



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

Implementation Guidelines for Protocol Training and Testing

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Department/Organizational Responsibilities

- Each department/organization will designate personnel to function in the follow roles as part of the GMVEMSC's Protocol Training and Testing Program:
 - Department Administrator(s)
 - Holds overall responsibility for the administration and oversight of the program at the Department/Organizational level to include:
 - Protocol Training & Testing
 - Updating the GMVEMSC database regularly to ensure an accurate roster is maintained
 - Verify that all CBT and skills tests are current in the database
 - Submit **all** applicable forms to the GMVEMSC
 - May also serve as a skills evaluator and/or CBT proctor
 - Requires appointment by their organization's authority having jurisdiction
 - To become or change a department administrator, a letter must be sent to the GMVEMSC from your organization listing the name and contact information for the new department administrator
 - Skills Evaluator(s)
 - Holds primary responsibility for the practical skills testing of their Department/Organizations members. Additional responsibilities include:
 - Attend a mandatory online Skills Evaluator (SE) training session
 - Newly appointed and annually
 - Training session notifications/instructions will be sent via email
 - Must obtain a minimum score of 90% on the current year's SE CBT
 - Only 2 attempts at 90% are permitted each testing cycle
 - Reinstatement as a skills evaluator will require completion of the next year's skills evaluator training session
 - May also be a Department Administrator and/or CBT proctor
 - Requires appointment by their organization's authority having jurisdiction
 - Conduct practice and review sessions as necessary prior to testing skills
 - To become a skills evaluator your department administrator must recommend you to the medical director and be approved through the GMVEMSC database
 - CBT Proctor(s)
 - Holds primary responsibility for the Computer Based Testing of their Department/Organizations members. Additional responsibilities include:
 - Maintain test security
 - Ensure a suitable testing environment
 - May also be a Department Administrator and/or Skills Evaluator

- Requires appointment by their organization’s authority having jurisdiction
 - To become a CBT proctor your department administrator must recommend you to the medical director and be approved through the GMVEMSC database
- Designation of these positions will be processed through the GMVEMSC Standing Orders Database. <https://www.gmvemscsodb.com/auth/login>

Note

No one is permitted to serve as their own Skills Evaluator or CBT Proctor

Timeline

- New/updated protocols will generally be released in **January** each year
- Skills Evaluator sessions will generally be offered from the release date in **January to March 14th** each year
- Final revisions to the protocols resulting during the skills evaluator sessions will be finalized by **March 14th** each year
- All practical skills testing must be completed by **May 31st (2359 hours)**
- All Computer Based Testing must be completed between **March 15th and May 31st (2359 hours)**
- **The effective date of the new protocols is June 1 each year**
- A letter acknowledging that all current and active department/organization members are fully compliant with the scope of this document must be received by the GMVEMSC by **June 15** of each year. (See forms section)

Note

Failure to complete any and all testing by **May 31st (2359)** will result in withdrawal of GMVEMSC support and services from either or both the individual and the department/organization

Computer Based Testing (CBT)

- Only department/organization appointed, and GMVEMSC approved proctors are authorized to proctor a CBT
- Each CBT proctor will have a unique access code assigned to them.
- Testing will include **all aspects** of the GMVEMSC protocol including the training manual
- The passing score for the CBT is 84%. (90% for skills evaluators)
- The test will have a 45-minute time limit
- In the event of academic dishonesty, the test takers will receive a score of zero (0) and it will be documented as a test attempt
- CBT session preparation and administration
 - Providers must know their own Ohio EMS state certification number to take test
 - The CBT is found here <https://www.gmvemsc.org/protocols.html>

- The CBT will be an open reference test therefore reference material will be permitted in the testing area
 - This includes phones, tablets, study sheets, etc...
- Any paper used for the test must be left in the testing area to be disposed of by the CBT proctor
- Individuals taking the CBT still must be monitored by the department's proctor throughout the testing process
 - **The recording of any part of the CBT by paper, screenshots, pictures, etc... is not permitted and any occurrence will constitute academic dishonesty**
- Providers that will be taking the CBT will need to be taken out of service to test
 - You cannot stop a CBT to respond on a call
 - The test will be automatically graded at the end of the time limit
- 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/or Co-Chair and the test will have to be started from scratch
- If your department does not have enough computers, personal computers may be used
 - You can also arrange to test at another location (church, school, or another department).
- Department CBT proctors will administer the 1st and 2nd test attempts including those that fall outside of the regular testing cycle (with proper paperwork)
- 3rd test attempts will be scheduled with an EMS Coordinator following proper notification to the GMVEMSC Education Committee Chair and/or Co-Chair
- Individuals unable to complete the CBT at their department's designated location or time, may take the test at a regionally provided testing facility which will be proctored by an EMS Coordinator
 - Regional tests will be offered twice a month during the testing (March 15 – May 31) cycle in a variety of facilities with computer labs
 - Dates and times for the regional CBT will be published on the GMVEMSC website
- For more information, see the sections on "Non-Compliance Policy" & "Post Cycle Testing"

Testing Accommodations

- Testing accommodations will only be offered for the CBT and not for the skills testing
- A request for accommodations must occur before the first test of each protocol cycle
 - Requests received after the first test is taken will not be accepted
- Procedure to request accommodations:
 - Complete form from page 15 and send it electronically to the GMVEMSC Education chair and co-chair no later than 30 days before the requested test date
 - If approved, an email will be sent advising of the approved accommodations
 - Coordination will be between the Education Chair, the requesting individual, and their department's CBT proctor
 - If denied, an email will be sent advising of such

Skills Testing

- Skills testing must be conducted by a verified skills evaluator
- Testing includes individual skills, optional skills, and Mega Code testing
- Department administrator, skills evaluators, and Medical Directors should work together to develop and conduct appropriate training and testing on individual skills, optional skills, and medication administration approved for use by the Department Medical Directors
- Optional Skills
 - Department Administrators and Medical Directors should work with the GMVEMSC CQI committee to develop a CQI policy for approved Optional Skills & Drugs such as Cricothyrotomy, Sedate to Intubate, etc...
 - Document and publish, for your personnel, a list of Optional Skills and Drugs that are approved for use by the Chief and Medical Director of your department
- Skills testing may begin as soon as the current year's protocols are released and must be completed by **May 31st (2359)**
- Department skills evaluators will enter all skills testing results into the GMVEMSC database
- Department Administrator will verify all testing results in the GMVEMSC database

Note

A maximum of 3 test attempts (CBT or skills) are permitted each testing cycle year

Evaluations

- Evaluations will be completed electronically immediately following successful completion of 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

Available Training Materials

- The following training materials are available on the GMVEMSC web site:
<https://www.gmvemsc.org/protocols.html>
 - Current and previous year's Protocols
 - PowerPoint with current year's updates
 - Training/Optional Skills Manual
 - Hospital Capabilities
 - Just-in-time standing orders (JISOs)

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. This includes memorizing questions for use outside the test area
- Any form of communicating during an exam with anyone other than the test proctor
- Giving or receiving aid during the exam

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
- The 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 hour
 - EMT 3.0 hours
 - AEMT 4.0 hours
 - PM 5.0 hours

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 current CBT or skills testing) has done so, the Council will take the following actions:

- 1st offense: Send a registered, return receipt letter to the individual, to the Medical Director, and the Departmental Chief stating that the individual may be practicing outside the State of Ohio Region 3 Protocol and the Ohio Scope of Practice.
- 2nd offense: A letter to all the above including 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.

Any non-compliance issue that involves the drug bag will include a letter to State of Ohio Board of Pharmacy

The GMVEMSC may determine, based on severity, that modifications to the above actions are warranted.

Post cycle testing will start after June 1st. Departments need to have 100% of their personnel who may access the Drug Bag 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.

Management of Test Failures

Failure of either the Computer Based Testing or any practical skills test will result in a required 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*
 - Department Administrator will notify the individual's Department Chief and Medical Director that the individual has failed their second attempt at the CBT and/or skills test
 - Individual is to meet with their Medical Director or designee and department training officer to set up a remediation plan for review of protocol 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 they have completed remediation and is aware of the consequences of a third failure
 - Medical Director & Department Chief will sign form indicating that they recommend individual to test for the third time
 - Form will be submitted to the GMVEMSC Education Committee Chair and Co-Chair
 - The third test must be scheduled with an EMS Coordinator (preferably from the provider's home hospital) for a CBT or with a different Skills Evaluators from the first and second test 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 test attempt and it is recommended that the session be recorded
 - It is **required** that a minimum of **one** EMS Coordinator be present at the third CBT attempt
 - The provider must bring "Second/Third Test Request Form" to the Test Proctor or Skills Evaluator who is administering the third test
- *Third Test Failure Policy*
 - The GMVEMSC must be notified immediately

- 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

Post-Cycle Testing

Post cycle testing will not begin until **after June 1st**

Procedure for requesting a post cycle test are as follows:

- Complete and submit a “Post-Cycle Testing Request Form” (See forms section)
 - Acceptable reasons for non-compliance of established testing cycle timelines include but are not limited to:
 - New employee
 - Change in certification level
 - Newly certified EMS providers (CBT cannot be taken until an Ohio certification number is issued)
 - Medical leave for an extended illness or injury
 - Military duty
 - Need for a second or third test
 - Other (rationale for test shall be included to provide explanation and requires approval from the Education Committee Chair or Co-Chair)
 - In the case of a CBT, either the Education Committee Chair or Co-Chair will unlock the appropriate test to be administered per the Post-Cycle Testing Request Form (1st & 2nd tests only)

Note

Newly certified EMS providers cannot function at their new level until they have successfully passed all testing requirements at their current EMS level

Note

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 perform any EMS skills requiring medical direction according to the State of Ohio Scope of Practice

MAY NOT access the Drug Bag until they have successfully completed both CBT and skills testing

Database

All testing records (Skills and CBT) will be maintained within the database

- Individual Responsibilities
 - All members operating under the GMVEMSC Protocols must create a profile in the database prior to completing a CBT or skills test
 - Steps to complete profile
 1. Go to <https://www.gmvemscsodb.com/auth/login>
 2. Select new user sign up
 3. Complete information requested
 4. Your department administrator will verify your profile
 5. Once verified, you will log back in and complete the remaining fields
 - It is each member's responsibility to maintain a current profile and verify annually
- Department Administrator Responsibilities
 - Verify profiles for department members
 - Recommend CBT Proctors and Skills Evaluators
 - Verify CBT and skills test results are documented in database
 - Maintain a current and accurate roster
- Skills Evaluator Responsibilities
 - Enter skills test results into database for each department member
- CBT Proctor
 - Ensure a secure testing environment
 - Keep your access code private
 - Prevent academic dishonesty
 - Contact the GMVEMSC with testing site issues
- Medical Director
 - Approve recommended personnel for Skills Evaluator and CBT Proctor

FORMS SECTION



GMVEMSC **Second/Third** Test Request Form

Department: _____ Requested date of CBT to be given: _____

Member Name: _____ Certification Level: _____

Date & Score of 1st Test: _____ Proctor Name & Location: _____

Date & Score of 2nd Test: _____ Proctor Name & Location: _____

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

I, _____, verify that I have undergone remediation and have worked to prepare myself for the **second/third** CBT and/or skills test. I verify that, to the best of my belief, I am now prepared and fully able to successfully complete the CBT and/or skills test. I understand that it is recommended that I wait at least two weeks before my **second** attempt. I also understand that my **third** attempt cannot be taken any sooner than thirty 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 required 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 Administrator) **Second and Third Test**

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

_____ Independent Study	_____ Hours
_____ Instruction by an Ohio EMS Instructor	_____ Hours
_____ Instruction by a Protocol Skills Evaluator	_____ Hours
_____ Instruction by a Medical Director	_____ Hours

Department Administrator Signature

Date

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

I recommend _____ be given the opportunity to take the GMVEMSC CBT and/or 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 and/or Skills test for the third time.

Department Medical Director Signature

Date

____ One copy brought to test proctor _____ One copy retained by department _____ One copy emailed to the GMVEMSC



GMVEMSC Post-Cycle Testing Request Form

Department: _____ Date of Request: _____

Member Name: _____ Certification Level: _____

Reason for Non-Compliance of testing during normal testing cycle:

- New Employee – Date of Hire _____
- Change in certification level
 - o Changed from _____ to _____
 - o Date of change on Ohio certification card _____
- Newly certified EMS provider
 - o EMS School _____
 - o Level of EMS education _____
 - o Date of Completion _____
 - o Date of Ohio certification _____
- Medical Leave for extended illness or injury
 - o Projected period of medical leave _____
- Military duty
 - o Branch of Service _____
 - o Period of deployment _____ to _____
- Need for a **second** or **third** test
 - Mark all that apply
 - o 2nd protocol test – Date & score of 1st failed protocol test _____
 - o 3rd protocol test – Date & score of 1st failed protocol test _____
 - o 2nd skills test – Date of 1st failed protocol test _____
 - o 3rd skills test – Date of 1st failed protocol test _____
- Other
 - o Explain: _____

Restrictions apply to individuals who have not successfully completed protocol testing by May 31 (2359)

- 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 required testing

Recommendation by Department Administrator for post cycle testing

I recommend _____ be given the opportunity to take the GMVEMSC CBT and/or Skills test per the guidelines listed above.

Department Administrator Signature

Date

____ One copy brought to test proctor _____ One copy retained by department _____ One copy emailed to the GMVEMSC



GMVEMSC Protocol Testing Compliance

I, _____ (Chief's Name Printed), do hereby certify that all members of _____ (Agency/ Department Name) have completed all required GMVEMSC Protocol Testing for _____ (Year) as of _____ (Date of Completion) with the exception of the following personnel:

(List by name and certification number anyone who has not completed testing)

Chief's Signature



GMVEMSC Testing Accommodations Request Form

Department: _____ Date of Request: _____

Member Name: _____ Certification Level: _____

1. What is the nature of your disability? How does it impact your daily life and educational experience?

2. What accommodation(s) are you requesting? How do you function in your EMS role without this dispensation?

3. If you have previously passed the GMVEMSC written test, describe what has changed?

4. List any prior testing accommodations that you have received during your college and/or EMS training. Submit any official medical documentation from prior educational accommodations with this form.

I certify that the above information is true and accurate. If the accommodation granted includes extended time from the standard testing time schedule, I agree that from the time I begin my examination until I have completed it, I will not communicate in any way with any other individuals taking the examination about the content of the examination.

Member Signature: _____ Date: _____

Department Administrator Signature Date: _____

Department Chief Signature Date: _____

Department Medical Director Signature Date: _____

GMVEMSC Education Committee Chair or Co-Chair Signature Date: _____
Approved/Denied (attach reason if denied)

_____ One copy retained by department _____ One copy emailed to the GMVEMSC

EXAMPLE SKILLS SHEETS

All skills must be documented in the database



GMVEMSC PARAMEDIC PROTOCOL

TESTING SUMMARY

Paramedic Name _____ Certification # _____

EMS Department (s): _____

Paramedic	First Test			Second Test			Third Test		
Skills	Pass	Fail	Instructor/ Date	Pass	Fail	Instructor/ Date	Pass	Fail	Instructor / Date
THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS									
<u>MEGA CODE:</u>									
Adult (ACLS Medications -Verbal) Defibrillator (Manual and Automated)									
Pediatric (Use of Length / Weight Based Tape) Defibrillator (Manual and Automated)									
Alerts (Cardiac, Stroke, Trauma)									
<u>AIRWAY & TRAUMA:</u>									
Orotracheal Intubation – Non- Trauma Adult, Pedi & Infant									
Inline Orotracheal Intubation – Trauma Adult, Pedi & Infant									
Nasotracheal Intubation (BAAM)									
*Alternative Airway Insertion (King & King Vision) (LMA)									
Continuous Positive Airway Pressure (CPAP)									
*Surgical Cricothyrotomy									
Chest Decompression									
Intraosseous EZ-IO/Manual (Primary & Secondary sites)									
*Commercial tourniquets									
<u>MEDICATIONS:</u>									
Complex Medication Administration (Reference Supplemental Sheet)									
General Medication Administration (Other than Complex Meds)									
*Cyanide Kits & HazMat Meds									
*Intraosseous Infusion									
Nebulizer with BVM									
Intranasal Med Administration									
Special Venous Access (Central Line / Dialysis Fistula)									
<u>MISCELLANEOUS SKILLS:</u>									
*12 Lead– Acq. Interpret & Transmittal									
EtCO ₂ Detection (All Forms)									
Spinal Motion Restriction									
Glucometer & Oral Glucose									
*Mechanical CPR Device									

Paramedic Written Test

* Optional skills

First Test

Version _____ Score _____ Date _____ Proctor _____

Second Test

Version _____ Score _____ Date _____ Proctor _____

Third Test

Version _____ Score _____ Date _____ Proctor _____



GMVEMSC Advanced EMT PROTOCOL

TESTING SUMMARY

Advanced EMT Name _____ Certification # _____

EMS Department (s): _____

Paramedic	First Test			Second Test			Third Test		
Skills	Pass	Fail	Instructor/ Date	Pass	Fail	Instructor/ Date	Pass	Fail	Instructor / Date
THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS									
<u>MEGA CODE:</u>									
Adult Defibrillator (Manual and Automated)									
Pediatric (Use of Length / Weight Based Tape) Defibrillator (Manual and Automated)									
Alerts (Cardiac, Stroke, Trauma)									
<u>AIRWAY & TRAUMA:</u>									
Orotracheal Intubation – Non-Trauma Adult, Pedi & Infant Apneic, or Pulseless and Apneic									
Inline Orotracheal Intubation – Trauma Adult, Pedi & Infant Apneic, or Pulseless and Apneic									
*Alternative Airway Insertion (King & King Vision) (LMA) Apneic, or Pulseless and Apneic									
Continuous Positive Airway Pressure (CPAP)									
Chest Decompression									
Intraosseous EZ-IO/Manual (Primary & Secondary sites)									
*Commercial tourniquets									
<u>MEDICATIONS:</u>									
Complex Medication Administration (Reference Supplemental Sheet)									
General Medication Administration (Other than Complex Meds)									
HazMat Meds									
*Intraosseous Infusion									
Nebulizer with BVM									
<u>MISCELLANEOUS SKILLS:</u>									
*12 Lead– Acquisition & Transmittal									
EtCO ₂ Detection (All Forms)									
Spinal Motion Restriction									
Glucometer & Oral Glucose									
*Mechanical CPR Device									

Computer Based Test

* Optional skills

First Test

Version _____ Score _____ Date _____ Proctor _____

Second Test

Version _____ Score _____ Date _____ Proctor _____

Third Test

Version _____ Score _____ Date _____ Proctor _____



GMVEMSC EMT PROTOCOL

TESTING SUMMARY

EMT Name _____ Certification # _____

EMS Department (s): _____

Paramedic	First Test			Second Test			Third Test		
Skills	Pass	Fail	Instructor/ Date	Pass	Fail	Instructor/ Date	Pass	Fail	Instructor / Date
THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS									
<u>MEGA CODE:</u>									
Adult - Defibrillator (Automated)									
Pediatric - (Use of Length / Weight Based Tape) Defibrillator (Automated)									
<u>AIRWAY & TRAUMA:</u>									
Alternative Airway Insertion (Primary - King) (Secondary – LMA) Pulseless and Apneic only									
Continuous Positive Airway Pressure (CPAP)									
*Commercial tourniquets									
<u>MEDICATIONS:</u>									
ALBUTEROL (Proventil) – Pt. Assist									
ASPRIN (ASA)									
ATROPINE									
DIAZEPAM (Valium) CANA Pen									
DUODOTE									
EPINEPHRINE (EPIPEN)									
NALOXONE (Narcan)									
NITROGLYCERINE (NTG) – Pt. Assist									
ORAL GLUCOSE									
PRALIDOXIME (2-PAM)									
<u>MISCELLANEOUS SKILLS:</u>									
*12 Lead– Acquisition, Interpretation & Transmittal									
EtCO ₂ Detection (All Forms)									
Spinal Motion Restriction									
Glucometer & Oral Glucose									
*Mechanical CPR Device									

Computer Based Test

* Optional skills

First Test

Version _____ Score _____ Date _____ Proctor _____

Second Test

Version _____ Score _____ Date _____ Proctor _____

Third Test

Version _____ Score _____ Date _____ Proctor _____



GMVEMSC EMR PROTOCOL

TESTING SUMMARY

EMR Name _____ Certification # _____

EMS Department (s): _____

Paramedic	First Test			Second Test			Third Test		
Skills	Pass	Fail	Instructor/ Date	Pass	Fail	Instructor/ Date	Pass	Fail	Instructor / Date
THE FOLLOWING SKILLS MAY BE TESTED DURING DEPARTMENTAL TRAINING SESSIONS									
<u>MEGA CODE:</u>									
Adult (Automated External Defibrillator)									
<u>AIRWAY & TRAUMA:</u>									
Nonrebreather Mask									
Nasal Cannula									
Bag-Valve Mask									
<u>MEDICATIONS:</u>									
Assist w/ Patients own Epi-pen									
Narcan									
<u>MISCELLANOUS SKILLS:</u>									

Computer Based Test

First Test

Version _____ Score _____ Date _____ Proctor _____

Second Test

Version _____ Score _____ Date _____ Proctor _____

Third Test

Version _____ Score _____ Date _____ Proctor _____