

# South Dakota EMS Program



## Student Handbook

Emergency Medical Responder

Emergency Medical Technician



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[EMS.sd.gov](http://EMS.sd.gov)

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## WELCOME

Congratulations on your decision to enter the world of Emergency Medical Services by becoming an Emergency Medical Responder or Emergency Medical Technician.

EMS is a rewarding profession that requires a special person with dedication, compassion, and an overwhelming amount of self-sacrifice.

The SD EMS Program is under the Department of Health, Office of Rural Health. The EMS Program consists of 5 staff members located in Sioux Falls, Pierre and Rapid City to best serve the South Dakota EMS System.

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**SD EMS Program Website:** [EMS.sd.gov](http://EMS.sd.gov)

The SD Dept. of Health has adopted the U.S. Department of Transportation National Education Standards as the foundation course of study for all EMR and EMT candidates in the State of South Dakota. This course will provide you with the knowledge and skills needed to provide quality out-of-hospital care to the sick and injured.

This handbook has been prepared to assist you in preparing for the required National Registry cognitive and psychomotor examinations. For the most current information, forms, etc., please visit the SD EMS Program's website: [EMS.sd.gov](http://EMS.sd.gov) and the National Registry's website: [www.nremt.org](http://www.nremt.org)

The EMS Program wishes you the best of luck and welcomes you into the rewarding world of Emergency Medical Services.

## **SOUTH DAKOTA EMR & EMT CERTIFICATION**

To become a South Dakota certified Emergency Medical Responder or Emergency Medical Technician, students are required to successfully pass the EMR or EMT Course and pass the National Registry Cognitive and Psychomotor examinations.

To be eligible to take the National Registry examinations, you must:

- Successfully completed the SD EMR or EMT Course (signed off by your Course Coordinator)
- Completed FEMA's ICS 100, 200 and IC 700 courses
- Certified in CPR Healthcare Provider with AED
- Completion of your ALS Ambulance Service Clinical or Hospital ED Observation Clinical (EMT students only)
- Completion of required patient assessments
- Completion of required vital sign performance
- Criminal History Record – See National Registry's policy
- Other requirements as required by your Course Coordinator and or SD EMS Program

## **NATIONAL REGISTRY TESTING PROCESS**

### **Psychomotor Examination**

The National Registry psychomotor examination is conducted at the end of your course by your Course Coordinator. The results of the examination remain valid for up to one year after the date it was successfully completed. Both the National Registry Psychomotor and Cognitive exams must be completed within one year of each other (2 years from date of Course Completion). For instance: If you pass the psychomotor exam and you do not complete the cognitive exam within one year, you will have to repeat the psychomotor exam over again. National Registry requires that you complete both testing components within two years of the course completion date.

**Please visit National Registry's website for additional and most up-to-date information, forms, etc.: [www.nremt.org](http://www.nremt.org)**

### **Cognitive Examination**

You will need to go to National Registry's website and create your account. Once you are signed off by your Course Coordinator as successfully completing the EMR or EMT Course, you can register and pay to take the cognitive examination at a Pearson Vue testing site.

You are allowed three attempts to pass the cognitive examination. A fourth thru sixth attempt is allowed only after you complete a SD Approved refresher course.

## **SD EMS APPLICABLE LAWS / SCOPE OF PRACTICE**

South Dakota has specific Administrative Rules and Codified Laws regarding the operation of Ambulance Services and Providers, as well as Scope of Practice for every SD EMS Provider Level. You will need to become familiar with these as you become a certified EMR or EMT and begin to work on an ambulance service, fire department or rescue unit.

The Administrative Rules, Codified Laws and Scope of Practice can be accessed/found on the EMS Program's website: [EMS.sd.gov](http://EMS.sd.gov)

## **STUDENT RESPONSIBILITIES**

- Create your SD [E-Licensing](#) account (Instructions located on page 7 & end of this handbook)
- Create your [National Registry](#) Account
- Complete your 10 hours of clinical time and turn in forms to your Course Coordinator (EMT Students only). Clinicals can be done at an approved ALS Ambulance Service or an approved Hospital Emergency Department, or a combination of both.
- Complete FEMA's ICS 100, 200 and IC 700 online courses
- Be certified in CPR/AED Healthcare Provider
- Turn in all required forms to your course coordinator (Vital Signs, Patient Assessment, etc.)
- Pay and sign up for your National Registry Cognitive Examination via National Registry's website ([www.nremt.org](http://www.nremt.org))
- Study – You will need to spend a considerable amount of time studying outside of class to be successful with this program and testing.
- If you have been convicted of a crime, please review National Registry's Criminal Conviction Policy or contact the National Registry for guidance. SD requires initial National Registry Certification in order to gain entry into the SD EMS System so if National Registry denies your certification, you will not be able to obtain your SD EMT or National Registry Certification.

At the end of this handbook are forms you will need during your training. For the most up-to-date information and forms, please visit National Registry's website ([www.nremt.org](http://www.nremt.org)) and the SD EMS Program's website ([EMS.sd.gov](http://EMS.sd.gov))

## **ALS AMBULANCE SERVICE / HOSPITAL ED CLINICAL REQUIREMENTS (EMT STUDENTS ONLY)**

A minimum of 10 (ten) hours of clinical time is required, either at an approved SD ALS Ambulance Service or approved SD Hospital Emergency Department, or a combination of the two. You will work with your Course Coordinator to schedule your clinical time/site.

The ambulance services and hospitals agreeing to provide observation time with them do so voluntarily as they recognize the benefit it provides to both the EMT student and patient. Always remember that the observation period is a privilege, not a right, and a high level of professionalism and confidentiality is required and expected.

When reporting to your clinical site, please observe the following general guidelines as well as specific guidelines required by the clinical site and/or your Course Coordinator:

- Wear clean, dark colored pants (no blue jeans) and a plain white shirt. Shoes are to be clean and comfortable. No T-shirts, western style boots, or open-toe shoes/sandals/flip-flops are to be worn. Dress for your environment (coats, jackets) and bring items such as gloves, head cover, etc. if weather conditions indicate a possible need.
- Report on time to the staff person or area designated to you. You should cancel only if absolutely necessary and notify your Course Coordinator prior to cancelling with the site. It is important to remember that available clinical time may be limited, and rescheduling may be difficult. Don't forget to take your required forms with you and have your preceptor sign off and turn into your Course Coordinator.
- **Maintaining patient confidentiality is MANDATORY (HIPAA).** If you are found jeopardizing the patient/provider relationship, you will be dismissed immediately from further clinical time and will be terminated from the program.
- Be sure to read and follow specific clinical/observation policies for the ambulance/hospital that is providing your clinical time and always follow your preceptor's directions.
- Do not practice outside your Scope of Practice under any circumstances.

## INSTRUCTOR COURTESY IN THE CLASSROOM

EMR and EMT Courses typically have one Course Coordinator who oversees the training as a whole. Some will have instructors come in and teach a portion or topic they specialize in.

Course Coordinators and Instructors put a tremendous amount of time and energy into preparing for your training. A classroom is a formal setting in which both instructors and students have rights and responsibilities, should respect one another, and both should do all they can do help the educational process achieve its maximum effectiveness and success.

Although most of your training will be done in the classroom and/or online, you will need to spend a considerable amount of time studying/practicing outside of class, on your own or as a group, in order to be successful understating the content, critical thinking, skills, and putting it all together.

There are several basic forms of etiquette that most people know. The items below may be a review for many, but please keep them under consideration throughout your course of study:

- Attendance – You are afforded 3 absents per the EMS Program throughout the entire course. Special considerations apply to situations beyond your control and are handled on an individual basis through your Course Coordinator.
- Promptness – Due to the amount of material being covered, it is imperative that you be in the classroom and ready/prepared for class before the start time. Tardiness is an unacceptable behavior. Your Course Coordinator or Instructor will provide you with their rules at the beginning of the course.

- Breaks – Instructors are very good about scheduling breaks. Typically you will take a break every hour during the classroom portion but this is up to the Course Coordinator or Instructor to set. If there is an emergency, politely excuse yourself from class.
- Class Ambience – Distractions can be very hindering to the classroom; therefore, please refrain from talking out of turn, talking to other students, arguing with the instructor, and the use of cell phones, texting, browsing, etc. **TUNR YOUR PHONE OFF OR PUT IT IN SILENCE MODE.**
- Classroom Interaction – Ideally there is interaction between the students and the instructor to effectively convey knowledge from one to another. You should be ready at any time to answer questions that may come up during your class. If you don't know the answer, simply say so and talk about it and don't be afraid to ask questions. There is no such thing as a dumb question and typically the question you have, others will also have. It is encouraged that if you have a question to raise your hand and wait to be called upon. Remember, each student has equal rights in the classroom and instructors want to answer as many questions as they can so the students have a good understanding of the topic(s).
- Practical/Study Sessions – During your course, you will have a number of practical and study sessions. These sessions are very important as you will be tested on the practical (psychomotor) component during the final course examinations. Please remember even though you are given all the answers for the psychomotor examination, you should concentrate on treating an actual patient. Once you have these skills in place, you will not only be ready for the test, you will be more confident out in the field.

## STUDENT REGISTRATION WITH SD EMS PROGRAM

Students will need to go to the SD EMS Program's [E-Licensing](#) website and create their state account. This should be completed no later than two weeks before the end of the course, and before any final testing. Students who do not have a State and/or National Registry account(s) created before testing, results will not be recorded with the State EMS Program or National Registry.

1. Go to: <https://southdakota.imagetrendlicense.com/lms/public/portal#/login>
2. Click "Create Account" at the bottom of the page and follow the instructions.. Fill in all required fields on the application form then submit it. You will receive an automated email that will have your user name and a link to click to reset your password.

When you log into your account,click on the "Applications" button on the left side of the page and select the appropriate student application and click "Apply Now" button and complete/submit the application.

**At the end of this handbook are step-by-step instructions** and can also be found on the EMS Program's website by clicking [here](#)

**Please Note:** When you pass your National Registry exams and have your National Registry Certification card,, to receive your State (SD) Certification,you will need to log into your [SD E-Licensing](#) account and apply for your SD certification.

## STUDENT REGISTRATION WITH NATIONAL REGISTRY

Go to National Registry of Emergency Medical Technicians website and follow their instructions on how to create your account, sign up and pay for your cognitive examination, etc. [www.nremt.org](http://www.nremt.org)



## Appendix A

### **EMR National Registry Psychomotor Examination Skill Sheets**

(In case National Registry has updated their forms after the publication of this manual, always check their website for the most up-to-date forms and information. [www.nremt.org](http://www.nremt.org))



**National Registry of Emergency Medical Technicians®  
Emergency Medical Responder Psychomotor Examination**

**BVM VENTILATION OF AN APNEIC ADULT PATIENT**

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

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

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

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60."</b>		
Opens airway properly	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</b>		
Prepares rigid suction catheter	1	
Turns on power to suction device or retrieves manual suction device	1	
Inserts rigid suction catheter without applying suction	1	
Suctions the mouth and oropharynx	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</b>		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
<b>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."</b>		
**Ventilates the patient immediately using a BVM device unattached to oxygen [**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]	1	
<b>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</b>		
Re-checks pulse for no more than 10 seconds	1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]	1	
Ventilates the patient adequately -Proper volume to cause visible chest rise (1 point) -Proper rate [10 – 12/minute (1 ventilation every 5 – 6 seconds)] (1 point)	2	
<b>Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</b>		
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	16

**CRITICAL CRITERIA**

- \_\_\_\_ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to suction airway **before** ventilating the patient
- \_\_\_\_ Suctions the patient for an excessive and prolonged time
- \_\_\_\_ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- \_\_\_\_ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- \_\_\_\_ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- \_\_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- \_\_\_\_ Insertion or use of any adjunct in a manner dangerous to the patient
- \_\_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®  
Emergency Medical Responder Psychomotor Examination**

**CARDIAC ARREST MANAGEMENT / AED**

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

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Checks patient responsiveness	1	
Direct assistant to retrieve AED	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless."</b>		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of no more than 10 seconds throughout (1 point)	5	
<b>NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.</b>		
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>17</b>

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- \_\_\_ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- \_\_\_ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- \_\_\_ Interrupts CPR for more than 10 seconds at any point
- \_\_\_ Failure to correctly attach the AED to the patient
- \_\_\_ Failure to operate the AED properly
- \_\_\_ Failure to deliver shock in a timely manner
- \_\_\_ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- \_\_\_ Failure to immediately resume compressions after shock delivered
- \_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®  
Emergency Medical Responder Psychomotor Examination**

**OXYGEN ADMINISTRATION BY NON-REBREATHER MASK**

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

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

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

	<b>Possible Points</b>	<b>Points Awarded</b>
Takes or verbalizes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	11

**CRITICAL CRITERIA**

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

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



**National Registry of Emergency Medical Technicians®  
Emergency Medical Responder Psychomotor Examination**

**PATIENT ASSESSMENT/MANAGEMENT – MEDICAL**

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

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

Scenario # \_\_\_\_\_

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

	<b>Possible Points</b>	<b>Points Awarded</b>
Takes or verbalizes appropriate PPE precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point)      -Assures adequate ventilation (1 point)      -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point)	3	
Identifies patient priority and makes treatment/transport decision	1	
<b>HISTORY TAKING</b>		
History of the present illness -Onset (1 point)      -Quality (1 point)      -Severity (1 point) -Provocation (1 point)      -Radiation (1 point)      -Time (1 point) -Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	8	
Past medical history -Allergies (1 point)      -Past pertinent history (1 point)      -Events leading to present illness (1 point) -Medications (1 point)      -Last oral intake (1 point)	5	
<b>SECONDARY ASSESSMENT</b>		
Assesses affected body part/system -Cardiovascular      -Neurological      -Integumentary      -Reproductive -Pulmonary      -Musculoskeletal      -GI/GU      -Psychological/Social	5	
<b>VITAL SIGNS</b>		
-Blood pressure (1 point)      -Pulse (1 point)      -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	40

**CRITICAL CRITERIA**

- \_\_\_ Failure to initiate or call for transport of the patient within 15 minute time limit
- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Failure to determine scene safety before approaching patient
- \_\_\_ Failure to voice and ultimately provide appropriate oxygen therapy
- \_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- \_\_\_ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- \_\_\_ Orders a dangerous or inappropriate intervention
- \_\_\_ Failure to provide accurate report to arriving EMS unit
- \_\_\_ Failure to manage the patient as a competent EMR
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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



National Registry of Emergency Medical Technicians®  
Emergency Medical Responder Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

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

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

Scenario # \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Note: Areas denoted by "\*\*\*\*" may be integrated within sequence of Primary Survey/Resuscitation

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway	2	
-Opens and assesses airway (1 point)                      -Inserts adjunct as indicated (1 point)		
Breathing	4	
-Assess breathing (1 point)                                      -Assures adequate ventilation (1 point)		
-Initiates appropriate oxygen therapy (1 point)                      -Manages any injury which may compromise breathing/ventilation (1 point)		
Circulation	4	
-Checks pulse (1 point)		
-Assess skin [either skin color, temperature or condition] (1 point)		
-Assesses for and controls major bleeding if present (1 point) -Initiates shock management [positions patient properly, conserves body heat] (1 point)		
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	1	
<b>HISTORY TAKING</b>		
Obtains baseline vital signs [must include BP, P and R] (1 point)	1	
Attempts to obtain SAMPLE history	1	
<b>SECONDARY ASSESSMENT</b>		
Head	3	
-Inspects and palpates scalp and ears (1 point) **                      -Assesses eyes (1 point) -Inspects mouth**, nose** and assesses facial area (1 point)		
Neck**	3	
-Checks position of trachea (1 point)                      -Checks jugular veins (1 point)                      -Palpates cervical spine (1 point)		
Chest**	3	
-Inspects chest (1 point)                                      -Palpates chest (1 point)                                      -Auscultates chest (1 point)		
Abdomen/pelvis**	3	
-Inspects and palpates abdomen (1 point)                                      -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point)		
Lower extremities**	2	
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)		
Upper extremities	2	
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)		
Posterior thorax, lumbar and buttocks**	2	
-Inspects and palpates posterior thorax (1 point) -Inspects and palpates lumbar and buttocks areas (1 point)		
Manages secondary injuries and wounds appropriately	1	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient	1	
	<b>TOTAL</b>	<b>40</b>

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

**CRITICAL CRITERIA**

- Failure to initiate or call for transport of the patient within 10 minute time limit
- Failure to take or verbalize appropriate PPE precautions
- Failure to determine scene safety
- Failure to assess for and provide spinal protection when indicated
- Failure to voice and ultimately provide high concentration oxygen
- Failure to assess/provide adequate ventilation
- Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- Performs other assessment before assessing/treating threats to airway, breathing and circulation
- Failure to manage the patient as a competent EMR
- Exhibits unacceptable affect with patient or other personnel
- Uses or orders a dangerous or inappropriate intervention

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

## **Appendix B**

### **EMT National Registry Psychomotor Examination Skill Sheets**

(In case National Registry has updated their forms after the publication of this manual, always check their website for the most up-to-date forms and information. [www.nremt.org](http://www.nremt.org))



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**BLEEDING CONTROL/SHOCK MANAGEMENT**

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

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

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Applies direct pressure to the wound	1	
<b>NOTE: The examiner must now inform candidate that the wound continues to bleed.</b>		
Applies tourniquet	1	
<b>NOTE: The examiner must now inform candidate that the patient is exhibiting signs and symptoms of hypoperfusion.</b>		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>7</b>

**CRITICAL CRITERIA**

- \_\_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_\_ Failure to administer high concentration oxygen
- \_\_\_\_ Failure to control hemorrhage using correct procedures in a timely manner
- \_\_\_\_ Failure to indicate the need for immediate transportation
- \_\_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_\_ Uses or orders a dangerous or inappropriate intervention

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





**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**BVM VENTILATION OF AN APNEIC ADULT PATIENT**

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

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

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

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60."</b>		
Opens airway properly	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."</b>		
Prepares rigid suction catheter	1	
Turns on power to suction device or retrieves manual suction device	1	
Inserts rigid suction catheter without applying suction	1	
Suctions the mouth and oropharynx	1	
<b>NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."</b>		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
<b>NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."</b>		
**Ventilates the patient immediately using a BVM device unattached to oxygen [**Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]	1	
<b>NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.</b>		
Re-checks pulse for no more than 10 seconds	1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]	1	
Ventilates the patient adequately -Proper volume to cause visible chest rise (1 point) -Proper rate [10 – 12/minute (1 ventilation every 5 – 6 seconds)] (1 point)	2	
<b>Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"</b>		
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	16

**CRITICAL CRITERIA**

- \_\_\_ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Failure to suction airway **before** ventilating the patient
- \_\_\_ Suctions the patient for an excessive and prolonged time
- \_\_\_ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- \_\_\_ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- \_\_\_ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- \_\_\_ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- \_\_\_ Insertion or use of any adjunct in a manner dangerous to the patient
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**CARDIAC ARREST MANAGEMENT / AED**

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

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

Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Checks patient responsiveness	1	
Direct assistant to retrieve AED	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
<b>NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless."</b>		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of no more than 10 seconds throughout (1 point)	5	
<b>NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.</b>		
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	17

**Critical Criteria**

- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- \_\_\_ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- \_\_\_ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- \_\_\_ Interrupts CPR for more than 10 seconds at any point
- \_\_\_ Failure to correctly attach the AED to the patient
- \_\_\_ Failure to operate the AED properly
- \_\_\_ Failure to deliver shock in a timely manner
- \_\_\_ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- \_\_\_ Failure to immediately resume compressions after shock delivered
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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



National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination

JOINT IMMOBILIZATION

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

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

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

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
Actual Time Ended: _____	<b>TOTAL</b>	9

**Critical Criteria**

- \_\_\_ Failure to immediately stabilize the extremity manually
- \_\_\_ Grossly moves the injured extremity
- \_\_\_ Failure to immobilize the bone above and below the injury site
- \_\_\_ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**LONG BONE IMMOBILIZATION**

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

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

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

	<b>Possible Points</b>	<b>Points Awarded</b>
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
<b>NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."</b>		
<b>Actual Time Ended:</b> _____	<b>TOTAL</b>	10

**Critical Criteria**

- \_\_\_ Failure to immediately stabilize the extremity manually
- \_\_\_ Grossly moves the injured extremity
- \_\_\_ Failure to immobilize the joint above and the joint below the injury site
- \_\_\_ Failure to immobilize the hand or foot in a position of function
- \_\_\_ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**OXYGEN ADMINISTRATION BY NON-REBREATHER MASK**

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

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

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

	<b>Possible Points</b>	<b>Points Awarded</b>
Takes or verbalizes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	11

**CRITICAL CRITERIA**

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

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



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**PATIENT ASSESSMENT/MANAGEMENT – MEDICAL**

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

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

Scenario # \_\_\_\_\_

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

	<b>Possible Points</b>	<b>Points Awarded</b>
Takes or verbalizes appropriate PPE precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point)      -Assures adequate ventilation (1 point)      -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point)      -Checks pulse (1 point) -Assesses skin [either skin color, temperature or condition] (1 point)	3	
Identifies patient priority and makes treatment/transport decision	1	
<b>HISTORY TAKING</b>		
History of the present illness -Onset (1 point)      -Quality (1 point)      -Severity (1 point) -Provocation (1 point)      -Radiation (1 point)      -Time (1 point) -Clarifying questions of associated signs and symptoms related to OPQRST (2 points)	8	
Past medical history -Allergies (1 point)      -Past pertinent history (1 point)      -Events leading to present illness (1 point) -Medications (1 point)      -Last oral intake (1 point)	5	
<b>SECONDARY ASSESSMENT</b>		
Assesses affected body part/system -Cardiovascular      -Neurological      -Integumentary      -Reproductive -Pulmonary      -Musculoskeletal      -GI/GU      -Psychological/Social	5	
<b>VITAL SIGNS</b>		
-Blood pressure (1 point)      -Pulse (1 point)      -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	42

**CRITICAL CRITERIA**

- \_\_\_ Failure to initiate or call for transport of the patient within 15 minute time limit
- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Failure to determine scene safety before approaching patient
- \_\_\_ Failure to voice and ultimately provide appropriate oxygen therapy
- \_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- \_\_\_ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- \_\_\_ Orders a dangerous or inappropriate intervention
- \_\_\_ Failure to provide accurate report to arriving EMS unit
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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



**National Registry of Emergency Medical Technicians®  
Emergency Medical Technician Psychomotor Examination**

**PATIENT ASSESSMENT/MANAGEMENT – TRAUMA**

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

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

Scenario # \_\_\_\_\_

Actual Time Started: \_\_\_\_\_ Note: Areas denoted by “\*\*\*\*” may be integrated within sequence of Primary Survey/Resuscitation

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
<b>SCENE SIZE-UP</b>		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
<b>PRIMARY SURVEY/RESUSCITATION</b>		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway -Opens and assesses airway (1 point)                      -Inserts adjunct as indicated (1 point)	2	
Breathing -Assess breathing (1 point)                                      -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)                      -Manages any injury which may compromise breathing/ventilation (1 point)	4	
Circulation -Checks pulse (1point) -Assess skin [either skin color, temperature or condition] (1 point) -Assesses for and controls major bleeding if present (1 point) -Initiates shock management [positions patient properly, conserves body heat] (1 point)	4	
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	1	
<b>HISTORY TAKING</b>		
Obtains baseline vital signs [must include BP, P and R] (1 point)	1	
Attempts to obtain SAMPLE history	1	
<b>SECONDARY ASSESSMENT</b>		
Head -Inspects and palpates scalp and ears (1 point) **                      -Assesses eyes (1 point) -Inspects mouth**, nose** and assesses facial area (1 point)	3	
Neck** -Checks position of trachea (1 point)                      -Checks jugular veins (1 point)                      -Palpates cervical spine (1 point)	3	
Chest** -Inspects chest (1 point)                                      -Palpates chest (1 point)                                      -Auscultates chest (1 point)	3	
Abdomen/pelvis** -Inspects and palpates abdomen (1 point)                      -Assesses pelvis (1 point) -Verbalizes assessment of genitalia/perineum as needed (1 point)	3	
Lower extremities** -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)	2	
Upper extremities -Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)	2	
Posterior thorax, lumbar and buttocks** -Inspects and palpates posterior thorax (1 point)                      -Inspects and palpates lumbar and buttocks areas (1 point)	2	
Manages secondary injuries and wounds appropriately	1	
<b>REASSESSMENT</b>		
Demonstrates how and when to reassess the patient	1	
<b>Actual Time Ended: _____</b>	<b>TOTAL</b>	<b>42</b>

**CRITICAL CRITERIA**

- \_\_\_ Failure to initiate or call for transport of the patient within 10 minute time limit
- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Failure to determine scene safety
- \_\_\_ Failure to assess for and provide spinal protection when indicated
- \_\_\_ Failure to voice and ultimately provide high concentration oxygen
- \_\_\_ Failure to assess/provide adequate ventilation
- \_\_\_ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- \_\_\_ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- \_\_\_ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- \_\_\_ Failure to manage the patient as a competent EMT
- \_\_\_ Exhibits unacceptable affect with patient or other personnel
- \_\_\_ Uses or orders a dangerous or inappropriate intervention

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

**Appendix C**

**EMT Student Clinical Verification Form**



**EMT Student Clinical Verification Form**

(Student – Submit to your Course Coordinator upon completion of your clinical(s))

This is to verify that (Student's Name): \_\_\_\_\_ from (EMT Course Location): \_\_\_\_\_ has completed \_\_\_\_\_ hours of clinical time as a requirement of their EMT Training.

**(a total of 10 hours of clinical time, either with a SD ALS Ambulance Service, SD Hospital Emergency Department, or a combination of the two is required to fulfill the EMT Course Clinical Requirements)**

Clinical Site: \_\_\_\_\_

Preceptor: \_\_\_\_\_

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

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**EMT Student Clinical Verification Form**

(Student – Submit to your Course Coordinator upon completion of your clinical(s))

This is to verify that (Student's Name): \_\_\_\_\_ from (EMT Course Location): \_\_\_\_\_ has completed \_\_\_\_\_ hours of clinical time as a requirement of their EMT Training.

**(a total of 10 hours of clinical time, either with a SD ALS Ambulance Service, SD Hospital Emergency Department, or a combination of the two is required to fulfill the EMT Course Clinical Requirements)**

Clinical Site: \_\_\_\_\_

Preceptor: \_\_\_\_\_

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

**Appendix D**

**EMR & EMT Student Patient Assessment Form**

**EMR & EMT Student Patient Assessment Form**

(Student – Submit to your Course Coordinator upon completion of 10 patient assessments)

Date	Patient Complaint/Problem	Patient Age	Gender	Location of Assessment (ED, Ambulance, Classroom)	Preceptor's Signature

Student Name (Print): \_\_\_\_\_

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

**Appendix E**

**EMR & EMT Student Vital Signs Performance Form**

Student's Name: \_\_\_\_\_

**Skill Performance**

Submit to Course Coordinator

**Vital Signs**

**EMR and EMT**

The purpose of the vital signs evaluation is to assure that the student can demonstrate the ability to take a blood pressure, pulse, and respirations within the specified limits. An EMT, paramedic, registered nurse, licensed practical nurse, physician's assistant, or Medical Doctor is required to check the student's readings for accuracy. Each student will take vitals on three patients and record measurements within the specified limits as indicated below. This form must be fully completed. Medical personnel conducting the evaluation should enter all readings on this form.

	Patient #1		Patient #2		Patient #3	
	Student's Results	Recorder's Results	Student's Results	Recorder's Results	Student's Results	Recorder's Results
<b>Blood Pressure</b> + / - 5 mm Hg						
<b>Pulse</b> + / - 4 bpm						
<b>Respirations</b> + / - 2 bpm						
<b>Recorder Signature/Title</b>						
<b>Date</b>						

**Training of the below skills are done in class**

(The below skills are not part of the National Registry Psychomotor testing, however, you will need to demonstrate competency in these during your training and signed off by your instructor or course coordinator as the below skills, are part of your defined Scope of Practice in South Dakota)

	Date	Instructor's Signature
12-Lead EKG (acquire, not interpret) (EMT)		
Blood Glucose (EMT)		
CPAP (EMT)		
Naloxone Administration (EMR& EMT)		
Supraglottic Airway (EMT)		

**Appendix F**

**EMT Student BLS 12 Lead ECG Acquisition Skill Sheet**

## BLS 12 Lead ECG Acquisition Skill Sheet (EMT Students)

Student \_\_\_\_\_ Date \_\_\_\_\_

Evaluator \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Prepares equipment <ul style="list-style-type: none"> <li>• Connects precordial lead cable to monitor, if necessary</li> <li>• Attaches monitor cables to self-adhesive electrodes</li> <li>• Turns monitor on</li> </ul>	1 1 1	
Explains procedure to patient	1	
Exposes chest	1	
Ensures skin is intact and not bleeding	1	
Shaves hair from site if necessary	1	
Gently abrades skin before placing leads	1	
Attaches the 4 limb leads to appropriate sites	1	
Attaches precordial (chest) leads to correct locations <ul style="list-style-type: none"> <li>• V1 – 4th intercostal space, to the right of the sternum</li> <li>• V2 - 4th intercostal space, to the left of the sternum</li> <li>• V4 – 5th intercostal space, at the midclavicular line</li> <li>• V3 – on a straight line, midway between V2 and V4</li> <li>• V6 – on the midaxillary line, level with V4</li> <li>• V5 – on the anterior axillary line, level with V4 and V5</li> </ul>	1 1 1 1 1 1	
Directs patient to relax, remain still and “breathe normally”	1	
Successfully acquires 12 Lead ECG reading	1	
Verbalizes transmitting ECG to receiving facility	1	
<b>If artifact is present on the ECG</b>		
Locates the lead(s) on monitor that show artifact	1	
Adjusts / replaces lead(s) as necessary	1	
<b>Total</b>	<b>21</b>	

**Critical Criteria:**

- \_\_\_\_\_ Failure to use appropriate body substance isolation precautions
- \_\_\_\_\_ Places ECG leads on incorrect body location
- \_\_\_\_\_ Unable to obtain an accurate 12 Lead ECG tracing within 5 minutes

## **Appendix G**

### **EMT Student Glucometer Skill Sheet**



## Glucometer Skill Sheet (EMT Students)

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

Evaluator: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

	Possible Points	Points Awarded
Identifies the need for obtaining a blood glucose level	1	
Identifies the normal parameters for blood glucose level	1	
Identifies contraindications	1	
Clearly explains procedure to patient	1	
Selects, checks, assembles equipment <ul style="list-style-type: none"> <li>• Glucometer</li> <li>• Test strip, ensuring the code matches the glucometer</li> <li>• Needle or spring-loaded puncture device</li> <li>• Alcohol swabs</li> </ul>	1 1 1 1	
Takes or verbalizes appropriate PPE precautions	1	
Turns on glucometer and inserts test strip	1	
Preps fingertip with alcohol prep	1	
Waits for alcohol to dry	1	
Lances the prepped site with needle/lancet device, drawing capillary blood	1	
Disposes/verbalizes disposal of needle/lancet in appropriate container	1	
Expresses blood sample and wipes away first drop of blood	1	
Expresses blood sample and transfers second drop of blood to the test strip	1	
Applies pressure and dresses fingertip wound	1	
Records/documents reading from glucometer	1	
<b>Total</b>	<b>18</b>	

### Critical Criteria

- \_\_\_ Failure to take or verbalize appropriate PPE precautions
- \_\_\_ Failure to dispose of blood contaminated sharps immediately at the point of use
- \_\_\_ Contaminates equipment or site without appropriately correcting situation
- \_\_\_ Failure to identify normal blood glucose parameters
- \_\_\_ Failure to obtain a viable capillary blood sample on first attempt

## **Appendix H**

### **EMR & EMT Student Intranasal Naloxone/Narcan Administration Skill Sheet**

## Intranasal Naloxone Administration Skill Sheet (EMR & EMT Students)

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

Evaluator: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

	Possible Points	Points Awarded
Takes or verbalizes BSI procedures	1	
Assesses patient and determines the need for positive pressure ventilations/CPR/AED	1	
Lists indication for intranasal naloxone administration: <ul style="list-style-type: none"> <li>• CNS <b>and</b> respiratory depression induced by narcotics suspected with at least one of the following:               <ul style="list-style-type: none"> <li>○ Overdose history by bystanders</li> <li>○ Paraphernalia consistent with opioid/narcotic use</li> <li>○ Medical history consistent with opioid/narcotic use</li> <li>○ Respiratory depression with pinpoint pupils</li> </ul> </li> </ul>	1	
Checks for known allergies, contraindications or incompatibilities	1	
Checks the medication to determine: <ul style="list-style-type: none"> <li>• Correct medication</li> <li>• Expiration date</li> <li>• Concentration</li> <li>• Clarity</li> </ul>	1 1 1 1	
Lists the appropriate dosage for the medication	1	
Properly administers the medication: <ul style="list-style-type: none"> <li>• Assembles the device</li> <li>• Inserts device into the nostril</li> <li>• Administers the medication with a fast push</li> </ul>	1 1 1	
Verbalizes the need for ongoing assessments including observing for desired effects	1	
Verbalizes the indications for an additional dose	1	
Verbalizes the need for transport	1	
<b>Total</b>	<b>19</b>	

### Critical Criteria

- \_\_\_\_\_ Did not take or verbalize BSI
- \_\_\_\_\_ Did not complete or verbalize the completion of patient assessment
- \_\_\_\_\_ Did not complete the indications for medication administration
- \_\_\_\_\_ Administers improper medication dosage (wrong drug, incorrect amount, or pushes it at an inappropriate rate)
- \_\_\_\_\_ Did not reassess the patient

**Appendix I**

**EMR & EMT Student Course Evaluation Form**

(Please fill out and send directly to the EMS Program's mailing address, fax, or email address on the form)



**Course Evaluation Form**

*Students - Please submit directly to:*

SD DOH - EMS Program  
 909 E. St. Patrick St., Suite 4  
 Rapid City, SD 57701  
 Fax: 605-394-1677 or E-mail:  
 Lance.lversen@state.sd.us

Course Location: \_\_\_\_\_ Course #: \_\_\_\_\_

Your Name (not required): \_\_\_\_\_

I would recommend this course to a friend (please circle one):    No                      Yes                      Maybe

This course has met my expectations (please circle one):

**Not at all                      Just barely                      Definitely                      Beyond my expectations**

The following questions are presented in order to evaluate this course and to aid in improving future courses. Please circle one of the numbers for each question.

	<b>1 Excellent</b>	<b>2 Good</b>	<b>3 Average</b>	<b>4 Poor</b>
Instructor(s) enthusiasm, attitude, interest & availability:	1	2	3	4
Training Methods (use of time, didactic, hands-on training):	1	2	3	4
Education Literature (textbooks, workbooks, online training):	1	2	3	4
Audiovisual Aids (Power Point, videos):	1	2	3	4
Training Aids (availability, use, labs):	1	2	3	4
Written & Practical Examinations (understandable/useful):	1	2	3	4
Length of Course (too short, too long, too fast, too slow):	1	2	3	4
Your Overall Evaluation of the Course:	1	2	3	4

Comments/Recommendations (use back if needed):

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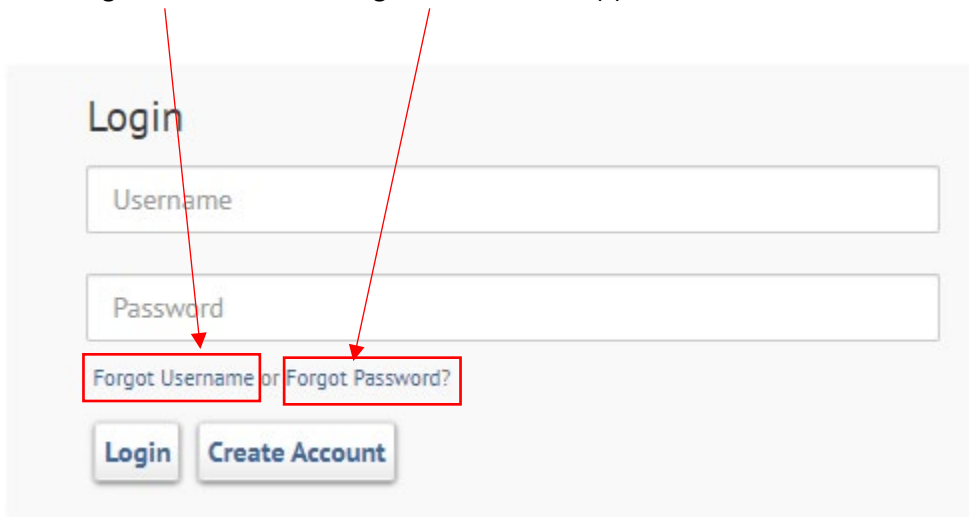
### Student (EMR & EMT) Instructions

To access the E-Licensing System login page, you can go directly to the site by clicking or typing in this address: <https://southdakota.imagetrendlicense.com/lms/public/portal#/login>, or you can access it by going to the EMS Program’s website: [EMS.sd.gov](https://ems.sd.gov) and clicking the red box labeled E-Licensing Portal.

If you do not have or have not yet created your SD E-Licensing account, click the “Create Account” button at the bottom of the page, complete the forms and submit.

1. Log into your E-Licensing account.

If you have forgotten your Username and/or Password, you will go to the bottom of the page and click the “Forgot Username” or “Forgot Password” link(s).




When you click the Forgot Username link, it will open a page where you will enter your Date of Birth, Last Name and Social Security Number, then click the blue “Lookup” button.

Example on next page:

## Forgot Username

Search for your username by entering the following information:

\*Date of Birth:   Today

\*Last Name:

\*Social Security Number:  -  -   Show

If we have the above information for you in your account, you will get the following message, and you will have the opportunity to change your email address if you have a new one or enter an email address if you don't have one in your account, then click either the button that says "Update Email and Re-Send", or click "Go to Login", depending what you want to do:

Forgot Username

Search for your username by entering the following information:

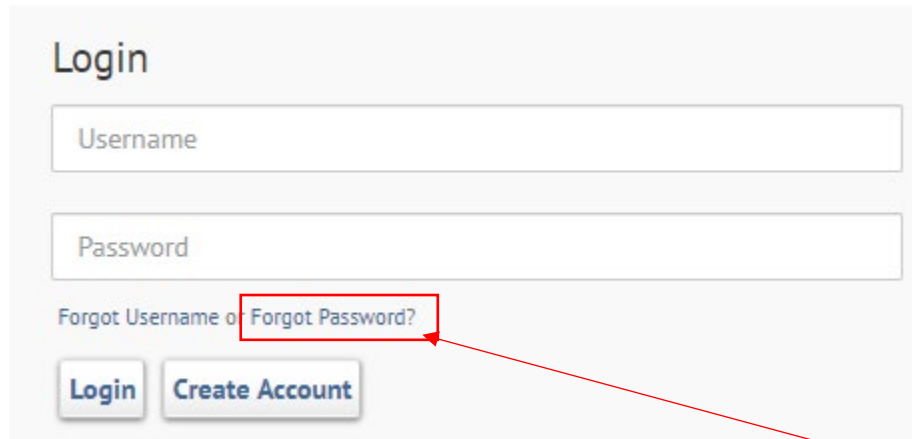
**User Record Found!**

Username sent to La\*\*\*\*\*[REDACTED]com. If you would like to update your email address on record and re-send the email, you may do so here.

Email:

The system will send you an automated email that has your Username and a link to click to reset your Password. If the email does not come to your inbox, check your junk or spam folder. This email to reset your password is only valid for 72 hours so be sure to click the link before it expires, or you will need to repeat the process described above.

You can then log into your account by putting in your Username and Password:



**Login**

Username

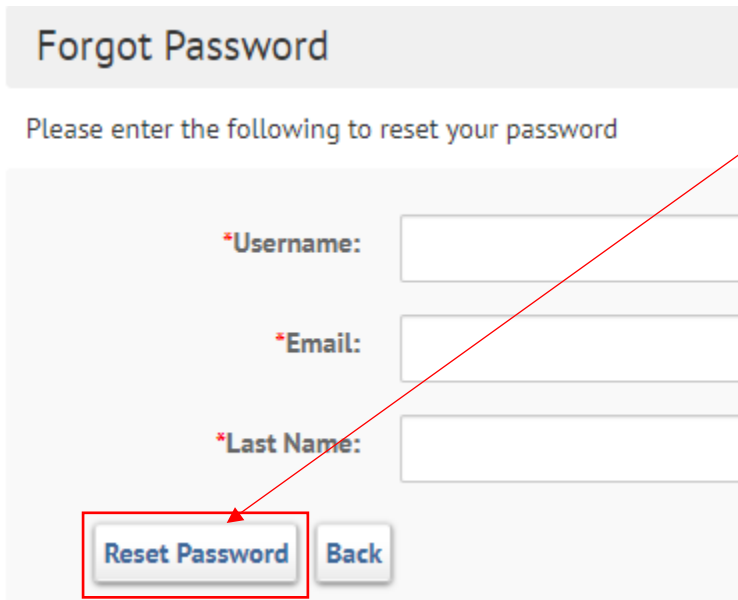
Password

Forgot Username or **Forgot Password?**

**Login** **Create Account**

If you know your Username but do not remember your Password, click the “Forgot Password” link at the bottom of the E-Licensing page.

It will ask you to enter your Username, Email address and Last Name, then click the “Reset Password” button:



**Forgot Password**

Please enter the following to reset your password

\*Username:

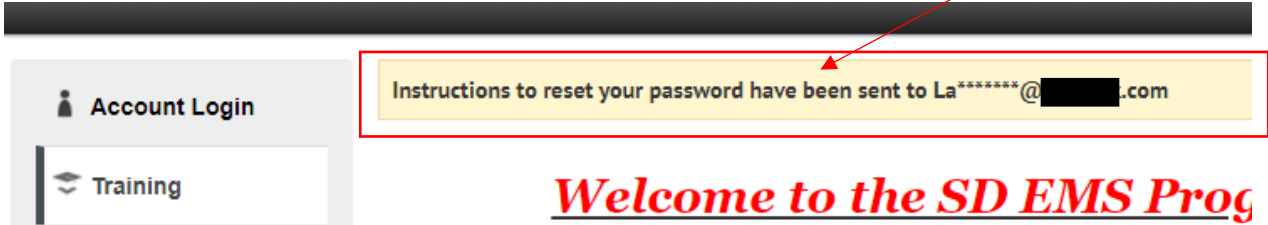
\*Email:

\*Last Name:

**Reset Password** **Back**

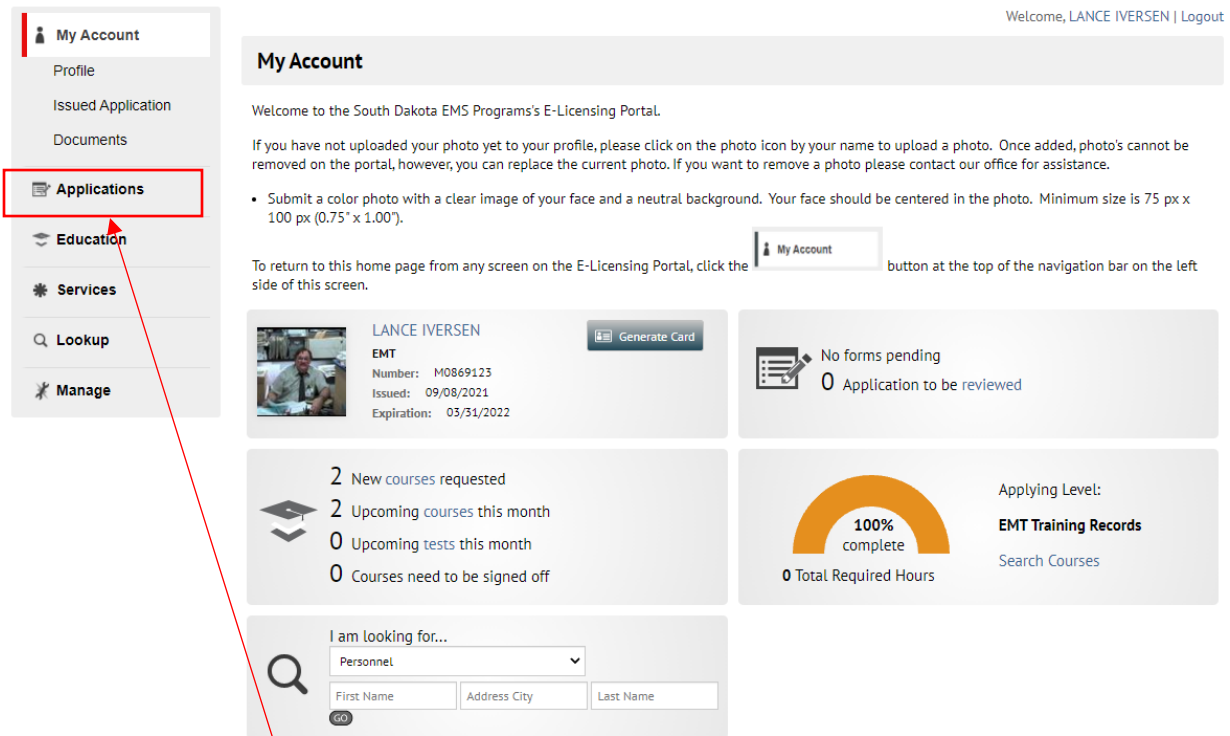


When you do this, it will take you back to the main E-Licensing page with a message in a yellow box at the top of the page:



Check your email and follow the instructions. The email will come from a noreply@imagnetrend address so if it does not come to your inbox, check your junk or spam folder.

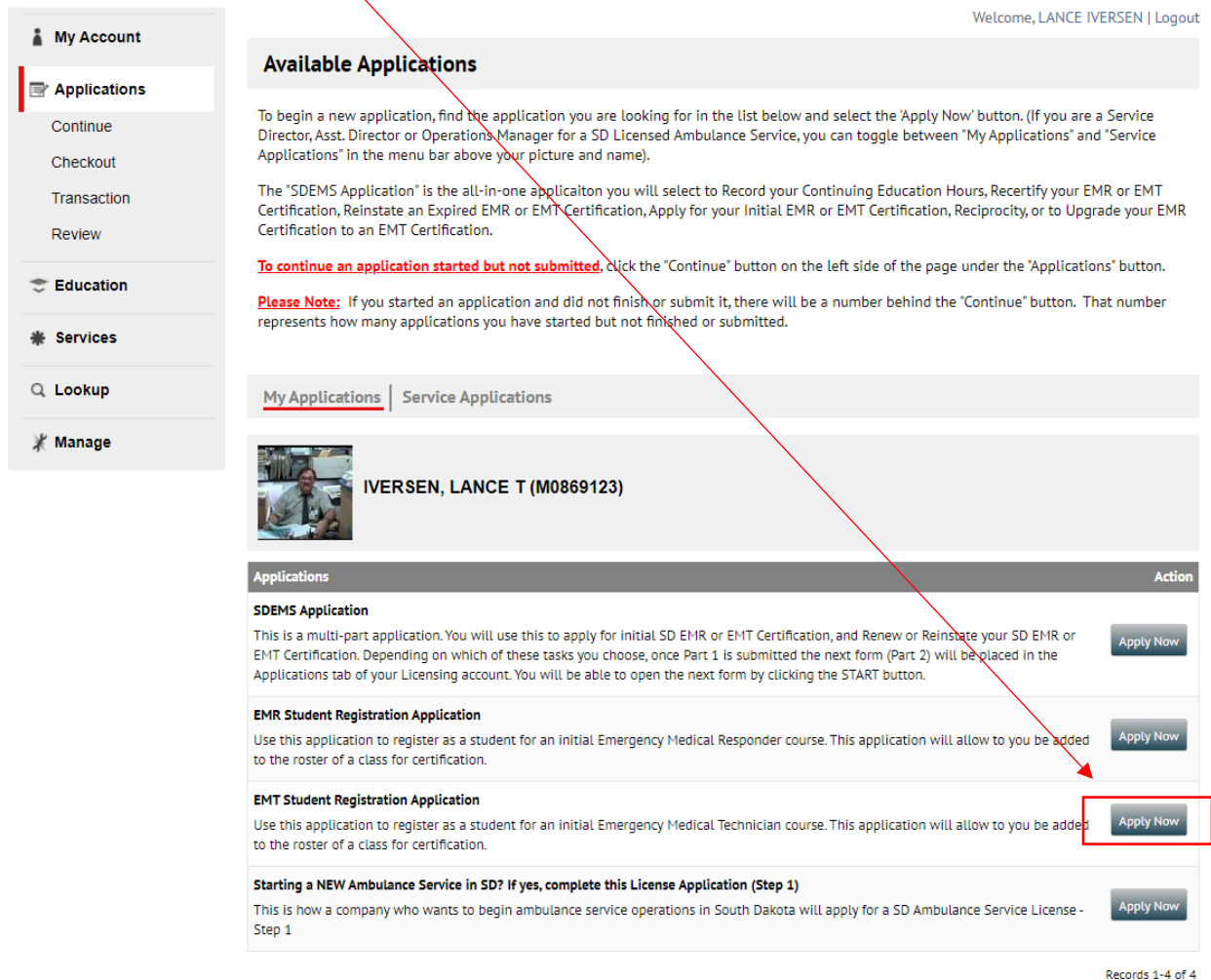
Once you log into your E-Licensing account your page will look something like this example (you may have more or fewer menu items based on the permissions for your account, such as if you are a service director, training officer, etc.):



2. Click the “Applications” button in your menu list on the left side of the page.

A page will open where you will have a list of applications to select from. For this example, I am an EMT Student.

3. Click the “Apply Now” button next to the EMT Student Registration Application (if you are an EMR student you would select the EMT Student Registration Application):



Welcome, LANCE IVERSEN | Logout

### Available Applications

To begin a new application, find the application you are looking for in the list below and select the 'Apply Now' button. (If you are a Service Director, Asst. Director or Operations Manager for a SD Licensed Ambulance Service, you can toggle between "My Applications" and "Service Applications" in the menu bar above your picture and name).

The "SDEMS Application" is the all-in-one application you will select to Record your Continuing Education Hours, Recertify your EMR or EMT Certification, Reinstate an Expired EMR or EMT Certification, Apply for your Initial EMR or EMT Certification, Reciprocity, or to Upgrade your EMR Certification to an EMT Certification.

**To continue an application started but not submitted.** Click the "Continue" button on the left side of the page under the "Applications" button.

**Please Note:** If you started an application and did not finish or submit it, there will be a number behind the "Continue" button. That number represents how many applications you have started but not finished or submitted.

**My Applications** | Service Applications

**IVERSEN, LANCE T (M0869123)**

Applications	Action
<b>SDEMS Application</b> This is a multi-part application. You will use this to apply for initial SD EMR or EMT Certification, and Renew or Reinstate your SD EMR or EMT Certification. Depending on which of these tasks you choose, once Part 1 is submitted the next form (Part 2) will be placed in the Applications tab of your Licensing account. You will be able to open the next form by clicking the START button.	Apply Now
<b>EMR Student Registration Application</b> Use this application to register as a student for an initial Emergency Medical Responder course. This application will allow to you be added to the roster of a class for certification.	Apply Now
<b>EMT Student Registration Application</b> Use this application to register as a student for an initial Emergency Medical Technician course. This application will allow to you be added to the roster of a class for certification.	Apply Now
<b>Starting a NEW Ambulance Service in SD? If yes, complete this License Application (Step 1)</b> This is how a company who wants to begin ambulance service operations in South Dakota will apply for a SD Ambulance Service License - Step 1	Apply Now

Records 1-4 of 4

4. The application form will open. Answer the questions on the form, select the EMT (or EMR) Course you are in from the drop-down box (you will need to get the Course # from your Instructor). It may take a few seconds for the list of EMT or EMR Courses to populate. When you find the course you are in, select it, then enter Today's date, enter your Password, then click the blue "Submit" button at the bottom of the form. See example on next page.

## EMT Student Registration Application

### Course Registration

#### ▼ Course Registration

\*Certification Level for the Training Course you are applying.

EMT Student

\*Are you a High School Student?:  Yes

No

Please select a Are You A High School Student?

\*Specific Training Course and Course Number you plan to attend.

Select Specific Training Course and Course Number you plan to attend.

Please select the training course

#### ▼ Date and Signature

\*Application Date

mm/dd/yyyy



Today

\*Applicant Signature

Username: Iversen.Lance

Password:

Submit

Once you click the "Submit" button, your name will be placed in the EMT (or EMR) Course Attendee list.

**NOTE:** Once you finish your EMR or EMT Course and PASS your National Registry Exams and receive your National Registry Certification Card, to obtain your SD EMR or EMT Certification you will log into your E-Licensing account and apply for your Initial EMR or EMT certification. To do this, click on your "Applications" button in your menu list, then select the "SDEMS Application" and follow the instructions.