levels of CE training? .................................................................................... 5
How much CE is needed to re-certify EMT certificates in Colorado? ....................................... 6
Who tracks my CE and how do I get a copy? ............................................................................. 6
State of Colorado Certification .................................................................................................. 6
Can out of state certificates renew using the Colorado CE or re-entry program? ....................... 6
The Process for EMT Certification in Colorado .......................................................................... 7
  Initial Certification
  CE Recertification (under 6 months expired)
  Re-entry Recertification (over 6 months expired but less than 36 months)
  Non-renewable Recertification (expired over 36 months)
  EMT IV Approval and EKG Classes

What do I need to do to drop to a lower certification level? .................................................... 7
Does Colorado have “Non-active” certification? ........................................................................ 7
If I have an out of state or national certification, can I practice as an EMT in Colorado? ........ 8
What is an EMT Certificate “Grace” Period? ............................................................................. 8
What is a Certification “Re-entry” Period? ................................................................................ 8
Where are State Practical/Skills testing offered? ........................................................................ 8
How do I sign up for a State Written Examinations? ............................................................... 8
Where do I get a Certification Application and who signs it? .................................................. 9
How long does it take the state to process testing applications? ............................................. 9
Where do I get a Certification Application and who signs it? ................................................ 9
How long after testing are results available? .............................................................................. 9
What should I do if my certificate is lost, stolen or destroyed? .............................................. 9
What about CPR, ACLS or other course certificates? ............................................................. 9
Why does the State require a criminal and driving history for EMT certification? ................... 10
Where can I get my CBI or driving history? ............................................................................. 10
How current does the criminal history have to be at the time of application? ....................... 10
Services provided by St. Anthony PreHospital Services ........................................................... 11
Clinical Resources Available .................................................................................................. 11
Contact Information .................................................................................................................. 12
Functional Position Description/Emergency Medical Technician ........................................... 13
State of Colorado/Fact Sheets for EMTs .................................................................................... 14
Colorado State Acts Allowed .................................................................................................... 14
EMT-Basic Skill Practice Instructions & Testing Sheets (Medical, Trauma & AED) ..................... 24
AED Skill Reverification Forms ................................................................................................. 33
Agency Information Form .......................................................................................................... 35
Medical Advisor Certification/Registration Form ....................................................................... 36
Personnel Supervision List Form ............................................................................................. 37
CE Roster Form ........................................................................................................................ 38
Unusual Circumstance Report .................................................................................................. 40
What is a State of Colorado EMT Training Center?
Colorado licensed acute care hospitals and institutions of higher education (i.e. Universities, Community Colleges and Vocational Schools) may apply for reorganization as Colorado State EMS Division approved Training Centers. Training Centers provide comprehensive initial courses, continuing education programs, and/or refresher courses.

State approval of Training Centers is based upon proof that the Training Center has met all the requirements, including demonstration of a commitment to conduct training courses in compliance with State policies, has the necessary staff, equipment and supplies to provide the training, and has justified the need for training within the area of service. All Training Centers must have Medical Directors who function as the medical authority regarding program policies and procedures.

Can all Training Centers teach every course approved by the State of Colorado?
No. Training Centers must apply with the State for each course they want to offer. Currently the EMS Division approves nine programs including – Emergency Medical Dispatch, Initial EMT-Basic, Intermediate & Paramedic, IV Approval, and Continuing Education for Basic, Intermediate & Paramedic. Continuing Education Programs may offer refresher courses. The Colorado Division of Fire Safety approves First Responder Programs.

Who is our Training Center?
St. Anthony Hospital Central, PreHospital Services

What is a Medical Director?
A physician who establishes protocols and standing orders for medical acts performed by members of a prehospital emergency medical care service agency and who is specifically identified as being responsible to assure the competency of the performance of those acts.

Who is our Medical Director?
W. Peter Vellman is your primary Medical Director. Scott Branney, Michael Brunko, Gerald Estep, Ed Noordewier, and Brian Rolfson are Associate Medical Directors.
You cannot function as an EMT without a Medical Advisor. This includes all patient care.

Who’s protocols do I work under, and where can I get a copy?
You work under the protocols of your Medical Advisor. The Denver Metropolitan EMS Medical Directors developed standards for the Denver metro area, but there are no statewide or national protocols. You can find the latest copy of the Denver protocols on the St. Anthony PreHospital website www.sahems.org.
What is a CE or CEU?
CE stands for Continuing Education and CEU stands for Continuing Education Units. Because the field of medicine is constantly changing both the State of Colorado and National Registry require that all EMTs (Basics, Intermediates, and Paramedics) continue their education to eligible to renew their certificates.

EMTs actively enrolled in CE programs should be prepared for state certification testing and be provided ample opportunity for staying current and competent as an emergency medical technician.

Who can attend CE?
Anyone, regardless of certification, can attend CE, but only certified EMTs will receive CE credit.

How much credit do I get for CE?
Credit is usually give hour for hour, meaning that if you attend a one-hour lecture, you will be given one-hour of CE credit. For some courses, such as Outdoor Emergency Care or Advanced Cardiac Life Support, the State provides guidelines as to how much credit may be awarded and in which category. Although you may be in class longer, the State may allow less CE hours.

What are the CE categories?
Hours are also divided into 8 categories (Preparatory, Airway/Breathing, Cardiology, Trauma, OB/Infants/Children, Patient Assessment, Medical/Behavioral, Core Electives/Operational and additional topics both for Colorado and National Registry certification. National Registry has over 20 different topics in 6 divisions. Medical CE includes patient care that is medical in nature, such as heart attacks or acute poisoning. Trauma CE relates to patients with injuries caused by trauma, such as car accidents or falls. Core Electives includes non-physical patient care, such as HazMat, or auto extrication. CE outside your level of certification also goes into Electives.
Where can I get CE?
For Colorado, half of all your hours in each category must be **Instructor Contact Hours**
- CE presented by your Training Center
- CE presented by your Agency, including Fire Training
- EMT Refreshers
- Short Courses (i.e. ACLS, BTLS, PEPP, PALS, IV Approval, EKG, etc.)
- Lectures
- Mini Conferences
- College Courses

Half of all your hours in each category may be **Non-Instructor Contact Hours**
- Journal CE Articles (i.e. from JEMS)
- Training Videos (i.e. Emergency Medical Update Video Program)
- Computer based training
- Internet CE Websites

To qualify for CE credit approval, the programs must have measurable learning objectives/outcomes. These objectives must be made available to the student prior to delivery of the program. There must also be a posttest based on the learning objectives.

Who can teach CE?
Anyone who is an expert in the field they are instructing may conduct CE. The State offers courses to prepare individuals to Assistant, Instruct, and/or Coordinate programs. Professionals in other field of education may also present lectures that qualify as CE. An example is presentations by Mayflower Group/Critical Incident Stress Debriefing. Their instructors may not be EMTs, often they’re psychologists, but they are experts in their field. Training must be appropriate for EMTs.

Does time spent working on an ambulance or doing patient care count towards CE?
No.

Are there different levels of CE training?
There are 3 different levels of EMT certification recognized by the State - Basic, Intermediate, and Paramedic. To receive credit in the Medical or Trauma categories, the CE must cover information at your level of certification and scope of practice. However, CE above your level of certification can be awarded credit in Electives. An example is – an EMT-Basic cannot perform advanced life support skills, such as needle cricothyrotomies, it is above their scope of practice, therefore they would not receive Trauma CE credit, but Elective CE. IV, AED, and EKG are not certification levels, they’re just training.

For a more detailed description of the EMT Acts allowed and Scope of Practice, see the State of Colorado Fact Sheets included in this document.
How much CE is needed to re-certify EMT certificates in Colorado?

State of Colorado - Certification is valid for 3 years

- **EMT-Basic** need 36 hours (1 Preparatory * 3 OB & Peds * 6 Trauma * 5 Patient Assessment * 3 Airway * 6 Medical * 12 Electives) plus current CPR

- **EMT-Intermediate** need 50 hours (8 Airway * 4 Medical * 3 Trauma * 8 OB & Peds * 2 Operations * 25 Electives) plus current CPR & ACLS

- **EMT-Paramedic** need 50 hours (8 Airway * 4 Medical * 3 Trauma * 8 OB & Peds * 2 Operational * 25 Electives) plus current CPR & ACLS

National Registry of EMTs - Certification is valid for 2 years

- **NREMT-Basic** need 72 hours (1 Preparatory * 2 Airway * 2 OB, Peds * 3 Patient Assessment * 4 Medical Behavioral* 4 Trauma * 8 Elective) plus 48 hours in EMS Related CE and current CPR

- **NREMT-Intermediate** need 72 hours (12 Airway, Breathing, Cardiology * 6 Medical Emergencies, 5 Trauma * 12 OB, Peds * 1 Operational Tasks) plus 36 hours in EMS Related CE and CPR & ACLS

- **NREMT Paramedic** needs 72 hours (16 Airway, Breathing, Cardiology * 8 Medical Emergencies, 6 Trauma * 16 OB, Peds * 2 Operational Tasks) plus 24 hours in EMS Related CE and CPR & ACLS

Starting in 2007, you can choose to re-register your NREMT certification by taking the NR computerized examination. There is no CE requirement. The exam must be taken prior to March 15, 2008 and you are allowed only one attempt. For more information go to Re-registration By Examination Requirements

Who tracks my CE and how do I get a copy?

Training Centers keep attendance records, but only for their own classes. There is not a shared data base where all the training is automatically recorded for all of Colorado's Training Centers. If you attend a program presented by someone besides your Training Center (St. Anthony) or your Agency, send us a copy of your certificate of attendance. We then can add the hours to our computer database for tracking, and provide you a copy whenever it’s needed. It’s a good idea to keep your own records too.

State of Colorado Certification

EMT certificates are issued and are valid for three (3) years. During this period the certificate holder is entitled to be referred to as a certified EMT and may practice according to the Colorado Board of Medical Examiner’s Authorized Medical Acts of Emergency Medical Technicians. Upon the expiration date of the certification the holder is no longer considered “certified” and must not present themselves as a Colorado certified EMT nor function in that capacity. The State of Colorado reserves the right to pull certification from EMTs in violation of any State Rule or Regulation.

Can out of state certificates renew using the Colorado CE or re-entry program?

Currently EMTs training is certified by individual states, not nationally. This means that each state has the right to decide certification requirements. Many states choose to use the National Registry of EMTs for validation of knowledge and skills, but it is not used or recognized by all states. It is necessary to contact the certificate issuing state for renewal information.
The process for EMT Certification in Colorado

Initial Certification
Successful completed a State approved initial training program including all clinicals
Pass the National Registry Written & State skills practical if EMT Basic
Pass the National Registry Written & practical if EMT Intermediate or Paramedic
Submit your completed application to State for review & approval include:
  - CPR or ACLS cards
  - Original Criminal History Record (finger print CBI)
  - Original Driving Record

CE Recertification (under 6 months expired)
Successful completed 36 hours of CE (Basic) or 50 (Intermediate & Paramedic)
Pass station skills practical
Submit your completed application to State for review & approval include:
  - CPR or ACLS cards
  - Original Criminal History Record
  - Original Driving Record

RE-Entry Recertification (over 6 months expired but less than 24 months)
Colorado requires that you to become national registered. In some cases NR will allow you to complete a refresher, skills practical, and pass the NR written examination. Contact NR directly for verification of your certification options. 1-614-888-4484.

Non-renewable Colorado Recertification (over 24 months expired)
Complete an entire EMT course again.

* Please note – in some cases, Paramedics may apply for NR certification even if they are expired more than 2 years. Contact NR for more details.

EMT IV Approval and EKG classes are not certifications, so they never expire.

What do I need to do to drop to a lower certification level?
- If your certification has not expired, you may request, in writing, to the state of Colorado to drop to a lower level. Your expiration date will not change.
- If your initial EMT-Basic or Intermediate followed the new curriculum, all you have to do follow the guidelines for re-certifying as an EMT-Basic or Intermediate.
- If your initial EMT-Basic or Intermediate were not new curriculum, you need to complete the 25-hour transition program (usually part of Refresher Classes), and then follow the guidelines for re-certification as an EMT-Basic or Intermediate.

Does Colorado have “Non-active” certification?
No. Some states and National Registry offer “Non-Active Status” for EMTs currently not working in the field. Colorado does not have non-active certification.
If I have an out of state or national certification, can I practice as an EMT in Colorado?
No. Only EMTs with valid Colorado certification may practice in Colorado. With a current out of state certificate or a current National Registry certificate you must apply for recognition of your training with the State of Colorado EMS office.

What is an EMT Certificate “Grace” Period?
The 6 month period between your expiration date and when you have to complete a re-entry program to renew your certification is call a “Grace” Period. However, this is not an extension of the expiration date. It only allows you time to compete 36 (Basic) or 50 (Intermediate/Paramedic) hours of CE instead of a formal refresher program. You are not certified during this period. Once the certificate is expired you are no longer classified as a State certified EMT and cannot provide medical care at any level until the certificate is renewed.

How do I complete my State Practical/Skills testing?
There are a couple of ways to verify skills competencies.

• If you are currently working as an EMT, you should contact your agency's Medical Advisor (or their Representative). St. Anthony agencies should contact the PreHospital Field staff by calling the EMS office at 303-629-3786 or e-mail thomascandlin@centura.org

• If you are not currently working as an EMT, you can participate in a formal skills practical. Contact any Colorado State Training Center for dates and locations

How do I sign up for a State Written Examinations?
As of June 2004, the State of Colorado no longer requires written examinations.
Where do I get a Certification Application and who signs it?
Applications are available from Training Centers or the Colorado Department of Health EMS Division. They may also be obtained from the State of Colorado web site. There is also a link on the St. Anthony website www.sahems.org.

- **Section 1/Applicant’s Information.** Applicants complete and sign this section. It also asks for the Colorado EMT certification number.

- **Section 2/Training Verification.** Training Centers complete this section. They are responsible for providing, reviewing and/or verifying training requirements. EMTs not affiliated with Training Centers may submit their CE directly to the State office for review.

- **Section 3/Practical Skills Testing Verification.** Training Centers also complete this section when applicants successfully completed their practical. Students failing the practical will have Section 3-B completed by the Training Center.

How long does it take the state to process applications?
Applications submitted, in person or by mail to the State EMS Office, will require a minimum of 3 to 8 weeks to process. Applicants waiting for their CBI results to be processed, may request a letter from the State with the new expiration date so they may continuing working until their new certificates are mailed.

What should I do if my certificate is lost, stolen or destroyed?
Write the EMS Division a letter, include your name, certificate number, and current mailing address. Explain what happened to your certificate (i.e. lost, stolen). The State will only replace certificates that are currently valid.

What about CPR, ACLS or other course certificates?
Contact the agency that sponsored the course, they will be able to assist you.
Why does the State require a criminal for EMT certification?
The State of Colorado EMS Division requires a criminal history for EMT certification in Colorado. The Colorado General Assembly has found that certain crimes present an extraordinary risk of harm to society, and may be grounds for denial or revocation of Colorado EMT certification. The crimes with the greatest focus of a more in-depth investigation are:

- Sexual assault in the first, second, or third degree
- Sexual assault on a child
- Sexual assault on a client by a psychotherapist
- Incest or aggravated incest
- Aggravated robbery
- Child abuse
- Unlawful distribution, manufacturing, dispensing, sale, or possession of a controlled substance with the intent to sell, distribute, or manufacture.
- Any crime of violence including:
  - A crime in which the defendant used, or possessed and threatened the use of, a deadly weapon during the commission or attempted commission of any crime committed against an elderly person, a person with a disability, or an at-risk adult
  - Murder
  - First or second degree assault
  - Kidnapping
  - Sexual assault
  - Robbery
  - First degree arson
  - First and second degree burglary
  - Escape, or criminal extortion, or during the immediate flight there from
  - The defendant caused serious bodily injury or death to any person, other than himself or another participant, during the commission or attempted commission of any such felony or during the immediate flight there from
  - Any unlawful sexual offense in which the defendant caused bodily injury to the victim or in which the defendant used threat, intimidation, or forced against the victim

Areas of concern involving driving records include:

- Histories of vehicular homicide
- Driving while under the influence
- Driving while ability impaired

All cases will be investigated on an individual basis. Severity of the offense, repeat offense, and rehabilitation will be factors that may influence the ultimate decision made in each case.

Where can I get my CBI or FBI?
Criminal Background Reports may be obtained from the Colorado/Federal Bureau of Investigations. F/CBI reports require fingerprints cards, which may be obtain at your local law enforcement offices. All reports must be no earlier than 3 months prior to the date of application.

How current does the criminal history have to be at the time of application?
For all Colorado, National Registry or EMTs transferring from another state, the criminal history report must be obtained no earlier than 3 months prior to submitting an application.
Services provided by St. Anthony PreHospital Services
PreHospital Services (EMS) is the liaison for St. Anthony and their Affiliated Agencies. Some of what they provide includes:

- Continuing education (CE) programs presented at the field agency location. CE sessions are presented in a two hour format and usually include a segment devoted to case review
- CE Video/Skills Labs
- Bi-monthly Practical
- Mini-conferences
- Trip Report Audit. Trip Reports are critiqued and selected for case review
- Data Management of employee certification and CE records
- Review and investigation of incidents
- Patient follow-ups and feedback to the agencies
- Special Classes upon agency request
- Remedial training. Through the various activities listed above, when the need for remedial training is identified, arrangements can be made for educational programs or clinical rotations in the hospital.
- Various other services and input are available which might include: Accident Review and Prevention, MCI/Disaster Planning and Management, referral to Critical Incident Stress Debriefing programs, etc.

Clinical Resource Available
The following clinical areas are available for SAC affiliated agency employees enrolled in the CE programs:

- Cardiac Intensive Care Unit (SAC)
- EKG/Heart Station (SAC)
- Emergency Department/St. Anthony North (SAN), which includes the Chest Pain Clinic, Pediatric After Hour Clinic
- Emergency Department/St. Anthony Central (SAC), which includes the Chest Pain Clinic, the Fast Track Clinic, and the Orthopedic Clinic
- Intensive Care Unit (SAN)
- OB/Labor and Delivery (SAC & SAN)
- Pediatric Ward (SAC & SAN)
- Phlebotomy Laboratory (SAC & SAN)
- Post Anesthesia Unit (SAC & SAN)
- Psychiatric Unit (SAC)
- Pulmonary (SAC)
- Radiology (SAC)
- Surgery (SAC)
- Surgery Intensive Care Unit (SAC)
- Various response agencies & ambulance services
Contact Information:
St. Anthony Hospital Central/PreHospital Services
4231 West 16th Avenue  Kuhlman Building 413 Denver, Colorado 80204
303-629-3975 or 1-800-393-6321  fax 303-629-3622  recorded message 303-629-3786
St. Anthony Web Site: www.sahems.org

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Colorado state employee’s e-mail * type (first name) then a dot (.) then (last name)@state.co.us
Sample: john.smith@state.co.us

National Registry of Emergency Medical Technicians
Rocco V. Morando Building
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P.O. Box 29233 - Columbus, Ohio 43229
614-888-4484 fax 614-888-8920
http://www.nremt.org/
The following pages are based on the Colorado Department of Public Health & Environment Policies and the 

COLORADO BOARD OF MEDICAL EXAMINERS RULE 500

Colorado Board of Medical Examiners Rules Defining the Duties and Responsibilities of Emergency Medical Services Medical Directors and The Authorized Medical Acts of Emergency Medical Technicians

Go to http://www.cdphe.state.co.us/em/rules/index.html for the most up dated information.
Introduction

We are providing the following general position description of Emergency Medical Technician EMT-Basic (EMT-B), EMT-Intermediate (EMT-I), and EMT-Paramedic (EMT-P). This should guide you when giving advice to anyone who is interested in understanding what qualifications, competencies and tasks are expected of the EMT-B/EMT-I/EMT-P. It is the ultimate responsibility of the employer to define specific job descriptions within each EMS entity.

Qualifications

Successfully complete an EMS Division approved course. Achievement of a passing score on written and practical certification examinations.

Must be at least 18 years of age. Generally, the knowledge and skills required show the need for a high school education or equivalent. Ability to communicate verbally; via telephone and radio equipment; ability to lift, care and balance up to 125 pounds (250 with assistance); ability to interpret written, oral and diagnostic form instructions; ability to use good judgement and remain calm in high stress situations; ability to work effectively in an environment with loud noises and flashing lights; ability to function efficiently throughout an entire work shift; ability to calculate weight and volumes ratios and read small print, both under threatening time constraints; ability to read and understand English language manuals and road maps; accurately discern street signs and address numbers; ability to interview patient, family members, and bystanders; ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such; ability to converse in English with coworkers and hospital staff as to status of patient. Good manual dexterity, with ability to perform all tasks related to highest quality patient care. Ability to bend, stoop, and crawl on uneven terrain; and the ability to withstand varied environmental conditions such as extreme heat, cold, and moisture. Ability to work in low light, confined spaces and other dangerous environments.

Competency Areas

EMT-Basic

Must demonstrate competency handling emergencies utilized all Basic Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT Basic curriculum. Automated external defibrillation and intravenous access are optional skills and curriculum.

EMT-Intermediate

Must demonstrate competency handling emergencies utilizing all Basic and Advanced Life Support equipment and skills in accordance with all behavioral objectives in the Colorado EMT-Intermediate curriculum.

EMT-Paramedic

Must demonstrate competency handling emergencies utilizing all Basic and Advanced Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT-Paramedic curriculum. The EMT-P has reached the highest level of certification.
Description of Tasks

Receives call from dispatcher, responds verbally to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route, and observes traffic ordinances and regulations.

Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultated breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician. may use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airways and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation.

Assists in lifting, carrying, and transporting patient to ambulance and onto a medical facility. Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care. Extricates patient from entrapment, assesses extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue services if required, provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene. Determines appropriate facility to which patient will be transported, report nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department or according to published protocols. Identifies diagnostic signs that require communication with facility. Assist in removing patient from ambulance and into emergency facility. Reports verbally and in writing observations about and care of patient at the scene and in-route to facility, provides assistance to emergency staff as required.

Replaces supplies, sends used supplies for sterilization, checks all equipment for future readiness, maintained ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior, determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure, maintains familiarity with all specialized equipment.
Definition
Emergency Medical Technician - Basic (EMT-B) is an individual who has successfully completed a Division approved training course in emergency medical sere and successfully fulfilled the examination requirements for EMT-B certification, and who is authorized to provide basic emergency medical care in accordance with the "Acts Allowed" by the Colorado Board of Medical Examiners. ALL EMT-Basics who provide care for a service agency are required to have a physician advisor who is registered with the EMS Division and the Colorado Board of Medical Examiners.

Medical Acts Allowed for the EMT-Basic
COLORADO BOARD OF MEDICAL EXAMINERS RULE 500 * SECTION 4
Go to [http://www.cdphe.state.co.us/em/rules/index.html](http://www.cdphe.state.co.us/em/rules/index.html) for the most up dated Appendix A & B.

4.1 An EMT-Basic may, under the supervision and authorization of a medical director, perform emergency medical acts consistent with and not to exceed those listed in Appendix A of these rules in accordance with the provisions of Section 3 of the Colorado Board of Medical Examiners Rule 500.

4.2 An EMT-Basic may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications defined in Appendix B of these rules in accordance with the provisions of Section 3 of the Colorado Board of Medical Examiners Rule 500.

4.3 Any EMT-Basic who is a member or employee of an EMS service agency and who performs said emergency medical acts must have authorization and be supervised by a medical director to perform said emergency medical acts.

4.4 EMT-Basics may carry out a physician order for a mental health hold as set forth in § 27-10-105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications.

Initial Training
All EMT-B training must be received from an EMS-Division approved training center. Students must be 18 years old at time of testing. All programs must meet the 1994 National Department of Transportation’s (DOT) standard 110 hour curriculum and does include the use of AED. Candidates must also be National Registry Certified. Many of Colorado's programs exceed the minimum requirement. Colorado's minimum curriculum includes:

<table>
<thead>
<tr>
<th>Curriculum Minimum Overview</th>
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<tbody>
<tr>
<td>Course hours</td>
</tr>
<tr>
<td>5 patient contacts</td>
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Individual training centers should be contacted regarding course availability.
Renewal

- EMT-Basics must recertify every 3 years and are required to have the following:
  - 36 hours of pre approved continuing education or 36 hour minimum refresher course that meets the DOT curriculum and
  - Successfully completes an EMT-Basic Skills Evaluation, and
  - Has current professional level BCLS certification at time of application, and
  - Applies to the EMS Division for recertification.

Grace Period

The EMS Division grants an automatic "grace period" of six months for those individuals with expired certificates. This is NOT an extension of certification. Certificates are EXPIRED until all recertification requirements have been accomplished. The EMS Division CANNOT extend certificates. Certificates which are more than six months expired must complete the National Registry certification process.

General Requirements for Certification and Recertification

All initial, recertifying and Non-Colorado EMTs are required to submit the following documents at the time of application to the EMS Division.
- Original criminal history record, and
- Copy of current professional Basic Life Support Certification (AHA or ARC)

Initial candidates must also have current NREMT certification.

Written Certification Examination

As of June 2004 this requirement is not longer valid.

Practical Examination

For initial certification the Colorado EMT-Basic Practical Certification Examination is using the same examination used by the National Registry and administered by EMS Division approved EMT-Basic Training Centers. Each candidate will get only two attempts to successfully pass the entire examination.

Skills Evaluation

Currently certified EMT-Basics must successfully complete a skills evaluation to become recertified. This skills evaluation is conducted by EMS Division approved EMT-Basic CE Training Groups and must be completed no earlier than twelve months prior to the expiration of the current certificate. Skills evaluation examines the EMT-Basics skills in managing and treating a severely ill (medical) and severely injured (trauma) patient.

Transferring of Certification (legal recognition)

The EMS Division may transfer a valid EMT-Basic certificate from another state or a Canadian Province only if the candidate holds current National Registry certification. In addition to these requirements, candidates must have a current BCLS certification and other application requirements.
**Fact Sheet**

**Emergency Medical Technician - Basic**

**With Intravenous Therapy Authorization (EMT-B IV)**

**Definition**

Emergency Medical Technician - Basic Intravenous Therapy (EMT-B IV): an individual who is currently certified as a Colorado EMT-Basic and has successfully completed a Division approved Intravenous Therapy (IV) training course. The EMT-B IV is **NOT** a certification level. IV is an additional skill the EMT-B may perform with additional training and physician supervision according to the "Acts Allowed" by the Colorado Board of Medical Examiners. All EMT-Bs with IV authorization must be registered with the EMS Division.

**Medical Acts Allowed for the EMT-Basic-IV**

**COLORADO BOARD OF MEDICAL EXAMINERS RULE 500 * SECTION 4**

Go to [http://www.cdphe.state.co.us/em/rules/index.html](http://www.cdphe.state.co.us/em/rules/index.html) for the most up dated Appendix A & B.

1. An EMT-Basic may, under the supervision and authorization of a medical director, perform emergency medical acts consistent with and not to exceed those listed in Appendix A of these rules in accordance with the provisions of Section 3 of the Colorado Board of Medical Examiners Rule 500.

2. An EMT-Basic may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications defined in Appendix B of these rules in accordance with the provisions of Section 3 of the Colorado Board of Medical Examiners Rule 500.

3. Any EMT-Basic who is a member or employee of an EMS service agency and who performs said emergency medical acts must have authorization and be supervised by a medical director to perform said emergency medical acts.

4. EMT-Basics may carry out a physician order for a mental health hold as set forth in § 27-10-105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications.

5. An EMT-Basic who has successfully completed a department-recognized intravenous education course may be referred to as an "Emergency Medical Technician – Basic with IV Authorization." Any provisions of these rules that are applicable to an EMT-Basic shall also be applicable to an EMT-Basic with IV Authorization. In addition to the acts an EMT-Basic is allowed to perform, an EMT-Basic with IV Authorization may, under supervision and authorization of a medical director, perform medical acts consistent with and not to exceed those listed in Appendix A of these rules for an EMT-Basic with IV Authorization in accordance with the provisions of Section 3 of these rules. In addition to the medications and classes of medications an EMT-Basic is allowed to administer and monitor pursuant to these rules, an EMT-Basic with IV Authorization may, under supervision and authorization of a medical director, administer and monitor medications and classes of medications defined in Appendix B in accordance with the provisions of Section 3 of these rules.

**Initial Training**

All EMT-B IV training must be received from an EMS-Division approved IV training group. All courses must meet the current state standard 20 hour course. Colorado minimum curriculum includes:

<table>
<thead>
<tr>
<th>Curriculum Minimum Overview</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Didactic hours</td>
<td>20</td>
</tr>
<tr>
<td>Clinical Skills</td>
<td>10 successful IV starts</td>
</tr>
</tbody>
</table>

Individual training groups should be contacted regarding courses.

**Continuing Education**

EMT-B IVs must maintain their state EMT-Basic certification and:

- It is at the discretion of the medical advisor to determine what additional continuing education and skill demonstration requirements are necessary to assure the proficiency of the EMT-B IV.
- Requires additional protocol from physician advisor who has an approved medical quality control program with the EMS Division and the Board of Medical Examiners.
Fact Sheet
Emergency Medical Technician - Intermediate (EMT-I)

Definition
Emergency Medical Technician - Intermediate (EMT-I): an individual who successfully completes an initial EMT-I course of training, as determined by the EMS Division, and has successfully fulfilled all the examination and general requirements for EMT-I certification, and who is authorized to provide advanced emergency medical care in accordance with the "Acts Allowed" by the Colorado Board of Medical Examiners.

Medical Acts Allowed for the EMT-Intermediate
COLORADO BOARD OF MEDICAL EXAMINERS RULE 500 * SECTION 5
Go to http://www.cdphe.state.co.us/em/rules/index.html for the most up to date Appendix A & B.

5.1 In addition to the acts an EMT-Basic and an EMT-Basic with IV Authorization are allowed to perform pursuant to these rules, an EMT-Intermediate may, under the supervision and authorization of a medical director perform advanced emergency medical care acts consistent with and not to exceed those listed in Appendix A of these rules in accordance with the provisions of Section 3 of these rules.

5.2 In addition to the medications and classes of medications an EMT-Basic and an EMT-Basic with IV Authorization are allowed to administer and monitor pursuant to these rules, an EMT-Intermediate may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications defined in Appendix B in accordance with the provisions of Section 3 of these rules.

5.3 EMT-Intermediates may carry out a physician order for a mental health hold as set forth in § 27-10-105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications.

5.4 A medical director may allow an EMT-Intermediate to administer drugs described in Appendix B, under the direct visual supervision of an EMT-Paramedic when the following conditions have been established:
   a) Drugs administered must be limited to those authorized by the BME for EMT-Intermediates as stated in Appendix B in accordance with the provisions of Section 3 of these rules.
   b) The EMT-Paramedic must be supervised by the same physician supervising the EMT-Intermediate.
   c) The medical director must amend the appropriate protocols and medical continuous quality improvement program used to supervise personnel to reflect this change in patient care.

5.5 In the event of disaster or emergency, the Chief Medical Officer for the Department of Public Health and Environment or the State EMS Medical Director may temporarily authorize the administration of other immunizations, vaccines, biologicals or tests not listed in these rules. 4.1 An EMT-Basic may, under the supervision and authorization of a medical director, perform emergency medical care acts consistent with and not to exceed those listed in Appendix A of these rules in accordance with the provisions of Section 3 of the Colorado Board of Medical Examiners Rule 500.

NOTE: The physician advisor may limit the skills performed by the EMT-I.

Initial Training
All EMT-I training must be received from a Division approved training center. All training centers must meet the current curriculum requirements determined by the EMS Division. Candidates must also be National Registry Certified. Colorado minimum curriculum includes:

<table>
<thead>
<tr>
<th>Curriculum Minimum Overview</th>
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</thead>
<tbody>
<tr>
<td>Didactic hours</td>
<td>158</td>
</tr>
<tr>
<td>Clinical hours</td>
<td>48</td>
</tr>
<tr>
<td>Total Hours</td>
<td>206</td>
</tr>
</tbody>
</table>

Individual training programs should be contacted regarding courses. Most programs supersede these requirements.
Recertification
EMT-Intermediates must recertify every 3 years and the following is required:

- 50 hours of pre-approved continuing education,
- Successfully passes an EMT-Intermediate skills evaluation
- Apply to the EMS Division for recertification

Grace Period
The EMS Division grants an automatic "grace period" of six months for those individuals with expired certificates. This is NOT an extension of certification. Certificates are EXPIRED until all recertification requirements have been accomplished. The EMS Division CANNOT extend certificates. Certificates which are more then six months expired must complete the National Registry certification process.

General Requirements for Certification and Recertification
All initial, recertifying and Non-Colorado EMT-Is are required to submit the following documents at the time of application to the EMS Division.

- Original criminal history record
- Copy of current professional Basic Life Support Certification (AHA or ARC)
- Copy of current Advanced Life Support Certification (ACLS)
- Initial candidates must also have current NREMT certification.

Written Certification Examination
As of June 2004, this is no longer a requirement.

Practical Examination
For initial certification the Colorado EMT-Intermediate Practical Certification Examination is using the same examination used by the National Registry and administered by EMS Division approved EMT-Intermediate Training Centers. Each candidate will get only two attempts to successfully pass the entire examination.

Skills Evaluation
Currently certified EMT-Intermediates must successfully complete a skills evaluation to become recertified. This skills evaluation is conducted by EMS Division approved EMT-Intermediate CE Training Groups and must be completed no earlier than twelve months prior to the expiration of the current certificate. Skills evaluation examines the EMT-Intermediates skills in managing and treating a severely ill (medical) and severely injured (trauma) patient.

Transferring of Certification (legal recognition)
The EMS Division may transfer a valid EMT-Intermediate certificate from another state or a Canadian Province only if the candidate holds current National Registry certification. In addition to these requirements, candidates must have a current BCLS and ACLS certification and other application requirements.
Fact Sheet

**Emergency Medical Technician - Paramedic (EMT-P)**

**Definition**
Emergency Medical Technician - Paramedic (EMT-P): Someone who successfully completed an EMS Division approved training course in advanced emergency medical care and has successfully fulfilled the examination requirements for EMT-P certification, and who is authorized to provide advanced emergency medical care in accordance with the "Acts Allowed" by the Colorado Board of Medical Examiners.

**Medical Acts Allowed for the EMT-Paramedic**

**COLORADO BOARD OF MEDICAL EXAMINERS RULE 500 * SECTION 6**

Go to [http://www.cdphe.state.co.us/em/rules/index.html](http://www.cdphe.state.co.us/em/rules/index.html) for the most up dated Appendix A & B.

6.1 In addition to the acts an EMT-Intermediate is allowed to perform pursuant to these rules, an EMT-Paramedic may, under the supervision and authorization of a medical director, perform advanced emergency medical care acts consistent with and not to exceed those listed in Appendix A of these rules in accordance with the provisions of Section 3 of these rules.

6.2 In addition to the medications and classes of medications an EMT-Intermediate is allowed to administer and monitor pursuant to these rules, an EMT-Paramedic may, under the supervision and authorization of a medical director, administer and monitor medications and classes of medications defined in Appendix B, under standing order or direct verbal order of a physician, including by electronic communications, in accordance with the provisions of Section 3 of these rules.

6.3 EMT-Paramedics may carry out a physician order for a mental health hold as set forth in § 27-10-105(1), C.R.S. Such physician order may be a direct verbal order or by electronic communications.

6.4 Except as provided below, a medical director may apply for a waiver from the BME to authorize EMTs under his or her direction to perform skills or administer specific medications not listed in Appendix A or B of this rule. In addition to the acts an EMT is allowed to perform, an EMT may, under supervision and authorization of a medical director who has been granted a waiver from the BME, perform advanced medical care acts and/or administer medications not listed in Appendix A or Appendix B of these rules in accordance with the provisions of Section 3 of these rules. Waivered skills or medication administration may be authorized by the medical director under standing orders or direct verbal orders of a physician, including by electronic communications, in accordance with the provisions of Section 3 of these rules. Under prior BME rules and policies, some EMT-Paramedics have been functioning as EMT-Paramedics with critical care authorization without going through the waiver process. In recognition of the time required to complete the waiver process, the BME will permit such EMT-Paramedics who were functioning in this capacity prior to June 30, 2005, to continue to perform the acts and administer and monitor the medications referenced in this paragraph until June 22, 2008, without going through the waiver process. This grace period is not meant to encourage EMT-Paramedics and medical directors to postpone completing appropriate waiver applications, however. Instead, EMT-Paramedics and medical directors are encouraged to complete waiver applications as soon as possible. No EMT-Paramedic shall function beyond the scope of practice identified in Appendix A and Appendix B after June 22, 2008, unless that EMT-Paramedic's medical director has received a waiver.

**NOTE:** The physician advisor may limit the scope of practice of the EMT-P.

**Initial Training**

All EMT-P training must be received from an EMS Division approved training center. All programs must meet the current National Department of Transportation's standard course. Candidates must also be National Registry Certified. Colorado minimum curriculum includes:

<table>
<thead>
<tr>
<th>Curriculum Minimum Overview</th>
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<tbody>
<tr>
<td>Didactic hours</td>
<td>300</td>
</tr>
<tr>
<td>Clinical hours</td>
<td>100</td>
</tr>
<tr>
<td>Field Internship</td>
<td>500</td>
</tr>
<tr>
<td>Total Hours</td>
<td>900</td>
</tr>
</tbody>
</table>

Individual training programs should be contacted regarding courses. Most programs supersede these requirements.
Recertification
EMT-Paramedics must recertify every 3 years and following is required:
- 50 hours of pre-approved continuing education or
- 50 hour refresher course that meets the DOT standards
- and Documented skills evaluation
- Apply to the EMS Division for recertification

Grace Period
The EMS Division grants an automatic "grace period" of six months for those individuals with expired certificates. This is NOT an extension of certification. Certificates are EXPIRED until all recertification requirements have been accomplished. The EMS Division CANNOT extend certificates. Certificates which are more then six months expired must complete the National Registry certification process.

General Requirements for Certification and Recertification
All initial, recertifying and Non-Colorado EMT-Paramedics are required to submit the following documents at the time of application to the EMS Division.
- Original criminal history record
- Copy of current professional Basic Life Support Certification (AHA or ARC)
- Copy of current Advanced Life Support Certification (ACLS)
- Initial candidates must also have current NREMT certification.

Written Certification Examination
As of June 2004, this is no longer a requirement.

Practical Examination
For initial certification the Colorado EMT-Paramedic Practical Certification Examination is using the same examination used by the National Registry and administered by EMS Division approved EMT-Paramedic Training Centers. Each candidate will get only two attempts to successfully pass the entire examination

Skills Evaluation
Currently certified EMT-Paramedics must successfully complete a skills evaluation to become recertified. This skills evaluation is conducted by EMS Division approved EMT-Paramedic CE Training Groups and must be completed no earlier than twelve months prior to the expiration of the current certificate. Skills evaluation examines the EMT-Paramedic's skills in managing and treating a severely ill (medical) and severely injured (trauma) patient.

Transferring of Certification (legal recognition)
The EMS Division may transfer a valid EMT-Paramedic certificate from another state or a Canadian Province only if the candidate holds current National Registry certification. In addition to these requirements, candidates must have a current BCLS and ACLS certification and other application requirements.
Standing Order
Is written authorization by a physician advisor for the performance of specific medical acts by IRs, EMT-Basics, EMT-Intermediates or EMT-Paramedics prior to their establishing communications with the supervising medical base station, or in the event of communications malfunctions with the medical base station.

General Acts Allowed
COLORADO BOARD OF MEDICAL EXAMINERS RULE 500 * SECTION 7
Go to http://www.cdphp.state.co.us/em/rules/index.html for the most up dated Appendix A & B.

7.1 Department-certified EMTs may function in acute care settings. Functioning in this environment must be in compliance with the BME’s statutes and rules, under the auspices of a medical director and within parameters of the acts allowed or waiver as described in these rules.

7.2 EMTs may not practice in camps in a nursing capacity including the dispensing of medications.

7.3 Any EMT working for an EMS service agency must be supervised by a medical director who complies with the requirements in these rules.

7.4 Any medical director may apply to the BME for a waiver to allow additional medical acts for EMTs under his/her supervision in specific circumstances, based on established need, provided that on-going quality assurance of each EMT’s competency is maintained by the medical director. Applications for waiver are available from the BME or the department. A waiver is not necessary under the circumstances described in BME Rule 800 or under Appendix A or B of this rule.

7.5 A medical director may limit the scope of practice of any EMT. An EMT-Basic may perform emergency medical acts consistent with, and not to exceed those listed in, the core minimum curriculum approved by the Division for EMT-Basic certification, excluding training content on advanced airway.* Any EMT-Basic who is a member or employee of a service agency and who performs said emergency medical acts must have authorization and be supervised by a physician advisor to perform said emergency medical acts.

Medical Acts Allowed for the Graduate EMT-Intermediate & Paramedic Section 8
8.1 Medical directors may supervise graduate EMT-Intermediates as defined in these rules acting as EMT-Intermediates for a period of no more than six months following successful completion of an appropriate department-recognized education program. Medical directors may supervise graduate EMT-Paramedics as defined in these rules acting as EMT-Paramedics for a period of no more than six months following successful completion of an appropriate department-recognized education program. Such graduate EMT-Intermediates and graduate EMT-Paramedics must successfully complete certification requirements, as specified in the State EMS Rules, within six months of the successful completion of a department-recognized education program to continue to function under the provisions of these rules. In addition to the acts an EMT-Basic is allowed to perform pursuant to these rules, an EMT-Intermediate may, under the authorization of a physician advisor, perform emergency medical acts consistent with, and not to exceed those listed in, the core minimum curriculum approved by the Division for EMT-Intermediate certification including: In addition to the acts an EMT-Basic is allowed to perform pursuant to these rules, an EMT-Intermediate may administer and monitor the following medications under the direct verbal authorization of a physician including by electronic communications

Jurisdiction of Enforcement SECTION 9
9.1 All acts in violation of these rules by a department-certified EMT shall be referred to the department for review and appropriate action in accordance with the Colorado Emergency Medical and Trauma Services Act, § 25-3.5-101 et seq., C.R.S., and the State EMS Rules. Complaints in writing relating to the actions of a department-certified EMT pursuant to these rules of the BME may be initiated by any person or by the BME or the department.

9.2 Pursuant to § 12-36-106(2), C.R.S., any person who performs any of the acts constituting the practice of medicine as defined by § 12-36-106(1), C.R.S. and who is not licensed by the BME to practice medicine or exempt from licensure requirements by some provision of § 12-36-106, C.R.S. shall be deemed to be practicing medicine without a license. Such person may be held criminally liable pursuant to § 12-36-129(1), C.R.S. and/or may be the subject of injunctive proceedings by the BME in the name of the people of the State of Colorado pursuant to § 12-36-132, C.R.S.

9.3 All acts in violation of these rules of the BME by a physician shall be referred to the BME for review and appropriate action in accordance with § 12-36-118, C.R.S. Complaints in writing relating to the actions of any physician pursuant to these rules of the BME may be initiated by any person or by the BME or the department.
EMT-Basic Skills Practice Instructions & Testing Sheets

* Trauma Patient Assessment/Management Stations

* Medical Patient Assessment/Management Stations

* AED Skills Reverfication

EMS Coordinators may choose to use the follow section to practice patient assessment skills with their agency personnel. Sessions may only be used only for practice, and will not be considered an approved State of Colorado Practical Skills Examination. The EMS Coordinator should work with the preceptors and patients in creating realistic scenarios. It is possible to alter the injuries, age, and/or sex of the patient, just make sure everything is consistent with actual incidents. You may even consider basing some scenarios on patients care provided by your agency.

The AED Skills Reverfication forms should be used to document the EMT's ability to demonstrate proper AED use. Currently this is required every 90. Records should be kept on file at your agency and available upon request from the State of Colorado and/or your Physician Advisor or his agent.
This station is designed to test an EMT's ability to integrate patient assessment and management skills on a moulaged patient with multiple systems trauma. Each EMT is required to physically assess the patient and verbally treat for all injuries discovered in the scenario. Due to the limitations of moulage, you must establish a dialogue with the EMT throughout this station. If during the practice session you are unclear as to what the EMT is doing, you should immediately ask the EMT to explain their actions. For example, if the EMT stares at the patient's face, you must ask what he/she is checking to determine if he/she was checking the eyes, facial injuries, or skin color.

Any information pertaining to sight, sound, touch, smell, or any injury which cannot be realistically moulaged, but would be immediately evident in a real patient (sucking chest wound, paradoxical chest movement, etc.) must be supplied by the Proctor as soon as the EMT exposes or examines that area of the patient. Your responses must not be leading but should state what the EMT would normally see, hear, or feel on a similar patient in the prehospital setting. For example, upon exposure of a sucking chest wound, your response should be "You see frothy blood bubbling from that wound and you hear noises coming from the wound site." You have provided an accurate and immediate description of the exposed wound by supplying the visual and auditory information normally present with this type of injury. An unacceptable response would be stating, "The injury you just exposed is a sucking chest wound."

You will need to supply appropriate vital signs and update the EMT on the patient's condition in accordance with the treatment(s) he/she has provided. Clinical information not obtainable by inspection or palpation, such as a blood pressure or breath sounds, should be supplied immediately after the EMT properly demonstrates how this information would normally be obtained in the field.

The vital signs listed with the scenario have been provided as a sample of acceptable changes in the patient's vital signs based upon the EMT's treatment. They are not comprehensive therefore; we depend upon your expertise in presenting vital information, which would reflect an appropriate response, either positive or negative, to the treatment(s) provided. You should continue providing a clinical presentation of shock (hypotension, tachycardia, skin signs, etc.) until the EMT performs an acceptable shock treatment (intravenous therapy is considered unacceptable/unavailable).

It is essential that you do not present a "physiological miracle" by improving the patient too much at too early a step. The systolic BP should not be improved over 86mm Hg systolic following the performance of shock treatments. The patient should continue to display signs and symptoms of hypovolemic shock until an acceptable shock treatment on the Basic level is performed. If, on the other hand, no or inappropriate treatment is rendered, you should supply clinical information representing a deteriorating patient. However, do not deteriorate the patient to the point where the EMT elects to initiate CPR.

The evaluation form should be reviewed prior to testing EMTs. Proctors should direct any specific questions to the EMS Coordinator for clarification prior to opening their stations. The evaluation form format implies a linear, top-to-bottom progression in which the EMT completes four distinct categories of assessment, namely the "Scene Size-up", the "Initial Assessment". The "Focused History and Physical", and the "Detailed Physical Exam". However, the goal of appropriate prehospital trauma care is the rapid sequential assessment, evaluation, and treatment of life-threatening conditions to the airway, breathing, and circulation (ABCs) with rapid transport to appropriate definitive care.

The most appropriate assessment may occur when the EMT integrates portions of the "Focused History and Physical" when appropriate within the sequence of the "Initial Assessment". For example, it is acceptable for the EMT, after appropriately opening and evaluating the patient's airway, to assess breathing by exposing, palpating, and auscultating the chest and neck. With this in mind, you can see how it is acceptable to integrate assessment of the neck, chest, abdomen/pelvis, lower extremities, and posterior thorax/lumbar area into the "Initial Assessment" portion as outlined on the evaluation form. This integration should not occur in a haphazard manner but instead must fall in the appropriate sequence and category of airway, breathing, or circulatory assessment of the "Initial Assessment".

Spinal precautions may not be disregarded at any point. If this action does not occur, mark the "Did not provide for spinal protection when indicated" statement under "Critical Criteria" and document your rationale. If you find yourself too involved in
finding the appropriate sections on the form to note and mark during performance, we suggest you concisely document the entire performance on the backside of the evaluation form. It is easier to complete the evaluation form with all performances documented in this fashion rather than visually missing a physical portion of the EMTs assessment due to your involvement with the evaluation form.

Following the initial rapid assessment and treatment of the ABCs, the EMT should determine a baseline set of vital signs. It is acceptable for the EMT to call for immediate evacuation of the patient based upon the absence of distal pulses without obtaining an accurate BP measurement by blood pressure cuff. All vital signs should be periodically reassessed and an accurate BP should be obtained by blood pressure cuff during transport of the patient. For the purposes of this evaluation instrument, Vital Signs have been placed on the form, in the "Focused History and Physical Exam", to represent the earliest point where they may be obtained.

Immediately upon determining the severity of the patient's injuries, the EMT should call for immediate transport. Transport to the nearest appropriate facility should not be delayed for establishment of detailed physical assessments, if prolonged extrication is not a factor. Inform the EMT to continue his/her assessment and treatment while transporting the patient.

Remind the EMT that both "partners" are available during transport. Remind the EMT when 10 minutes have elapsed. Some EMTs may finish early and have been instructed to inform the proctor when they have completed their performance. If the EMT has not verbalized transport of the patient within this time limit, mark the appropriate statement under "Critical Criteria" on the evaluation form and remind the EMT.

You should review the scenario and instructions with the patient to assist in his/her role as a programmed patient. Manikins may be substituted for live patients. Work with your EMS Coordinator in creating realistic scenarios. It is possible to alter the injuries; age and/or sex of the patient, just make sure everything is consistent with actual incidents. You may even consider basing some of the scenarios on actual patients care for by your agency.

Pay particular attention to patient moulage, and make it appear as it would in a similar prehospital situation. For example, artificial blood should be soaked into the garments and may be worn over a bleeding soft tissue injury. Remember that, realistic, appropriate moulage will improve the quality of the evaluation by providing an accurate presentation of the patient's injuries to the EMT and in turn provide a fair way to evaluate performance. It is also suggested that patients wear shorts or a swimsuit under cut-away outer garments, provided by the agency, to assist the EMT if they need to expose and examine the patient.

Equipment List
- Trauma scenario
- Patient moulage
- Cut away clothing
- Penlight
- Blood pressure cuff
- Stethoscope
- Scissors
- Tape (for outer garments, if needed)
- Examination gloves
- Eye protection
This station is the Trauma Patient Assessment/Management station. In this station, you will have ten (10) minutes to perform your assessment and verbally treat all conditions and injuries discovered. Conduct your assessment as you would in the field, including communicating with your patient. As you approach the patient, you should assume the scene is clear of safety hazards.

If you are given permission, you may remove the patient's clothing down to shorts or swimsuit if necessary for patient assessment. As you conduct your assessment, state everything you are assessing. Specific clinical information not obtainable by visual or physical inspection, for example blood pressure, will be given to you 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 treatments that you indicate are necessary. The preceptor will acknowledge treatment performance and may ask for additional information if needed. Ask the preceptor any questions prior to beginning care.

70% of total points is considered passing.
# Trauma Assessment and Management Practice Test Sheet

**EMT's Name ___________________________ Preceptor ___________________________**

**Date ____________________ Preceptor's Signature ___________________________**

**Scenario ___________________________ Start Time ___________ End Time ___________**

## Trauma Assessment and Management

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

### Takes or verbalizes body substance isolation precautions

### Scene Size-Up

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

- Determines the scene is safe
- Determines the mechanism of injury
- Determines the number of patients
- Requests additional help if necessary
- Considers stabilization of the spine

### Initial Assessment

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

- Verbalizes general impression of the patient
- Determines responsiveness/level of consciousness
- Determines chief complaint/apparent life threats

### Assesses Airway and Breathing

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

- Assessment
- Initiates appropriate oxygen therapy
- Assures adequate ventilation
- Injury management

### Assesses Circulation

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

- Assesses/controls major bleeding
- Assesses pulses (distal/proximal if needed)
- Assesses skin (color, temperature, condition)

### Identifies priority patients/makes transport decisions

<table>
<thead>
<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
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**Focused History and Physical Examination/Rapid Trauma Assessment**

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<tr>
<th>Points Possible</th>
<th>Points Awarded</th>
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<thead>
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<th>Points Awarded</th>
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</table>

- Selects appropriate assessment (focused or rapid)
- Obtains baseline vital signs
- Obtains S.A.M.P.L.E. history

**Detailed Physical Examination**

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<tr>
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<th>Points Awarded</th>
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### Assess the head

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<th>Points Awarded</th>
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- Inspects and palpates the scalp and ears
- Assesses the eyes
- Assesses the face including oral and nasal areas

### Assess the neck

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<th>Points Awarded</th>
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- Inspects and palpates the neck
- Assesses for IVD
- Assesses for tracheal deviation

### Assesses the chest

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<thead>
<tr>
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<th>Points Awarded</th>
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</table>

- Inspects
- Palpates
- Auscultates

### Assesses the abdomen/pelvis

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<tr>
<th>Points Possible</th>
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<table>
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<tr>
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<th>Points Awarded</th>
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</table>

- Inspects
- Palpates
- Verbalizes assessment of genitalia/perineum if needed

### Assess the extremities:

One point for each extremity including inspection, palpation, & assessment of motor, sensory & circulatory function

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<thead>
<tr>
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<th>Points Awarded</th>
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### Assesses the posterior

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<th>Points Awarded</th>
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- Inspects and palpates the thorax
- And the lumbar spine

### Patient Management

<table>
<thead>
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<th>Points Awarded</th>
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</table>

- Manages secondary injuries appropriately - one point for appropriate management of the secondary injury
- Verbalizes re-assessment of the vital signs

## Critical Criteria (place a check by each appropriate critical criteria - use back of form to describe)

- ___ Did not take, or verbalize, body substances isolation precautions
- ___ Did not assess for spinal protection.
- ___ Did not provide for spinal protection when indicated.
- ___ Did not provide high concentration of oxygen in a timely manner
- ___ Did not find, or mange, problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
- ___ Did not differentiate patient's need for transportation versus continued assessment at the scene
- ___ Did other detailed physical examination before assessing the airway, breathing, and circulation
- ___ Did not transport patient within ten (10) minutes from start of scenario

**Total Points** 40
Medical Patient Assessment/Management

Direction for Skills Station Proctors

This station is designed to test an EMT's ability to integrate patient assessment and management skills on a simulated patient with critical medical emergency who deteriorates into cardiopulmonary arrest. In this station, the EMT will be evaluated on their performance of all patient assessments and on their ability to manage cardiopulmonary resuscitation and use of an AED on a defibrillation mannequin.

Each EMT must demonstrate and perform all electrical interventions indicated in the provided scenario. Each EMT must verbalize all treatments and interventions. The current EMT-Basic National Standard Curriculum is considered the standard for evaluating dysrhythmia treatments and interventions.

Several important aspects of this testing format must be clarified. The progression of the scenario must begin with the patient having a pulse and spontaneous respirations. The medical problem presented must be such that could lead to cardiopulmonary arrest.

The EMT must demonstrate the abilities to manage the arrest. This may be done, in part, by ordering certain interventions (presumably performed by an assistant). The EMT must perform all AED functions with the use of an AED and a defibrillation mannequin and dysrhythmia generator if possible.

The proctor should acknowledge that the treatment or interventions verbalized by the EMT have been completed without difficulty immediately after they have been verbalized. Remember to remind the EMT that the patient's response in these prepared scenarios is not indicative of the appropriateness of an EMT's interpretation and/or treatment. Any incorrect or inappropriate interpretation, treatment, or intervention should be record in the space provided on the evaluation form.

Safety is an important consideration in this station. Live shocks must be delivered by EMTs for verification purposes. Ensure safety during these events.

The proctor must realize that this station is device dependent. Therefore, give each EMT time for familiarization with the equipment in the station before evaluation begins. Point out specific operational features of the AED unit but not discuss patient treatment protocols or algorithms with EMTs.

You should review the scenario and instructions with the patient to assist in his/her role as a programmed patient. Work with your EMS Coordinator in creating realistic scenarios. It is possible to alter the injuries; age and/or sex of the patient, just make sure everything is consistent with actual incidents. You may even consider basing some of the scenarios on actual patients care for by your agency.

Equipment List
- Medical scenario
- AED with fully charged batteries and spares
- Dysrhythmia generator compatible with manikin and AED
- Recording paper and tape appropriate for the AED
- Stethoscope
- Blood pressure cuff
- Examination gloves
- Eye protection
- Pen Light
- Live patient
Medical Patient Assessment/Management

Instructions for the EMT

This station is designed to test your ability to integrate patient assessment and management skills of a cortical medical emergency in accordance with the current EMT-basic National Standard Curriculum and the American Heart Association AED guidelines and algorithms. You must act as the team leader and verbalize all findings, treatments, and interventions. You may assume that you have two partners who may carry out basic life support procedures at your direction. You must demonstrate and perform all electrical interventions if indicated by the case.

Just as it sometimes occurs in the field, some patients do not respond favorably despite appropriate treatment. The patient's response in this prepared scenario is not meant to give any indication as to your performance in this station.

Please take a few moments at this time to familiarize yourself with the equipment before we begin and the preceptor will be happy to explain any of the specific operational features. Once you are familiar with the equipment (or an appropriate time period has passed) inform the preceptor.

You will have 10 minutes to complete this station once we begin. The preceptor may ask questions for clarification and will acknowledge the verbalization of treatments you indicate are necessary. Ask the preceptor any questions prior to beginning care.

70% of total points is considered passing.
# Medical Assessment and Management Practice Test Sheet

**EMT's Name ______________________ Preceptor ______________________

Date_____________________________ Preceptor's Signature ________________

**Scenario __________________________ Start Time  __________ End Time  ___________

<table>
<thead>
<tr>
<th><strong>Medical Assessment and Management</strong></th>
<th><strong>Points</strong></th>
<th><strong>Points</strong></th>
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</thead>
<tbody>
<tr>
<td>Takes or verbalizes body substance isolation precautions</td>
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<tr>
<td><strong>Scene Size-Up</strong></td>
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<tr>
<td>Determines the scene is safe</td>
<td>1</td>
<td></td>
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<tr>
<td>Determines the nature of illness</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Determines the number of patients</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Requests additional help if necessary</td>
<td>1</td>
<td></td>
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<tr>
<td>Considers stabilization of the spine</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Initial Assessment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbalizes general impression of the patient</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Determines responsiveness/level of consciousness</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Determines chief complaint/apparent life threats</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Assesses Airway and Breathing</strong></td>
<td>Assessment</td>
<td></td>
</tr>
<tr>
<td>Initiates appropriate oxygen therapy</td>
<td>1</td>
<td></td>
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<tr>
<td>Assures adequate ventilation</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Assess Circulation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses/controls major bleeding</td>
<td>1</td>
<td></td>
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<tr>
<td>Assesses pulses</td>
<td>1</td>
<td></td>
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<tr>
<td>Assesses skin (color, temperature, condition)</td>
<td>1</td>
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<tr>
<td>Identifies priority patients/makes transport decisions</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

| **Focused History and Physical Examination/Rapid Assessment** | | |
| Signs and symptoms (Assess history of present illness) | 1 | |
| Allergies | 1 | |
| Medications | 1 | |
| Past pertinent history | 1 | |
| Last oral intake | 1 | |
| Events leading to present illness (rule out trauma) | 1 | |
| Performs focused physical examination (assesses affected body part/system or, if indicated, completes rapid assessment) | 1 | |
| Vitals (obtains baseline vital signs) | 1 | |
| Interventions (obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment) | 1 | |

| **Total Points This Section** | 25 | |

<table>
<thead>
<tr>
<th><strong>Part 2 - AED Cardiac Arrest Assessment and Management and AED Use</strong></th>
<th><strong>Points Possible</strong></th>
<th><strong>Points Awarded</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Verifies absence of spontaneous respiration and pulse (Skill station proctor will state &quot;no respiration no pulse&quot;)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Directs the initiation of CPR</td>
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<td></td>
</tr>
<tr>
<td>Attaches AED to patient</td>
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<tr>
<td>Turns on AED power</td>
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<tr>
<td>Directs rescuer to stop CPR and ensures all individuals are clear of the patient</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Initiates analysis of the rhythm</td>
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<td></td>
</tr>
<tr>
<td>Delivers shock (up to three successive shocks)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Verifies absence of spontaneous pulse (Skill station proctor will state &quot;no respiration no pulse&quot;)</td>
<td>1</td>
<td></td>
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</tbody>
</table>

| **Transition** | | |
| Directs resumption of CPR | 1 | |
| Gathers additional information | 1 | |
| Confirms effectiveness of CPR (ventilation and compressions) | 1 | |

| **Integration** | | |
| Verbalizes or directs insertion of a simple airway adjunct (oral/nasal airway) | 1 | |
| Ventilates, or directs ventilation of, the patient | 1 | |
| Assures high concentration of oxygen is delivered to patient | 1 | |
| Assures CPR continues without unnecessary or prolonged interruption | 1 | |
| Re-evaluates patient and CPR effectiveness in approximately one minute | 1 | |
| Repeats defibrillator sequence (scenario may allow for return of spontaneous respirations and pulses at this time) | 1 | |

| **Transportation** | | |
| Verbalizes transportation of patient | 1 | |

| **On-Going Assessment** (used if scenario allows patient to regain respirations & pulse) | | |
| Repeats initial assessment | 1 | |
| Repeats vital signs | 1 | |
| Repeats focused assessment regarding patient complaint and injury | 1 | |
| Conducts detailed assessment (dependent upon patient condition during transport) | 1 | |

| **Points this section** | 22 | |

| **Total Points** | 47 | |

---

Medical Assessment and Management Practice Test Sheet

CE Resource Manual
Critical Criteria (place a check by each appropriate critical criteria - use back of form to describe)

___ Did not take, or verbalize, body substances isolation precautions
___ Did not obtain medical direction or verbalize standing orders for medical intervention
___ Did not provide high concentration of oxygen in a timely manner
___ Did not find, or manage, problems associated with airway, breathing, hemorrhage or shock (hypoperfusion)
___ Did detailed or focused history/physical examination before assessing the airway, breathing, and circulation
___ Did not ask questions about present illness
___ Administered a dangerous or inappropriate intervention
___ Did not evaluate the need for immediate use of the AED
___ Did not direct initiation or resumption of CPR at appropriate times
___ Did not assure all individuals were clear of before delivering each shock
___ Did not operate the AED properly (inability to deliver shock)
___ Did not initiate transport at the appropriate time
# AED Skills Reverfication
## Assessment and Management Practice Test Sheet

**IR/EMT’s Name _______________________________**  
**Preceptor _________________________________**

**Date_______________________________**  
**Preceptor’s Signature ______________________**

<table>
<thead>
<tr>
<th>Fail</th>
<th>Satisfactory</th>
<th>Excellent</th>
<th>Skills Area</th>
<th>Criteria to Pass</th>
</tr>
</thead>
</table>
| 0    | 1            | 2         | 3                                      | Communication and command of scene                                                                                       * Verifies arrest and begins CPR  
* Opens semi-automatic external defibrillator, communicates identifying information, and attaches defibrillator pads |
| 0    | 1            | 2         | 3                                      | Defibrillation                                                                                                           * Stops CPR and clears patient  
* Presses "analyze" to assess patient rhythm  
* If "shock is indicated," ensures patient is cleared, and presses "shock"  
* Presses "analyze" to reassess patient rhythm  
* If "shock is indicated" ensures patient is cleared, and presses "shock"  
* Presses "analyze" to reassess patient  
* If "shock is indicated" ensures patient is cleared, and presses "shock"  
* Resumes CPR for 15-60 seconds  
* If patient is in persistent ventricular fibrillation, repeats proper sequence to deliver shocks, 4, 5, & 6 |
| 0    | 1            | 2         | 3                                      | Patient assessment and support                                                                                         * Checks pulse if no shock is indicated  
* Performs CPR on pulse-less patients  
* If pulse is present, takes blood pressure  
* If blood pressure is more than 60 mm Hg, monitors respirations and ventilation |
| 0    | 1            | 2         | 3                                      | Safety (must pass)                                                                                                       * Always clears patient before "analyze" & "shock" |
| 0    | 1            | 2         | 3                                      | Speed                                                                                                                  * Turns on power, attaches AED, makes first assessment, and delivers first shock within 90 seconds |

**Total Score (maximum score, 20) __________________________**
## Individual IR/EMT Record

<table>
<thead>
<tr>
<th>Date</th>
<th>Pass</th>
<th>Failed</th>
<th>Criteria for Failure</th>
<th>Name of Evaluator</th>
<th>Signature</th>
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</table>

Please compete the following and mail to
St. Anthony PreHospital Office
4231 West 16th Avenue, Kuhlman Suite 413
Denver, Colorado 80204
Agency Information

Agency Name: ____________________________________________________________

Address: __________________________________________________________________

Mailing Address: __________________________________________________________________

City/State/Zip: __________________________________________________________________

Phone: __________________________________________________________________

Fax: __________________________________________________________________

e-mail: __________________________________________________________________

Chief/Manager: __________________________________________________________________

Title: __________________________________________________________________

Direct Phone & e-mail __________________________________________________________________

EMS Contact: __________________________________________________________________

Title: __________________________________________________________________

Direct Phone & e-mail __________________________________________________________________

Current CE: Day (s) offered __________________________________________________________________

Time __________________________________________________________________

Monthly or Bi-Monthly __________________________________________________________________

Does the current amount of CE provided by St. Anthony PreHospital meet your agency needs?
Please complete the following and mail to
St. Anthony PreHospital Office
4231 West 16th Avenue, Kuhlman Suite 413
Denver, Colorado 80204
or e-mail jamicavos@centura.org
or fax 303-629-3622

Print Name _____________________________
Social Security # ________/_____/__________
State of Colorado EMT # __________________
National Registry # ______________________

MEDICAL DIRECTION CERTIFICATION/REGISTRATION

READ CAREFULLY and INITIAL EACH PARAGRAPH:

☐ This record will be used to verify that you are under the supervision of W. Peter Vellman, MD, as medical director, or his assistant medical directors.

☐ To ensure you are under Dr. Vellman as medical director, either: (1) Show the certificate(s) to PreHospital staff/field instructor, (2) provide legible copies of certificates with this form or (3) a letter from your agency verifying certification and expiration dates.

☐ PreHospital Services will use the information contained on this form to record State of Colorado approved continuing education hours that you submit in writing or through documented attendance at a St. Anthony continuing education session.

☐ It is YOUR responsibility to provide legible, current records and certificates to PreHospital Services.

☐ If your EMT-Basic/Intermediate/Paramedic certificate expires, you are prohibited from providing patient care under any medical director.

☐ Any time there is a change in certification level, it is YOUR responsibility to notify PreHospital Services in writing, with copies of certificates.

CURRENT CERTIFICATIONS

<table>
<thead>
<tr>
<th>Current Certification</th>
<th>Issued by the state of</th>
<th>Expiration date</th>
<th>Year 1st Certified</th>
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</thead>
<tbody>
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<tr>
<td>EMT-Basic</td>
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<tr>
<td>EMT-Intermediate</td>
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<td>National Registry</td>
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ADDITIONAL CERTIFICATIONS

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<th>Additional Certification</th>
<th>Provider Expires</th>
<th>Instructor Expires</th>
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<td>Provider Expires</td>
<td>Instructor Expires</td>
</tr>
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<td>PTLS</td>
<td>Provider Expires</td>
<td>Instructor Expires</td>
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<tr>
<td>CPR</td>
<td>Provider Expires</td>
<td>Instructor Expires</td>
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<tr>
<td>PEPP</td>
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<tr>
<td>PHTLS</td>
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<td>Instructor Expires</td>
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</table>

ADDITIONAL TRAINING

<table>
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<th>School</th>
<th>Date attended</th>
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<tbody>
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<td>IV Approval</td>
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<tr>
<td>AED</td>
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<tr>
<td>EKG Course</td>
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</tbody>
</table>

Additional (list)______________________________________________________________________________

Current EMS Agency Affiliations(s): _____________________________________________________________

Date: __________________________ Signature: ________________________________

36
CE Resource Manual
Please compete the following and mail to
St. Anthony PreHospital Office
4231 West 16\textsuperscript{th} Avenue, Kuhlman Suite 413
Denver, Colorado 80204
or e-mail jamicavos@centura.org
or fax 303-629-3622

\textbf{SUPPLEMENTAL PERSONNEL SUPERVISION LIST}
(Agency Computer Records may be substituted for this form)

<table>
<thead>
<tr>
<th>Name</th>
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<th>State EMT #</th>
<th>SS#</th>
<th>ACLS exp. date</th>
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### CONTINUING EDUCATION ROSTER

#### REQUEST FOR CE CREDIT

**Step #1** - Complete all of the following boxes. All entries must be legible to be applied for CE.

<table>
<thead>
<tr>
<th>Program Title</th>
<th>Agency</th>
<th>Date</th>
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<tr>
<th>Primary Instructor</th>
<th>Assistant Instructor</th>
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**Step #2** - Divide the lecture hours into all categories that apply for re-certification.

<table>
<thead>
<tr>
<th>HOURS</th>
<th>TOPIC</th>
<th>DESCRIPTION OF TOPIC</th>
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<tbody>
<tr>
<td></td>
<td>Preparatory</td>
<td>EMS systems, roles &amp; responsibilities, well being of EMT, medical/legal issues, ethics, human body, pathophysiology, pharmacology, baseline vital signs &amp; history taking</td>
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<td>Airway, Breathing</td>
<td>Airway management, ventilation &amp; O2 therapy</td>
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<td>Cardiology</td>
<td>Cardiovascular compromise, cardiac arrest &amp; non-traumatic chest pain/discomfort</td>
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<td>Trauma</td>
<td>Rapid trauma assessment, mechanism of injury, kinetics of trauma, hemorrhage, hypoperfusion/shock &amp; burns. Painful, swollen, deformed extremity. Soft tissue, musculoskeletal, head, spine, eye, face, neck, chest, thoracic, abdominal &amp; genitalia injuries.</td>
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<td>OB/Infants/Children</td>
<td>Infant or child with cardiac arrest, shock/hypoperfusion, respiratory distress, trauma, fever &amp; suspected abuse/neglect. Care of the newborn &amp; obstetric patient before &amp; following delivery of newborn.</td>
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<td>Patient Assessment</td>
<td>Scene size-up, patient assessment, history taking, physical exam, clinical decision making, communications, &amp; documentation</td>
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<td>Medical/Behavioral</td>
<td>Allergic reaction, near-drowning, overdose, altered mental status, behavioral problems, seizures, diabetes &amp; exposure to heat/cold</td>
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<td>Core Electives/Operational</td>
<td>Lifting &amp; moving, communicate with pts, ambulance operations, gaining access, extrication, hazardous materials, MCI, crime scene awareness &amp; weapons of mass destruction</td>
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<td>Additional Topics</td>
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<td>TOTAL HOURS</td>
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**Step #3** – Provide the principal objectives with a brief summary & the method used

Attach support documents - No credit will be allowed if this section is not completed

**Objective/Summary of Content:** (Basic description of topic covered and any attachments)

**Method Used** ((instructor lecture, skills, non-instructor contact, etc.))

**Step #4** - Signature of Primary Instructor

*I verify that the information contained on this CE Roster is accurate and correct.*

**Signature:**

**Title:**

**Step #5** - St. Anthony EMS Office Approval (to be completed by SAH PreHospital Staff ONLY)

**Reviewed by:**

**Signature:**

**Date:**
ALL attendees are to print their entire name, sign their name and enter their tracking number to receive CE credit. Individuals with incomplete or inaccurate information may not receive credit.

### PLEASE PRINT CLEAR & LEGIBLE

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Please print clearly:

- **DOB (mm/dd/yy)**
- **Last 4 digits ss#**

St. Anthony Hospital/PreHospital Services
ST. ANTHONY/ PREHOSPITAL SERVICES
UNUSUAL CIRCUMSTANCE & EMERGENCY ROOM/FIELD INCIDENT REPORTS

If this UCR is reference a Protocol Violation (deviation) it must be completed and sent within 48 hours of incident.

Patient Name: __________________________________________________________

Date: ____________________________ Time: _____________________________

Persons involved: ______________________________________________________

________________________________________________________

Description of incident: ________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

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_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Please attach any additional documentation (i.e.: ER report, Nurse’s notes, EMS field report, Flight record, etc.)

Reported by: __________________ Agency or Department _______________ Date __________

Disposition - See reverse side

All reports and supporting documentation should be forward to:
EMS Field Coordinator
St. Anthony Central/Kuhlman Building/Suite 413
4231 West 16th Avenue
Denver, CO 80204

or return inter-office mail or put in EMS Field Coordinator’s box in the ER. Reports may also be delivered by the US Postal Service if stamped.