

# 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
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#### **Department Responsibilities and Timeline**

#### **General**

- ☐ Identify the following people within your department. Complete appropriate forms & submit to GMVEMSC
  - o 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 Skill Results into GMVEMSC Database
    - May Also be a Skills Evaluator and/or CBT Proctor
    - Requires approval by Department Chief
  - o Skills Evaluator(s) will be responsible for:
    - Attending a Mandatory Skills Evaluator Session
    - 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
  - o **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 <u>May 31(2359 hrs)</u> . All computer based testing must be completed between <u>March 15 - May 31(2359 hrs)</u> . Failure to complete testing by <u>May 31(2359 hrs)</u> 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%.
CBT results will automatically sync to the database once the test is complete.
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:
<ul> <li>Each person's certification number entered in Questbase MUST match the certification number in their Database profile. Computers that will be used for testing must have Windows 7-10, with CBT program loaded onto the computer.</li> <li>Phones and tablets are not permitted to be used during, or to take the CBT.</li> <li>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.</li> <li>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.</li> <li>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).</li> <li>Individuals taking the CBT must be monitored by the department's proctor throughout the testing process.</li> <li>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.</li> <li>If a problem occurs during the testing process the test proctor will have to report the issue to the GMVEMSC Education Chair and the test will have to be started from scratch.</li> </ul>
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.
Individuals who have not successfully completed CBT and/or skills testing by <a href="May 31(2359 hrs">May 31(2359 hrs</a> ):  O MAY NOT operate under the GMVEMSC Prehospital Operating Protocols O 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**

after taking the CBT.
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.

☐ Evaluations will be completed within Questbase. A PIN will be provided to Proctors to complete the Evaluation

#### **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:

•	<b>EMR</b>	2.0 hc	ours
•	<b>EMT</b>	3.0 hc	urs
•	<b>AEMT</b>	4.0 hc	urs
•	PM	6.0 ho	ıırs

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: <a href="https://www.gmvemsc.org">https://www.gmvemsc.org</a> Annual update/changes list  PowerPoint with changes  Training Manual  Quick Reference Guide  Optional Skills Manual
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 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
<ul> <li>□ Read Entire Implementation Guide</li> <li>□ Responsible for oversight of Protocol Training &amp; Testing</li> <li>□ Submit a "Recommendation for Department Administrator" form. This form must be signed by the Department Chief and Medical Director. This form is available at <a href="https://www.gmvemsc.org">https://www.gmvemsc.org</a>, and located in the forms selections in this implementation guide.</li> <li>□ Submit all required forms to GMVEMSC</li> </ul>

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Recommendation for Skills EvaluatorsRecommendation for CBT proctors

☐ Enter Skill Results into GMVEMSC Database

☐ Update GMVEMSC database to accurately reflect current roster

## **Designating Skills Evaluators**

	Sessions will be published via the GMVEMSC website, mail, and list serve.  Skills Evaluators will be required to attend a Skills Evaluator session every year.								
	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 <a href="https://www.gmvemsc.org">https://www.gmvemsc.org</a> , and in the forms section of this implementation guide.								
	☐ The individual must register for desired session by completing the online registration form found at <a href="https://www.gmvemsc.org">https://www.gmvemsc.org</a> . 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 <u>84%</u> 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.								
<b>Desig</b>	gnating 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 <a href="https://www.gmvemsc.org">https://www.gmvemsc.org</a> , and in the "forms" section of this implementation guide. This form must be emailed to John Russell at the following email address (JRussell@hhoh.org).								
	☐ 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 <b>no sooner than 30 calendar days</b> 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 one EMS Coordinator and the department Proctor 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:
  - o Military Duty
  - o Medical leave for extended illness or injury
  - o New graduates of EMS schools: the CBT may not be taken until the provider has a Ohio certification number
  - o 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 <u>after June 1<sup>st</sup>.</u>
- 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 <a href="https://www.gmvemsc.org">https://www.gmvemsc.org</a> 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 Pro	octor/Loc	ation						
Date of 2 <sup>nd</sup> Test Score	Test Pro	octor/Loc	ation						
Statement of understanding (to be com	pleted by d	<u>lepartmen</u>	t membe	r requestii	ng secon	d/ third a	attempt).		
I,	protocol / s	skills test.	I unders	tand that i	it is reco	mmende	d that I w	ait 2 weeks	before
<ul> <li>I further acknowledge that I understand</li> <li>I MAY NOT operate under the</li> <li>I MAY NOT access the Drug I</li> <li>I MAY NOT perform any EMS until the effective date of the follow</li> <li>I further understand that there is</li> </ul>	GMVEMS Bag S skills req owing Stand	SC Prehoruiring me	spital Op edical dire year, and	erating Pr ection acc then only	rotocols. cording to	o the Stat	completing	all testing.	
Signature of individual requesting second	nd/third te	st			Date	e			
<b>Remediation Documentation (To</b>	be compl	eted by l	Departn	nent Tra	ining O	fficer)	Second a	nd Third	<u>Test</u>
The above mentioned individual complete Independent study Instruction by Ohio EMS Instructo Instruction by Protocol Skills Evalue Instruction by Medical Director	- r _	hour	s s s	on (Check	x all that	apply).			
Department Training Officer Signature					Date	<del></del>			
<b>Recommendation by Department</b>	Chief for	Third T	<u> Γest Onl</u>	<u>Y</u>					
I recommend Test for the third time.			_ be give	n the oppo	ortunity	to take th	ne GMVE	MSC CBT	/ Skills
Department Chief Signature					Date	<del></del>			
Recommendation by Department	Medical	Director	for <u>Thi</u>	rd Test	<u>Only</u>				
I recommend Test for the third time.			_ be give	n the oppo	ortunity	to take th	ne GMVE	MSC CBT	/ Skills
Department Medical Director Signature	e				Date	e			
One copy to EMS Provider who mus One copy retained by Department One copy faxed to GMVEMSC	t bring it to	the Test	Proctor a	dministeri	ing secon	d or thir	d test		

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

Department Training Officer				
Department Member	EMR	EMT	AEMT	PM
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 EducationEMREMTAEMT  Date of Graduation  Date of Ohio Certification	PM			
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 individe 3 <sup>rd</sup> Protocol Test Date of 2 <sup>nd</sup> Protocol Test which individual 3 <sup>rd</sup> Skills Test Date of 2 <sup>nd</sup> Skills Test which individual Date of 2 <sup>nd</sup> Skill Test which individual	idual failed al failed l failed	Sc	ore	
Restrictions apply to all individuals who have not successfully completed Pro  The individual MAY NOT operate under the GMVEMSC Prehospital Operate  The individual MAY NOT access the Drug Bag  The individual MAY NOT perform any EMS skills requiring medical direction of Practice until the effective date of the following Standing Orders year, and then one	otocol testing hing Protocols	the State	of Ohio S	
Recommendation by Department Chief for Post Cycle Testing I recommend be given the or Practical Test (circle appropriate test)	opportunity to t	take the C	GMVEMSO	ССВТ
Department Chief Signature  Date				
Recommendation by Department Medical Director for Post Cycle Test and "Other" category.	ting-required	l for 2 <sup>nd</sup>	or 3 <sup>rd</sup> tes	ts
	opportunity to t	take the (	GMVEMSO	C 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 FORM**

Department Name					
Address:					
Phone Number:					
Name, email & Certification Number (as it appears in the database)	CBT Proctor	Skills Evaluator	Administrator	Training Session Date	
Example: John Doe 123456	X	X		January 1st, 2016	
john.doe@email.com				•	
IMPORTANT NOTE: Individuals mus			_	nust ALSO_	
REGISTER ONLINE to take the releva				maakan Chilla	
Recommendation by Department Medic Evaluator and/or Administrator Candio		na Department C	niei ior Testing P	roctor, Skills	
I recommend the listed Department Memb		Proctor training se	ession for our dena	rtment with the	
understanding that they will comply with a			-		
assigned role.	an one require			3 414 414 414 414 414 414 414 414 414 41	
Department Medical Director Signature			Date		
Department inedical Director Signature			Date		
Department Chief Signature		<u> </u>	Date		
This form to be emai	lad to John	Duggoll (IDugg		or	

This form to be emailed to John Russell (JRussell@hhoh.org) or turned in at the Skills Evaluator Training Session you attend.



# EMR Protocol Testing Summary Year 2019

Provider Name		Certification #							
EMS Department(s)									
First Responder	First	Tes	t	Seco	nd T	est	Third Test		
Skills	Pass		Instructor / Date	Pass		Instructor / Date			Instructor / Date
THE FOLLOWING SKILLS MAY BI	E TEST	[ED [	DURING DEF	PARTM	ENT	AL TRAININ	G SES	SION	IS
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									
Computer Based Frotocor rest									
First Test Score Date		Tes	ting Locatio	n & Pr	octo	r			
Second Test Score Date	_	Testing Location & Proctor							
Third Test Score Date		Tes	ting Locatio	n & Pr	octo	r			



# **EMT Protocol Testing Summary** Year 2019

Provider Name	Certification #								
EMS Department (s)		,							
EMT	First	Test	t	Seco	nd T	est	Thir	st	
Skills	Pass		Instructor / Date	Pass		Instructor / Date			Instructor / Date
THE FOLLOWING SKILLS MAY BE	TESTE	D DL	IRING DEPA	RTME	NTAL	TRAINING	SESS	IONS	
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		Testi	ng Location	& Pro	ctor _				
Second Test Score Date		Testi	ng Location	& Pro	ctor _				
Third Test Score Date		Testi	ng Location	& Pro	ctor _				



# **AEMT Protocol Testing Summary** Year 2019

Provider Name	Certification #								
EMS Department (s)									
Advanced EMT	First Test			Seco	nd T	est	Thir	st	
Skills	Pass	Fail	Instructor / Date	Pass	Fail	Instructor / Date	Pass	Fail	Instructor / Date
THE FOLLOWING SKILLS MAY BE	TESTE	D DL	IRING DEPA	RTME	NTAL	TRAINING	SESS	IONS	
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:									
Optional.									
Computer Based Protocol Test					1				
Computer Daseu Frotocor rest									
First Test Score Date	-	Testi	ng Location	& Pro	ctor _				
Second Test Score Date	·	Testi	ng Location	& Pro	ctor _				
Third Test Score Date	_ Testing Location & Proctor								



# Paramedic Protocol Testing Summary Year 2019

Provider Name \_\_\_\_\_Certification #\_\_\_\_

EMS Department (s)									
Paramedic	First Test		Seco	nd T	est	Third Test			
Skills	Pass	Fail	Instructor / Date	Pass	Fail	Instructor / Date	Pass	Fail	Instructor / Date
THE FOLLOWING SKILLS MAY BE	TESTE	D DL	IRING DEPA	RTME	NTAL	TRAINING	SESS	ONS	
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 Cricothryrotomy									
* Chest Decompression									
Optional:									
Computer Based Protocol Test First Test									
Score Date	'	Testi	ng Location	& Pro	ctor _				
Second Test									
Score Date	'	resti	ng Location	& Pro	ctor _				
Third Test Score Date		Testi	na Location	& Pro	ctor				