

## **Spinal Immobilization (Supine Patient) and Random EMT Skills Essay to Skill Examiners**

Essays and instructions for five (5) EMT skills are included in this essay. NREMT candidates must test the skills as follows:

<b>LEVEL</b>	<b>SKILLS TO TEST</b>
Emergency Medical Technician	<p>All candidates must test:</p> <ul style="list-style-type: none"> <li>▪ Spinal Immobilization (Supine Patient)</li> </ul> <p>Additionally, candidates must also test one (1) of the following skills:</p> <ul style="list-style-type: none"> <li>▪ Spinal Immobilization (Seated Patient)</li> <li>▪ Bleeding Control/Shock Management</li> <li>▪ Long Bone Immobilization</li> <li>▪ Joint Immobilization</li> </ul>

Candidates retesting any skill(s) must retest over the specific skill(s) previously failed. Therefore, all equipment for all five (5) EMT skills must be available and properly functioning before beginning any evaluation. Should any candidate dispute any skill that you direct him/her to complete, please contact the Exam Coordinator immediately for clarification. Do not let the candidate leave the room until the matter is resolved with the Exam Coordinator. The essays that follow are:

1. Spinal Immobilization (Supine Patient)
2. Spinal Immobilization (Seated Patient)
3. Bleeding Control/Shock Management
4. Long Bone Immobilization
5. Joint Immobilization

Thank you for serving as a Skill Examiner at today’s examination. Before you read the specific essay(s) for the skill(s) you will be evaluating today, please take a few moments to review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based upon race, color, national origin, religion, sex, gender, age, disability, position within the local EMS system, or any other potentially discriminatory factor. The Skill Examiner must help assure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate’s performance
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate.
- Providing consistent and specific instructions to each candidate by reading the “Instructions to the Psychomotor Skills Candidate” exactly as printed in the material provided by the OEMS. Skill

- Examiners must limit conversation with candidates to communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms.
- Thoroughly reading the specific essay for the assigned skill before actual evaluation begins.
- Checking all equipment, props, and moulage prior to and during the examination.
- Briefing any Simulated Patient and EMT Assistant for the assigned skill.
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination.
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the Exam Coordinator.

## **Spinal Immobilization (Supine Patient) Essay to Skill Examiners**

This skill is designed to evaluate the candidate's ability to immediately protect and immobilize the Simulated Patient's spine by using a rigid long spinal immobilization device. The candidate will be advised that the scene survey and primary survey have been completed and no condition requiring further resuscitation efforts or urgent transportation is present. The Simulated Patient will present lying on his/her back, arms straight down at his/her side, and feet together. Candidates should not have to be concerned with distracters such as limb realignment, prone or other unusual positions. The presenting position of the Simulated Patient must be identical for all candidates.

The candidate will be required to treat the specific, isolated problem of a suspected unstable spine. Primary and secondary assessments of airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory function in each extremity at the proper times throughout this skill. If a candidate fails to check any of these functions in any extremity, a zero must be awarded for this step in the "Points Awarded" column.

There are various long spine immobilization devices utilized in the EMS community. The evaluation form was designed to be generic so it could be used to evaluate the candidate regardless of the immobilization device used. You should have various long spine immobilization devices available for this skill, specifically long spine immobilization devices used in the local EMS system, long spine board, and a scoop stretcher.

The candidate may choose to bring a device with which he/she is familiar. The Exam Coordinator must approve this device and you must be familiar with its proper use before evaluation of the candidate begins. Do not indicate displeasure with the candidate's choice of equipment. Be sure to evaluate the candidate on how well he/she immobilizes and protects the Simulated Patient's spine, not on what immobilization device is used.

The candidate must, with the help of an EMT Assistant and the Skill Examiner, move the Simulated Patient from the ground onto the long spinal immobilization device. There are various acceptable ways to move a patient from the ground onto a long spinal immobilization device (i.e. logroll, straddle slide, etc.). You should not advocate one method over the others. All methods should be considered acceptable as long as spinal integrity is not compromised. Regardless of the method used, the EMT Assistant should control the head and cervical spine while the candidate and evaluator move the Simulated Patient upon direction of the candidate.

Immobilization of the lower spine/pelvis in line with the torso is required. Lateral movement of the legs will cause angulation of the lower spine and should be avoided. Additionally, tilting the backboard when the pelvis and upper legs are not secured will ultimately cause movement of the legs and angulation of the spine.

This skill requires that an assistant EMT be present during the evaluation. Candidates are to be evaluated individually with the assisting EMT providing manual stabilization and immobilization of the head and cervical spine. The assisting EMT should be told not to speak, but to follow the commands of the candidate. The candidate is responsible for the conduct of the assisting EMT. If the assisting EMT is instructed to provide improper care, areas on the score sheet relating to that care should be deducted. At no time should you allow the candidate or assisting EMT to perform a procedure that would actually injure the Simulated Patient.

This skill requires the presence of a live Simulated Patient. The Simulated Patient must be an adult or adolescent who is at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. The Simulated Patient should be briefed on his/her role in this skill. You may use comments from the Simulated Patient about spinal movement in the scoring process as long as he/she is certified at the level of EMT or higher.

### **Equipment List**

Do not open this skill for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must assure that it is working adequately throughout the examination:

- Examination gloves
- Long spine immobilization device (long board, etc.)
- Head immobilizer (commercial or improvised)
- Cervical collar (appropriate size)
- Patient securing straps (6-8 with compatible buckles/fasteners)
- Blankets
- Padding (towels, cloths, etc.)
- Tape

### **Spinal Immobilization (Seated Patient) Essay to Skill Examiners**

This skill is designed to evaluate a candidate's ability to provide spinal immobilization to a seated patient in whom spinal instability is suspected. Each candidate will be required to appropriately apply any acceptable half-spine immobilization device on a seated patient and verbalize movement of the Simulated Patient to a long backboard.

The candidate is evaluated on his/her ability to protect and provide immediate immobilization of the spine. The candidate will be advised that the scene survey and primary survey have been completed and no condition requiring further resuscitation efforts or urgent transportation is present. A live Simulated Patient who is an adult or adolescent who is at least sixteen (16) years of age is required in this skill. The Simulated

Patient must be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. The Simulated Patient will present seated in an armless chair, sitting upright with his/her back loosely touching the back of the chair. The Simulated Patient will not present slumped forward or with the head held in any grossly abnormal position. The position of the Simulated Patient must be identical for all candidates.

The primary survey as well as reassessment of the Simulated Patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in each extremity at the proper times throughout this skill. Once the candidate has immobilized the seated patient, simply ask him/her to verbally explain all key steps he/she would complete while moving the Simulated Patient to the long backboard. The candidate may check motor, sensory, and circulatory functions at any time during the procedure without a loss of points. However, if he/she fails to check motor, sensory, or circulatory function in all extremities after verbalizing immobilization to a long backboard, a zero should be placed in the "Points Awarded" column for this step. The related "Critical Criteria" statement would also need to be checked and documented as required.

You should have various half-spine immobilization devices collected in the testing room that represent those devices utilized in the local EMS system (KED, XP-1, OSS, half spine board, Kansas board, etc.) or other accepted devices. It is required that at least one (1) rigid wooden or plastic half-spine board and one (1) commercial vest-type immobilization device with all other associated immobilization equipment provided by the manufacturer be available in this room. You are responsible to check that all equipment listed is present and in proper working order (not too frayed or worn, all buckles and straps are present, etc.). The candidate may choose to bring a device with which he/she is familiar and the Exam Coordinator devices. You must also be familiar with the proper use of these devices before any evaluation of the candidate can occur. Be sure to give the candidate time to survey and check the equipment before any evaluation begins. You must not indicate any displeasure with the candidate's choice of any immobilization device.

The skill evaluation instrument was designed to be generic so it could be utilized to evaluate the candidate's performance regardless of the half-spine immobilization device utilized. All manufacturers' instructions describe varying orders in which straps and buckles are to be applied when securing the torso for various commercial half-spine immobilization devices. This skill is not designed to specifically evaluate each individual device but to "generically" verify a candidate's competence in safely and adequately securing a suspected unstable cervical spine in a seated patient. Therefore, while the specific order of placing and securing straps and buckles is not critical, it is imperative that the patient's head be secured to the half-spine immobilization device only after the device has been secured to the torso. This sequential order most defensibly minimizes potential cervical spine compromise and is the most widely accepted and defended order of application to date regardless of the device. Placement of an appropriate cervical collar is also required with any type of half-spine immobilization device. Given the chosen device, your careful observation of the candidate's technique and a reasonable standard of judgment should guide you when determining if the device was appropriately secured to the torso before the head was placed in the device.

You must also apply the same reasonable standard of judgment when checking to see if the device was applied too loosely or not appropriately fastened to the Simulated Patient.

A trained EMT Assistant will be present in the skill to assist the candidate by applying manual in-line immobilization of the head and cervical spine only upon the candidate's commands. The assistant must be briefed to follow only the commands of the candidate, as the candidate is responsible for the actions that he/she directs the assistant to perform. When directed, the assistant must maintain manual in-line immobilization as a trained EMT Assistant would in the field. No unnecessary movement of the Simulated Patient's head or other "games" will be tolerated or are meant to be a part of this examination. However, if the assistant is directed to provide improper care, points on the evaluation form relating to this improper care should be deducted and documented. For example, if the candidate directs the assistant to let go of the head prior to its mechanical immobilization, the candidate has failed to maintain manual, neutral, in-line immobilization. You must check

the related statement under "Critical Criteria" and document your rationale. On the other hand, if the assistant accidentally releases immobilization without an order, you should direct the assistant to again take manual in-line immobilization. Immediately inform the candidate that this action will not affect his/her evaluation. At no time should you allow the candidate or assistant EMT to perform a procedure that would actually injure the Simulated Patient. The candidate should also verbally describe how he/she would move and secure the Simulated Patient to the long backboard.

The Simulated Patient should be briefed on his/her role in this skill and act as a calm patient would if this were a real situation. You may question the Simulated Patient about spinal movement and overall care in assisting with the evaluation process after the candidate completes his/her performance and exits the room.

## **Equipment List**

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. One (1) assistant EMT is also required in this skill. The following equipment must be available, and you must assure that it is working adequately throughout the examination:

- Examination gloves
- Half-spine immobilization device\* (wooden or plastic)
- Vest-type immobilization device\*
- Padding material (pads or towels)
- Armless chair
- Cervical collars (correct sizes)
- Cravats (6)
- Kling®, Kerlix®, etc.
- Long immobilization straps (6 of any type)
- Tape (2" or 3" adhesive)
- Blankets (2)

\* It is required that the skill include one (1) plain wooden or plastic half board with tape, straps, blankets, and cravats as well as one (1) common vest-type device (complete). Additional styles and brands of devices and equipment may be included as a local option.

## **Bleeding Control/Shock Management Essay to Skill Examiners**

This skill is designed to evaluate the candidate's ability to treat a life-threatening arterial hemorrhage from an extremity and subsequent hypoperfusion. This skill will be scenario-based and will require some dialogue between you and the candidate. The candidate will be required to properly treat a life-threatening arterial hemorrhage from an extremity in accordance with recommendations by the American College of Surgeons.

This skill requires the presence of a live Simulated Patient. The Simulated Patient must be an adult or adolescent who is at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. The Simulated Patient will present with an arterial bleed from a severe laceration of the extremity. Simple moulage may enhance the visual cue for the location of the wound but is not required in this skill. You will direct the actions of the candidate at predetermined intervals as indicated on the evaluation form. The candidate will be required to provide the appropriate intervention at each interval as the Simulated Patient's condition changes. It is

essential, due to the purpose of this skill that the Simulated Patient's condition does not deteriorate to a point where CPR would be initiated. This skill is not designed to evaluate CPR skills.

The scenario provided in this essay is an example of an acceptable scenario for this skill. It is not intended to be the only possible scenario for this skill. Variations of the scenario are possible and should be utilized in order to reduce the possibility of candidates knowing the scenario before entering this skill. If the scenario is changed for the examination, the following guidelines must be used:

- An isolated laceration to an extremity producing an arterial bleed must be present.
- The scene must be safe.
- As the scenario continues, the Simulated Patient must present signs and symptoms of hypoperfusion.

Due to the scenario format of this skill, you are required to supply information to the candidate at various times during the exam. When the candidate initially applies direct pressure to the wound, you should inform the candidate that the wound continues to bleed. If the candidate applies a pressure dressing and bandage, you should inform the candidate that the wound continues to bleed. In accordance with recommendations by the American College of Surgeons, application of a tourniquet proximal to the injury is the reasonable next step if hemorrhage cannot be controlled with pressure. If the candidate delays applying a tourniquet and applies additional dressings over the first, you should again inform him/her that the wound continues to bleed. If the candidate attempts to elevate the extremity or apply pressure to the related arterial pressure point, you should inform the candidate that the wound continues to bleed. There is no published evidence that supports controlling arterial hemorrhage from an extremity with elevation or pressure to an arterial pressure point. If the candidate delays application of the tourniquet, you should check the related "Critical Criteria" statement and document his/her delay in treating the hemorrhage in a timely manner as required on the skill evaluation form. After the candidate properly applies an arterial tourniquet, you should inform him/her that the bleeding is controlled. Once the bleeding is controlled in a timely manner, you should provide signs and symptoms of hypoperfusion (restlessness; cool, clammy skin; BP 110/80, P 118, R 30).

## **Equipment List**

Do not open this skill for testing until you have one (1) EMT Assistant and one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. The following equipment must be available and you must assure that it is working adequately throughout the examination:

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

## **Long Bone Immobilization Essay to Skill Examiners**

This skill is designed to evaluate a candidate's ability to immobilize a suspected long bone fracture properly using a rigid splint. The candidate will be advised that a primary survey has been completed on the victim and that a suspected long bone fracture was discovered during the secondary survey. The Simulated Patient will present with a non-angulated, closed, suspected long bone fracture of the upper or lower extremity, specifically a suspected fracture of the radius, ulna, tibia, or fibula. You should alternate injury sites throughout today's examination.

The candidate will then be required to treat the specific, isolated injury. The primary survey as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process. Additionally, the use of traction splints, pneumatic splints, and vacuum splints is not permitted and should not be available for use.

The candidate is required to "Secure the entire injured extremity" after the splint has been applied. There are various methods of accomplishing this particular task. Long bone fractures of the upper extremity may be secured by tying the extremity to the torso after a splint has been applied. Long bone fractures of the lower extremity may be secured by placing the victim properly on a long backboard or applying a rigid long board splint between the victim's legs and then securing the legs together. Any of these methods should be considered acceptable and points should be awarded accordingly.

When splinting the upper extremity, the candidate is required to immobilize the hand in the position of function. A position that is to be avoided is one in which the hand is secured with the palm flattened and fingers extended. The palm should not be flattened. Additionally, the wrist should be dorsiflexed about 20 – 30° and all the fingers should be slightly flexed.

When splinting the lower extremity, the candidate is required to immobilize the foot in a position of function. Two positions that are to be avoided are gross plantar flexion or extreme dorsiflexion. No points should be awarded if these positions are used.

## **Equipment List**

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. One (1)

EMT Assistant EMT is also required in this skill. The following equipment must be available, and you must assure that it is working adequately throughout the examination:

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

## **Joint Immobilization Essay to Skill Examiners**

This skill is designed to evaluate a candidate's ability to immobilize a suspected shoulder injury using a sling and swathe. The candidate will be advised that a primary survey has been completed on the victim and that a suspected shoulder injury is discovered during the secondary survey. The Simulated Patient will present with

the upper arm positioned at his/her side while supporting the lower arm at a 90° angle across his/her chest with the uninjured hand. For the purposes of this skill, the injured arm should not be positioned away from the body, behind the body, or in any complicated position that could not be immobilized by using a sling and swathe.

The candidate will then be required to treat the specific, isolated injury. The primary survey as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process. Additionally, the only splint available in this skill is a sling and swathe. Any other splint, including a long backboard, may not be used to complete this skill. If a candidate asks for a long backboard, simply inform the candidate that the only acceptable splinting material approved for completion of this skill is a sling and swathe.

### **Equipment List**

Do not open this skill for testing until you have one (1) Simulated Patient who is an adult or adolescent at least sixteen (16) years of age. The Simulated Patient must also be of average adult height and weight. One (1) EMT Assistant is also required in this skill. The following equipment must be available, and you must assure that it is working adequately throughout the examination:

- Examination gloves
- Cravats (6) to be used as a sling and swathe

### **INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR SPINAL IMMOBILIZATION (SUPINE PATIENT)**

This skill is designed to evaluate your ability to provide spinal immobilization to a supine patient using a long spine immobilization device. You arrive on the scene with an EMT Assistant. The assistant EMT has completed the scene survey as well as the primary assessment and no critical condition requiring any intervention was found.

For the purposes of this evaluation, the Simulated Patient's vital signs remain stable. You are required to treat the specific, isolated problem of a suspected unstable spine using a long spine immobilization device. When moving the Simulated Patient to the device, you should use the help of the assistant EMT and me. The assistant EMT should control the head and cervical spine of the Simulated Patient while you and I move the Simulated Patient to the immobilization device. You are responsible for the direction and subsequent actions of the EMT Assistant and me. You may use any equipment available in this room. You have ten (10) minutes to complete this procedure. Do you have any questions?

### **INSTRUCTIONS TO THE PSYCHOMOTOR SKILLS CANDIDATE FOR SPINAL IMMOBILIZATION (SEATED PATIENT)**

This skill is designed to evaluate your ability to provide spinal immobilization to a sitting patient using a half-spine immobilization device. You arrive on the scene of an auto crash with an EMT Assistant. The scene is safe and there is only one (1) patient. The assistant EMT has completed the scene survey as well as the primary assessment and no critical condition requiring any intervention was found. For the purposes of this evaluation, the Simulated Patient's vital signs remain stable. You are required to treat the specific, isolated problem of a suspected unstable spine using a half-spine immobilization device. You are responsible for the direction and subsequent actions of the EMT Assistant. Transferring and immobilizing the Simulated Patient to the long



backboard should be described verbally. You have ten (10) minutes to complete this skill. Do you have any questions?

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

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

### **[Sample Scenario:]**

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

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

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

You may use any equipment available in this room. You have five (5) minutes to complete this skill. Do you have any questions?

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

This skill is designed to evaluate your ability to properly immobilize an uncomplicated shoulder injury. You are required to treat only the specific, isolated injury to the shoulder. The scene survey and primary survey have been completed and a suspected injury to the (left or right) shoulder is discovered during the secondary survey. Continued assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have five (5) minutes to complete this skill. Do you have any question?