



**The Greater Miami Valley EMS Council, Inc.
& State of Ohio EMS Region 3**

Implementation Guidelines for Protocol Training & Testing



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- 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
 - May Also be a Skills Evaluator and/or CBT Proctor
 - Review Administrator Training via PowerPoint on GMVEMSC Website
 - Requires approval by Department Chief
 -
 - **Skills Evaluator(s)** will be responsible for:
 - Attending a Mandatory Skills Evaluator Session
 - Or/2017 Skills Evaluators must complete the online PowerPoint and quiz
 - Evaluating & Proctor Skills Testing within your Department
 - Must obtain a minimum score of 84% on CBT
 - May also be a CBT Proctor
 - Requires approval by Department Chief
 - **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
 - May also be a Skills Evaluator
 - Able to Receive Private Email
 - Requires approval by Department Chief
- 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 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 practical testing must be completed by **May 31(2359 hrs)**. All computer based testing must be completed between **March 15 - May 31(2359 hrs)**. Failure to complete testing by **May 31(2359 hrs)** will result in withdrawal of GMVEMSC support and services from both individuals and departments.
- **The effective date of the new Standing Orders is June 1 each year.**

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.
- Testing will 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 during, or to take the CBT.
 - Departments will give 1st and 2nd attempts as well as post cycle testing for CBT. 3rd 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.
- Individuals who have not successfully completed CBT and/or skills testing by **May 31(2359 hrs)**:
 - 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 15th of each year. Post cycle testing will not start until after June 15th. Departments need to have 100% of their personnel who may access the Drug Box or use any skills requiring medical direction to have completed 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 at least every other year thereafter.
- Skills evaluators who choose not to attend a Skills Evaluator session in consecutive years must complete the online program successfully. No one may act as a Skills Evaluator without completing an in-person Skills Evaluator session at least every other year, or without successfully completing the online session in years when they have not attended in person.

- 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 Skills Evaluator Sessions and online programs as stated above.**

- 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. This form must be emailed to Alex Brahm at the following email address (apbrahm@premierhealth.com) in order to receive your CBT Pin number.
 - The individual must have a valid 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.
 - Remediation must be documented by the Department Training Officer.
 - 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 (from the provider's home hospital) 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 until the effective date of the following Standing Orders year, and then only after successfully completing all testing.
 - 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. Council will not otherwise release that information unless required to do so.
 - 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 and requires approval from the Education Committee Chair or Co-Chair)
- **Post cycle testing will not start until after June 1st.**
- 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 2nd or 3rd 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(2359 hrs):**
 - **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 1st Test Score _____ Test Proctor/Location _____

Date of 2nd 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 until the effective date of the following Standing Orders year, and then only after successfully completing all testing.
- 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 ___ 2nd Protocol Test Date of 1st Protocol Test which individual failed. _____ Score _____
___ 3rd Protocol Test Date of 2nd Protocol Test which individual failed _____ Score _____
___ 2nd Skills Test Date of 1st Skills Test which individual failed _____
___ 3rd Skills Test Date of 2nd 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 until the effective date of the following Standing Orders year, and then only after successfully completing all testing..

Recommendation by Department Chief for Post Cycle Testing

I recommend _____ be given the opportunity to take the GMVEMSC CBT or Practical Test (circle appropriate test)

Department Chief Signature

Date

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

I recommend _____ be given the opportunity to take the GMVEMSC CBT or Practical Test (circle appropriate test)

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 FORM

Department Name _____
 Address: _____
 Phone Number: _____

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

IMPORTANT NOTE: Individuals must have this Recommendation Form signed, but must ALSO REGISTER ONLINE to take the relevant (CBT or Skills Evaluator) training.
Recommendation by Department Medical Director and Department Chief for Testing Proctor, Skills Evaluator and/or Administrator 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 to be emailed to Alex Brahm (apbrahm@premierhealth.com) or turned in at the Skills Evaluator Training Session you attend.



EMR Protocol Testing Summary Year 2018

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
THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS									
Adult Mega Code									
* Automated External Defibrillator									
Oxygen Administration									
* Nonrebreather Mask									
* Nasal Cannula									
* Bag-Valve-Mask									
Medications									
* Assist w/ pt's own EpiPen									
* Narcan									
Optional:									

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 2018

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
THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS									
Adult Mega Code									
* Automated External Defibrillator									
* Alternative Airway (King, Combi, LMA).									
Pediatric Mega Code									
* Pediatric reference guide									
* LMA (if authorized)									
Trauma									
* Inline Alternative Airway Insertion									
Medications									
* Albuterol - Metered Dose Inhaler / ASA / NTG / Epipen/Narcan									
CPAP									
MAD Device									
Optional:									

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 2018

Provider Name _____ Certification # _____

EMS Department (s) _____

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

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 2018

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
THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS									
Adult Mega Code (ACLS Meds – Verb)									
* Automated External Defibrillator									
* Orotracheal Intubation - nontrauma pt.									
Pediatric Mega Code									
* Pediatric reference guide									
* LMA (if authorized)									
* Orotracheal Intubation									
Medications									
* Nebulizer with BVM									
* Medication Administration									
*CPAP									
*Intraosseous Infusion									
Trauma									
* Inline Orotracheal Intubation - Trauma Pt.									
* Nasotracheal Intubation									
* Needle Cricothyrotomy									
* Chest Decompression									
Optional:									

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 _____