



**The Greater Miami Valley EMS Council, Inc.  
& State of Ohio EMS Region 2**

# **Implementation Guidelines for Protocol Training & Testing**



**The Greater Miami Valley EMS Council, Inc.  
& State of Ohio EMS Region 2**

**Implementation Guidelines for Protocol Training & Testing**

**Table of Contents**

Department Responsibilities and Timeline.....pg 3

Computer Based Testing (CBT).....pg 4

Skills Testing.....pg 5

Evaluations.....pg 5

CEU Hours Awarded.....pg 5

Available Training Materials.....pg 6

Academic Dishonesty.....pg 6

Non-Compliance Policy.....pg 6

Designating Department Administrator.....pg 6

Designating Skills Evaluators.....pg 7

Designating Computer Based Testing Proctors.....pg 7

Management of Test Failure.....pg 8

Post Cycle Testing.....pg 9

Forms .....pg 10-16

- Third CBT/Skills Test Request Form
- Post-Cycle Testing Request Form
- Recommendation & Registration Form
- Skills Summary Sheets

## Department Responsibilities and Timeline

### General

- Identify the following people within your department. Complete appropriate forms & submit to GMVEMSC
  - **Department Administrator(s)** will lead & be responsible for the oversight of:
    - Protocol Training & Testing
    - Submit All Required Forms to GMVEMSC
    - Updating GMVEMSC Database to Accurately Reflect Current Roster
    - Enter CBT & Skill Results into GMVEMSC Database
    - Can Also be a Skills Evaluator and/or CBT Proctor
    - Review Administrator Training via PowerPoint on GMVEMSC Website
  - **Skills Evaluator(s)** will be responsible for:
    - Attend a Mandatory Skills Evaluator Update Session within the past year
    - Evaluating & Proctor Skills Testing within your Department
    - Must obtain a minimum score of 84% on CBT
    - Can also be a CBT Proctor
  - **CBT Proctor(s)** will be responsible for:
    - Complete & Sign Proctor Agreement (do not have to hold EMS certification)
    - Follow Testing Procedures set forth by GMVEMSC
    - Administrating the CBT
    - Can also be a Skills Evaluator
    - Able to Receive Private Email
- Review GMVEMSC database records to ensure your department roster is accurate.
- Distribute Training Manuals and Quick Reference Guides to department members who will be tested on Protocols.
- Conduct review sessions and skills practice as necessary prior to skills and CBT. A PowerPoint presentation will be available on the GMVEMSC website around December that may be used for training sessions.
- Provide sufficient practical skills practice opportunities within your department.
- Schedule practical skills testing dates in cooperation with the department's Medical Director.
- Print and distribute CEU certificates to department members who have passed the CBT and whose results have been entered into the GMVEMSC data base.
- All testing, computer based and practical, must be completed between January 1 - May 31. Failure to complete testing by May 31 will result in withdrawal of GMVEMSC support and services from both individuals and departments.
  - **All first attempts for CBT must be completed no later than March 31<sup>st</sup>. Failure to meet this deadline will result in the member not being allowed to practice under GMVEMSC protocol or to access drug bags. As long as a member has attempted the 1<sup>st</sup> test by March 31 they may continue to practice, but must pass CBT before May 31<sup>st</sup>.**

## Computer Based Testing (CBT)

- Only GMVEMSC department approved proctors or EMS Coordinators are authorized to proctor CBT.
- Each CBT Proctor will have a designated access code that must be entered into the testing program. Access codes will be distributed to the CBT Proctors by January of each year.
- Annually, an effort will be made to design testing to include all aspects of the GMVEMSC protocol.
- The passing score for CBT is 74%. Skills Evaluators must score a minimum of 84%.
- In the event of academic dishonesty, the provider will receive a score of zero (0) and it will be documented as an attempt.
- Department Proctored CBT Session Preparation & Administration:
  - **Providers must know their Ohio EMS certification number in order to take CBT.**
  - Computers that will be used for testing must have Windows 7-10, with CBT program loaded onto the computer.
  - Phones and tablets are not permitted to be used to take the CBT.
  - Departments will give 1<sup>st</sup> and 2<sup>nd</sup> attempts as well as post cycle testing for CBT. 3<sup>rd</sup> attempts will be scheduled with an EMS Coordinator.
  - Providers may use blank scrap paper for drug math questions on the CBT. Paper must be collected by CBT Proctor and properly disposed of. No calculators may be used.
  - If your department does not have enough computers, personal computers may be used. Your department could also arrange to test at another local location (churches, schools or another department).
  - Individuals taking the CBT must be monitored by the department's proctor throughout the testing process.
  - Providers that will be testing on CBT will need to be taken out of service to test. You cannot stop a CBT to respond on a call. Failure to complete the test will result in a failed attempt at that test.
  - If a power outage or other disaster occurs while testing, the test will be marked as incomplete. The test proctor will have to report the power outage to GMVEMSC Education Chair and the test will have to be started from scratch.
- Individuals unable to complete CBT at their department's designated location or time may take the test at a regionally provided testing facility which will be proctored by a GDAHA EMS Coordinator.
  - Regional tests will be offered twice a month during testing cycle in a variety of facilities with computer labs.
  - Dates and times for the regional CBT will be published on the GMVEMSC website.
- All first attempts for CBT must be completed no later than **March 31<sup>st</sup>**. Failure to meet this deadline will result in the member not being allowed to practice under GMVEMSC protocol or to access drug bags. As long as a member has completed their first attempt by March 31, they may continue to practice. However, they must pass CBT before May 31<sup>st</sup>.
- Individuals who have not successfully completed CBT and/or skills testing by **May 31<sup>st</sup>**:
  - MAY NOT operate under the GMVEMSC Prehospital Operating Protocols
  - MAY NOT access the Drug Bag until they have successfully completed both CBT & skills testing.
- For more information, see the sections on "Non-Compliance Policy" & "Post Cycle Testing".

## **Skills Testing**

- Distribute scenarios to Medical Directors & their designees, Skills Evaluators, who will be testing practical skills.
- Schedule and conduct skills testing, including Mega-Codes.
- Work with Department Chiefs and Medical Directors to develop and conduct appropriate training and testing on Optional Skills & Drugs as approved by Department Medical Directors.
- Work with Medical Directors to develop QA/QI Policy for approved Optional Skills & Drugs such as Cricothyrotomy, Sedate to Intubate, etc. Document and publish for your personnel a list of those Optional Skills and Drugs that are approved for use (by the Chief and Medical Director) in your department. A sample form for indicating approved optional skills can be found in the Optional Skills Manual.
- Department Administrator will enter skills testing results into GMVEMSC database.

## **Evaluations**

- Evaluations will be completed electronically as part of the testing process.
- Collect evaluation forms from CBT proctor and compile summary on the GMVEMSC data base per Council Database Guidelines.
- Evaluation forms will relate to educational materials and required preparation for protocol testing and are required by the Ohio Department of Public Safety, Division of EMS to receive CEUs.

## **CEU Hours Awarded**

GMVEMSC will issue CEUs for reviewing the training manual and completion of the CBT as an independent study course. The hours will be:

- EMR                            2.0 hours
- EMT                            3.0 hours
- AEMT                         4.0 hours
- PM                             6.0 hours

The GMVEMSC does not issue CEUs for any skills testing. Those departments who are approved training sites may issue CEUs for the skills training as appropriate. Following is a recommendation for issuing CEUs for skills practice and evaluation. This recommendation is based on the assumption that each skill is reviewed (indications, contra-indications, and procedure), demonstrated, and practiced prior to evaluation. These hours do not include Optional Skills.

- EMR                            1.0 hours
- EMT                            3.0 hours
- AEMT                         4.0 hours
- PM                             5.0 hours

## **Available Training Materials**

The following training materials are available on the GMVEMSC web site: <https://www.gmvemsc.org>

- Annual update/changes list
  - PowerPoint with changes
  - Training Manual
  - Quick Reference Guide
  - Optional Skills Manual
  - Testing Evaluations
  - Practical Skills and Mega-Code Scenarios (in a secured area on the website)
- Practical Skills and Mega-Code scenarios are for use by Medical Directors (or their designees) during skills testing. The GMVEMSC strongly encourages department Medical Directors to be involved with Practical Skills training and testing.
  - Skill sheets are tools and guidelines to be used by Medical Directors (or their designees) to conduct testing and may be modified based on department needs.

## **Academic Dishonesty**

Academic dishonesty will not be tolerated. Actions considered academic dishonesty include (but are not limited to):

- Any attempt to reproduce, copy, modify, or share exam content
- Referring to, or displaying any unauthorized materials during the exam
- Communicating during an exam in any manner with anyone other than the test proctor
- Giving or receiving aid during the exam

## **Non-Compliance Policy**

If the GMVEMSC has evidence that a provider, who is not permitted to access the drug bag or perform procedures (because he or she has not passed, either the CBT or the skills testing) has done so, the Council will send a registered, return receipt letter to the individual, to the Medical Director, to the Departmental Chief, to the State of Ohio Board of Pharmacy, and to the Ohio Department of Public Safety Services Division of EMS stating that the individual may be practicing outside the State of Ohio Region 3 Protocol and the Ohio Scope of Practice.

Deadline for entry of all data in the database is June 15<sup>th</sup> of each year. Post cycle testing will not start until after June 15<sup>th</sup>. Departments need to have 100% of their personnel completing both skills and CBT by the end of the testing cycle or risk appropriate action up to and including removal from the drug bag program.

## **Designating a Department Administrator**

- Read Entire Implementation Guide
- Responsible for oversight of Protocol Training & Testing
- Submit a “Recommendation for Department Administrator” form. This form must be signed by the Department Chief and Medical Director. This form is available at <https://www.gmvemsc.org>, and located in the forms selections in this implementation guide.
- Submit all required forms to GMVEMSC
  - Recommendation for Skills Evaluators
  - Recommendation for CBT proctors
- Update GMVEMSC database to accurately reflect current roster
- Enter CBT & Skill Results into GMVEMSC Database
- Review Administrator PowerPoint located on GMVEMSC website.

## Designating Skills Evaluators

- Sessions will be published via the GMVEMSC website, mail, and list serve.
- After 2016, Skills Evaluators will be required to attend a Skills Evaluator session every other year thereafter.
- Prerequisites to attending a Skills Evaluator session include:
  - The Administrator must submit a “Recommendation Form” for all individuals attending a session. This form must be signed by the Department Chief & Medical Director. This form is available at <https://www.gmvemsc.org>, and in the forms section of this implementation guide.
  - The individual must register for desired session by contacting the site coordinator. The “Recommendation Form” must be completed and brought with the attendee to the Skills Evaluator Session.
- Ohio EMS Instructors (EMS-Is) may assist with protocol training & testing, but as of 2016 testing season must attend a Skills Evaluator Session.**
- All Skills Evaluators who assist with protocol training & testing must take the CBT & achieve a score of 84% or higher to be designated as a Skills Evaluator. Those individuals who score <84% on their first attempt CBT will be given a second chance to score 84% or higher during the same protocol testing cycle (following remediation) provided they passed their first attempt (74% is passing). The above mentioned individuals who do not achieve a minimum score of 84% shall cease any further skills testing and are not authorized to evaluate personnel.
- Any Skills Evaluators who did not achieve an 84% or higher score will be required to attend the next annual Skills Evaluators session to be re-instated as a Skills Evaluator. In addition, they must successfully complete the next annual CBT with a score of 84% or higher during the Skills Evaluator training session in order to be reinstated as Skills Evaluator status.

## Designating Computer Based Testing Proctors

- Prerequisites to be a Computer Based Testing Proctor include:
  - The Administrator must submit a “Recommendation Form” for all individuals who will be CBT Proctors. This form must be signed by the Department Chief & Medical Director. This form is available at <https://www.gmvemsc.org>, and in the “forms” section of this implementation guide.
  - The individual must have a valid private email address listed on the “Recommendation Form”.

## Management of Test Failures

- Both CBT & practical skills tests must be passed in order to function under the GMVEMC Protocol. Failure of either the CBT or practical skills test will result in a uniform remediation process:
  - First Test Failure Process**
    - Individual is responsible to review protocol training materials prior to second test.
    - The second test must be scheduled with an appropriate Test Proctor for a CBT or Skills Evaluators for a skills test. It is recommended that the second test be taken no sooner than two weeks after the first test to allow adequate study time.
  - Second Test Failure Process**
    - Administrator will notify individual's Department Chief and Medical Director that the individual has failed his/her second attempt at the CBT / skill test and retest policy.
    - Individual is to meet with Medical Director, his/her designee and/or training officer to set up a remediation plan for review of protocol training materials.
    - Upon completion of remediation to the satisfaction of the Medical Director, the "Third Test Request Form" must be completed. The Administrator will document remediation, including areas reviewed, methods of remediation, and hours. The individual will sign that he/she has completed remediation and is aware of consequences of third failure. Medical Director & Department Chief will sign, indicating that they recommend individual to test for the third time. Form will be submitted to GMVEMSC.
    - The third test must be scheduled with an EMS Coordinator for a CBT or Skills Evaluators for a skills test. The third test must be taken **no sooner than 30 calendar days** after the second test to allow adequate study time.
    - It is required that two witnesses be present at the third practical skills attempt, and it is recommended that the session be videotaped.
    - It is required that two EMS Coordinators be present at the third CBT attempt.
    - The provider must bring "Second/Third Test Request Form" to the Test Proctor who is administering the third test.
  - Third Test Failure Policy**
    - GMVEMSC must be notified
    - The individual MAY NOT operate under the GMVEMSC Prehospital Operating Protocols.
    - The individual MAY NOT access the Drug Bag.
    - The individual MAY NOT perform any EMS skills requiring medical direction according to the State of Ohio Scope of Practice.
    - An individual who does not pass the CBT or skills on their third attempt will be sent a registered, return receipt letter, with copies to their Medical Director and Department Chief, stating that they MAY NOT access the drug bag or perform procedures listed in Ohio Department of Public Safety Services Division of EMS Scope of Practice that require Medical Direction.
  - A copy of all Third Test Authorization forms are to be forwarded to and retained by:**
    - The EMS Provider
    - The Department Chief
    - The Department Medical Director
    - The Administrator



## **Post-Cycle Testing**

- Acceptable reasons for non-completion of testing during normal testing cycle include, but are not limited to:
  - Military Duty
  - Medical leave for extended illness or injury
  - New graduates of EMS schools, the CBT may not be taken until the provider has a Ohio certification number
  - Change in certification level
  - New employees
  - Need for second or third tests
  - Other (rationale for test shall be included to provide explanation)
- **Post cycle testing will not start until after June 15<sup>th</sup>.**
- New graduates cannot function at their new level until they have successfully passed all testing.
- A “Post-Cycle Testing Request Form” must be completed and signed by the Department Chief or Administrator for all categories and the Medical Director (in the case of the “Other” category or a 2<sup>nd</sup> or 3<sup>rd</sup> test scenario). This form is available at <https://www.gmvemsc.org> and in the “forms” section of this implementation guide.

One copy of this form will be given to the EMS Provider, one copy retained by the Department, and one copy faxed or emailed to GMVEMSC.

- Individuals who have started the testing process and have not successfully completed the CBT and/or skills testing by May 31:**
  - **MAY NOT operate under the GMVEMSC Prehospital Operating Protocols.**
  - **MAY NOT access the Drug Bag until they have successfully completed both CBT and skills testing.**

GMVEMSC PROTOCOL

**SECOND/THIRD TEST REQUEST FORM – MUST HAVE FORM TO RETEST**

(Circle One)

Department \_\_\_\_\_

Member Name \_\_\_\_\_ EMR EMT AEMT PM

Date of 1<sup>st</sup> Test Score \_\_\_\_\_ Test Proctor/Location \_\_\_\_\_

Date of 2<sup>nd</sup> Test Score \_\_\_\_\_ Test Proctor/Location \_\_\_\_\_

Statement of understanding (to be completed by department member requesting second/ third attempt).

I, \_\_\_\_\_, verify that I have undergone remediation, and have worked to prepare myself for the second/third protocol / skills test. I verify that, to the best of my belief, I am now prepared, and fully able to successfully complete the protocol / skills test. I understand that it is recommended that I wait 2 weeks before my second attempt. I also understand that my third protocol test **cannot** be taken any sooner than 30 calendar days after the second test.

I further acknowledge that I understand the consequences of a third failure to be as follows:

- I MAY NOT operate under the GMVEMSC Prehospital Operating Protocols.
- I MAY NOT access the Drug Bag
- I MAY NOT perform any EMS skills requiring medical direction according to the State of Ohio Scope of Practice
- I further understand that there may be additional consequences under the policies of my employer/department.

\_\_\_\_\_  
Signature of individual requesting second/third test

\_\_\_\_\_  
Date

**Remediation Documentation (To be completed by Department Training Officer) Second and Third Test**

The above mentioned individual completed the following remediation (Check all that apply).

- |  |           |
|--|-----------|
| ___ Independent study                        | ___ hours |
| ___ Instruction by Ohio EMS Instructor       | ___ hours |
| ___ Instruction by Protocol Skills Evaluator | ___ hours |
| ___ Instruction by Medical Director          | ___ hours |

\_\_\_\_\_  
Department Training Officer Signature

\_\_\_\_\_  
Date

**Recommendation by Department Chief for Third Test Only**

I recommend \_\_\_\_\_ be given the opportunity to take the GMVEMSC CBT / Skills Test for the third time.

\_\_\_\_\_  
Department Chief Signature

\_\_\_\_\_  
Date

**Recommendation by Department Medical Director for Third Test Only**

I recommend \_\_\_\_\_ be given the opportunity to take the GMVEMSC CBT / Skills Test for the third time.

\_\_\_\_\_  
Department Medical Director Signature

\_\_\_\_\_  
Date

- \_\_\_ One copy to EMS Provider who must bring it to the Test Proctor administering second or third test
- \_\_\_ One copy retained by Department
- \_\_\_ One copy faxed to GMVEMSC

**GMVEMSC PROTOCOL  
POST- CYCLE TESTING REQUEST FORM**

Department \_\_\_\_\_ Training Officer \_\_\_\_\_

Department Member \_\_\_\_\_ EMR EMT AEMT PM

**Reason for Non-Completion of Testing during Normal Testing Cycle**

\_\_\_\_\_ **Military Duty**

Branch of service \_\_\_\_\_

Period of deployment \_\_\_\_\_ through \_\_\_\_\_

\_\_\_\_\_ **Medical Leave for extended illness or injury**

Projected period of medical leave \_\_\_\_\_

\_\_\_\_\_ **New Graduate of EMS School**

EMS School \_\_\_\_\_

Level of EMS Education \_\_\_EMR \_\_\_ EMT \_\_\_ AEMT \_\_\_ PM

Date of Graduation \_\_\_\_\_

Date of Ohio Certification \_\_\_\_\_

\_\_\_\_\_ **Change in Certification Level**

Change from \_\_\_\_\_ to \_\_\_\_\_

Date of change in Ohio Certification Level \_\_\_\_\_

\_\_\_\_\_ **New Employee**

Date of Hire \_\_\_\_\_

\_\_\_\_\_ **Need for Second or Third Test**

**Mark all that apply** \_\_\_ 2<sup>nd</sup> Protocol Test Date of 1<sup>st</sup> Protocol Test which individual failed. \_\_\_\_\_ Score \_\_\_\_\_

\_\_\_ 3<sup>rd</sup> Protocol Test Date of 2<sup>nd</sup> Protocol Test which individual failed \_\_\_\_\_ Score \_\_\_\_\_

\_\_\_ 2<sup>nd</sup> Skills Test Date of 1<sup>st</sup> Skills Test which individual failed \_\_\_\_\_

\_\_\_ 3<sup>rd</sup> Skills Test Date of 2<sup>nd</sup> Skill Test which individual failed \_\_\_\_\_

\_\_\_\_\_ **Other Explain** \_\_\_\_\_

**Restrictions apply to all individuals who have not successfully completed Protocol testing by May 31.**

- The individual MAY NOT operate under the GMVEMSC Prehospital Operating Protocols
- The individual MAY NOT access the Drug Bag
- The individual MAY NOT perform any EMS skills requiring medical direction according to the State of Ohio Scope of Practice.

**Recommendation by Department Chief for Post Cycle Testing**

I recommend \_\_\_\_\_ be given the opportunity to take the GMVEMSC CBT

\_\_\_\_\_  
Department Chief Signature

\_\_\_\_\_  
Date

**Recommendation by Department Medical Director for Post Cycle Testing-required for 2<sup>nd</sup> or 3<sup>rd</sup> tests and "Other" category.**

I recommend \_\_\_\_\_ be given the opportunity to take the GMVEMSC CBT

\_\_\_\_\_  
Department Medical Director Signature

\_\_\_\_\_  
Date

One copy to EMS Provider (must bring it to the CBT Proctor administering CBT).  
One copy retained by Department. One copy faxed to GMVEMSC

# GMVEMSC PROTOCOL – RECOMMENDATION & REGISTRATION FORM

Department Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

| <b>Name &amp; Certification Number<br/>Email</b>    | <b>CBT<br/>Proctor</b> | <b>Skills<br/>Evaluator</b> | <b>Administrator</b> | <b>Training Session<br/>Date</b> |
|---|------------------------|-----------------------------|----------------------|----------------------------------|
| <i>Example: John Doe 123456<br/>jdoe@domain.com</i> | X                      | X                           |                      | January 1 <sup>st</sup> , 2016   |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |
|   |                        |                             |                      |                                  |

**Recommendation by Department Medical Director for Testing Proctor Candidate(s):**

I recommend the listed Department Members to attend a Proctor training session for our department with the understanding that they will comply with all the requirements as listed in the Implementation Guide for their assigned role.

\_\_\_\_\_  
Department Medical Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chief Signature

\_\_\_\_\_  
Date

**This form is to be turned in at the Skills Evaluator Training Session you attend.**



# EMR Protocol Testing Summary Year 2017

Provider Name \_\_\_\_\_ Certification # \_\_\_\_\_

EMS Department(s) \_\_\_\_\_

| First Responder Skills  | First Test |      |                   | Second Test |      |                   | Third Test |      |                   |
|---|------------|------|-------------------|-------------|------|-------------------|------------|------|-------------------|
|   | Pass       | Fail | Instructor / Date | Pass        | Fail | Instructor / Date | Pass       | Fail | Instructor / Date |
| <b>THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS</b> |            |      |                   |             |      |                   |            |      |                   |
| <b>Adult Mega Code</b>  |            |      |                   |             |      |                   |            |      |                   |
| * Automated External Defibrillator  |            |      |                   |             |      |                   |            |      |                   |
| <b>Oxygen Administration</b>  |            |      |                   |             |      |                   |            |      |                   |
| * Nonrebreather Mask  |            |      |                   |             |      |                   |            |      |                   |
| * Nasal Cannula   |            |      |                   |             |      |                   |            |      |                   |
| * Bag-Valve-Mask  |            |      |                   |             |      |                   |            |      |                   |
| <b>Medications</b>  |            |      |                   |             |      |                   |            |      |                   |
| * Assist w/ pt's own EpiPen   |            |      |                   |             |      |                   |            |      |                   |
| * Narcan  |            |      |                   |             |      |                   |            |      |                   |
| <b>Optional:</b>  |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |

**Computer Based Protocol Test**

**First Test**

Score \_\_\_\_\_ Date \_\_\_\_\_ Testing Location & Proctor \_\_\_\_\_

**Second Test**

Score \_\_\_\_\_ Date \_\_\_\_\_ Testing Location & Proctor \_\_\_\_\_

**Third Test**

Score \_\_\_\_\_ Date \_\_\_\_\_ Testing Location & Proctor \_\_\_\_\_



# EMT Protocol Testing Summary Year 2017

Provider Name \_\_\_\_\_ Certification # \_\_\_\_\_

EMS Department (s) \_\_\_\_\_

| EMT Skills  | First Test |      |                   | Second Test |      |                   | Third Test |      |                   |
|---|------------|------|-------------------|-------------|------|-------------------|------------|------|-------------------|
|   | Pass       | Fail | Instructor / Date | Pass        | Fail | Instructor / Date | Pass       | Fail | Instructor / Date |
| <b>THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS</b> |            |      |                   |             |      |                   |            |      |                   |
| <b>Adult Mega Code</b>  |            |      |                   |             |      |                   |            |      |                   |
| * Automated External Defibrillator  |            |      |                   |             |      |                   |            |      |                   |
| * Alternative Airway (King, Combi, LMA).  |            |      |                   |             |      |                   |            |      |                   |
| <b>Pediatric Mega Code</b>  |            |      |                   |             |      |                   |            |      |                   |
| * Broselow Tape   |            |      |                   |             |      |                   |            |      |                   |
| * LMA (if authorized)   |            |      |                   |             |      |                   |            |      |                   |
| <b>Trauma</b>   |            |      |                   |             |      |                   |            |      |                   |
| * Inline Alternative Airway Insertion   |            |      |                   |             |      |                   |            |      |                   |
| <b>Medications</b>  |            |      |                   |             |      |                   |            |      |                   |
| * Albuterol - Metered Dose Inhaler / ASA / NTG / Epipen/Narcan                  |            |      |                   |             |      |                   |            |      |                   |
| CPAP  |            |      |                   |             |      |                   |            |      |                   |
| MAD Device  |            |      |                   |             |      |                   |            |      |                   |
| <b>Optional:</b>  |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |

### Computer Based Protocol Test

**First Test**

Score \_\_\_\_\_ Date \_\_\_\_\_ Testing Location & Proctor \_\_\_\_\_

**Second Test**

Score \_\_\_\_\_ Date \_\_\_\_\_ Testing Location & Proctor \_\_\_\_\_

**Third Test**

Score \_\_\_\_\_ Date \_\_\_\_\_ Testing Location & Proctor \_\_\_\_\_



# AEMT Protocol Testing Summary Year 2017

Provider Name \_\_\_\_\_ Certification # \_\_\_\_\_

EMS Department (s) \_\_\_\_\_

| Advanced EMT<br>Skills  | First Test |      |                      | Second Test |      |                      | Third Test |      |                      |
|---|------------|------|----------------------|-------------|------|----------------------|------------|------|----------------------|
|   | Pass       | Fail | Instructor<br>/ Date | Pass        | Fail | Instructor<br>/ Date | Pass       | Fail | Instructor<br>/ Date |
| <b>THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS</b> |            |      |                      |             |      |                      |            |      |                      |
| <b>Adult Mega Code</b>  |            |      |                      |             |      |                      |            |      |                      |
| * Manual External Defibrillator   |            |      |                      |             |      |                      |            |      |                      |
| * Automated External Defibrillator  |            |      |                      |             |      |                      |            |      |                      |
| * Orotracheal Intubation - nontrauma pt.  |            |      |                      |             |      |                      |            |      |                      |
| <b>Pediatric Mega Code</b>  |            |      |                      |             |      |                      |            |      |                      |
| * Broselow Tape   |            |      |                      |             |      |                      |            |      |                      |
| * LMA (if authorized)   |            |      |                      |             |      |                      |            |      |                      |
| * Orotracheal Intubation  |            |      |                      |             |      |                      |            |      |                      |
| <b>Medications</b>  |            |      |                      |             |      |                      |            |      |                      |
| * Nebulizer with BVM  |            |      |                      |             |      |                      |            |      |                      |
| * Medication Administration   |            |      |                      |             |      |                      |            |      |                      |
| *CPAP   |            |      |                      |             |      |                      |            |      |                      |
| * Intraosseous Infusion   |            |      |                      |             |      |                      |            |      |                      |
| <b>Trauma</b>   |            |      |                      |             |      |                      |            |      |                      |
| * Inline Orotracheal Intubation - Trauma Pt.                                    |            |      |                      |             |      |                      |            |      |                      |
| * Chest Decompression   |            |      |                      |             |      |                      |            |      |                      |
| <b>Optional:</b>  |            |      |                      |             |      |                      |            |      |                      |
|   |            |      |                      |             |      |                      |            |      |                      |
|   |            |      |                      |             |      |                      |            |      |                      |
|   |            |      |                      |             |      |                      |            |      |                      |
|   |            |      |                      |             |      |                      |            |      |                      |
|   |            |      |                      |             |      |                      |            |      |                      |
|   |            |      |                      |             |      |                      |            |      |                      |
|   |            |      |                      |             |      |                      |            |      |                      |

**Computer Based Protocol Test**

**First Test**

Score \_\_\_\_\_ Date \_\_\_\_\_ Testing Location & Proctor \_\_\_\_\_

**Second Test**

Score \_\_\_\_\_ Date \_\_\_\_\_ Testing Location & Proctor \_\_\_\_\_

**Third Test**

Score \_\_\_\_\_ Date \_\_\_\_\_ Testing Location & Proctor \_\_\_\_\_



# Paramedic Protocol Testing Summary Year 2017

Provider Name \_\_\_\_\_ Certification # \_\_\_\_\_

EMS Department (s) \_\_\_\_\_

| Paramedic Skills  | First Test |      |                   | Second Test |      |                   | Third Test |      |                   |
|---|------------|------|-------------------|-------------|------|-------------------|------------|------|-------------------|
|   | Pass       | Fail | Instructor / Date | Pass        | Fail | Instructor / Date | Pass       | Fail | Instructor / Date |
| <b>THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS</b> |            |      |                   |             |      |                   |            |      |                   |
| <b>Adult Mega Code</b> (ACLS Meds – Verb)                                       |            |      |                   |             |      |                   |            |      |                   |
| * Automated External Defibrillator  |            |      |                   |             |      |                   |            |      |                   |
| * Orotracheal Intubation - nontrauma pt.  |            |      |                   |             |      |                   |            |      |                   |
| <b>Pediatric Mega Code</b>  |            |      |                   |             |      |                   |            |      |                   |
| * Broselow Tape   |            |      |                   |             |      |                   |            |      |                   |
| * LMA (if authorized)   |            |      |                   |             |      |                   |            |      |                   |
| * Orotracheal Intubation  |            |      |                   |             |      |                   |            |      |                   |
| <b>Medications</b>  |            |      |                   |             |      |                   |            |      |                   |
| * Nebulizer with BVM  |            |      |                   |             |      |                   |            |      |                   |
| * Medication Administration   |            |      |                   |             |      |                   |            |      |                   |
| *CPAP   |            |      |                   |             |      |                   |            |      |                   |
| *Intraosseous Infusion  |            |      |                   |             |      |                   |            |      |                   |
| <b>Trauma</b>   |            |      |                   |             |      |                   |            |      |                   |
| * Inline Orotracheal Intubation - Trauma Pt.                                    |            |      |                   |             |      |                   |            |      |                   |
| * Nasotracheal Intubation   |            |      |                   |             |      |                   |            |      |                   |
| * Needle Cricothyrotomy   |            |      |                   |             |      |                   |            |      |                   |
| * Chest Decompression   |            |      |                   |             |      |                   |            |      |                   |
| <b>Optional:</b>  |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |
|   |            |      |                   |             |      |                   |            |      |                   |

**Computer Based Protocol Test**

**First Test**

Score \_\_\_\_\_ Date \_\_\_\_\_ Testing Location & Proctor \_\_\_\_\_

**Second Test**

Score \_\_\_\_\_ Date \_\_\_\_\_ Testing Location & Proctor \_\_\_\_\_

**Third Test**

Score \_\_\_\_\_ Date \_\_\_\_\_ Testing Location & Proctor \_\_\_\_\_