



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

Implementation Guidelines for Protocol Training and Testing

Table of Contents

Department/Organizational Responsibilities	Pg. 3
Timelines	Pg. 4
Computer Based Testing (CBT)	Pg. 4
Academic Dishonesty	Pg. 5
Testing Accommodations	Pg. 6
Skills Testing	Pg. 6
Evaluations	Pg. 7
Availability of Training Materials	Pg. 7
CEU Hours Awarded	Pg. 7
Non-Compliance Policy	Pg. 7
Management of Test Failures	Pg. 8
Database	Pg. 9
Forms	Pg. 11
Example Skills Sheets	Pg. 15

Department/Organizational Responsibilities

- **Important Note:** Upon release of the current Implementation Guide, the Department Chief/Agency Head will sign and submit the Attestation Form accessible at this link to the GMVEMSC Attestation & Compliance: <https://forms.office.com/r/UhMMApn34c>. To be completed as soon as possible as testing has already started but no later than May 1. This Form is also on page 13.
This process will be completed annually, during the first quarter of the year to ensure understanding and adherence with the testing processes.
- Each department/organization will designate personnel to function in the following 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, send an email to Education@GMVEMSC.org include your agency name, current administrator's name, email and phone number, new administrators name, email and phone number, and what action(s) needs to be made.
 - Skills Evaluator(s)
 - Primary responsibility is practical skills testing of their Department/Organization's members. Additional responsibilities include:
 - Attend annual mandatory online Skills Evaluator (SE) training sessions, and other mandatory SE training.
 - Training session notifications/instructions will be sent via the listserv.
 - 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 if appointed as such by their organization.
 - Conduct practice and review sessions as necessary prior to testing skills.
 - To become a skills evaluator, the applicant must be recommended by the department administrator to the medical director and must be approved through the GMVEMSC database.

CBT Proctor(s)

- Primary responsibility is the Computer Based Testing of their Department/Organization's members. Additional responsibilities include:
 - Maintain test security.
 - Ensure a suitable testing environment.
 - Follow **all** CBT testing procedures.
- May also be a Department Administrator and/or Skills Evaluator if appointed as such by their organization.
- To become a CBT Proctor, the applicant must be recommended by the department administrator to the medical director and must 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>
- 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.
- Revisions to the protocols resulting from the skills evaluator session comments will generally 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.**
- Failure to complete 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.
- Testing for Skill Evaluators will also include the Implementation Guide
- The passing score for the CBT is 84% (90% for skills evaluators)
- Each test will have a 45-minute time limit.
- The test will be automatically graded at the end of the time limit.
- In the event of academic dishonesty, test takers will receive a score of zero (0) and it will be documented as a test attempt.
- A maximum of three test attempts (CBT or skills) are permitted each testing cycle year. Skill evaluators tests also count as attempts at the CBT.

- If an individual fails three times, at the discretion of the agency chief and medical director, that individual may test at a lower certification level, but then would only be authorized to operate at the lower level, and only after passing CBT and skills tests for that level.
- CBT session preparation and administration
 - Providers must know their own Ohio EMS state certification number to take test.
 - The CBT link 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, video, etc., is not permitted and any such occurrence constitutes academic dishonesty.**
 - Providers taking the CBT will need to be taken out of service to test.
 - You cannot stop a CBT to respond on a call.
 - If a power/internet outage or other disaster occurs while testing, the test will be marked as incomplete. The test proctor will have to report the issue to GMVEMSC Education Chair and/or Co-chair and the tests 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 1st and 2nd test attempts including those that fall outside of the regular testing cycle.
- 3rd test attempts require the 3rd test form and will be scheduled through 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 by scheduling with an EMS Coordinator or GMVEMSC Education Chairs.

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.

Testing Accommodations

- Testing accommodations may only be offered for the CBT.
- A request for accommodations must occur before the individual's first test of each protocol cycle.
 - Requests received after the first test is taken will not be accepted.
- Procedure to request accommodations:
 - Complete the Testing Accommodations Request Form and send it with supporting documentation, electronically, to the Education@GMVEMSC.org 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/Co-chair, the requesting individual, and their department's CBT proctor.
 - Testing Accommodations Form when needed will be sent to Education@GMVEMSC.org for distribution to GMVEMSC President, President Elect, Medical Director, Education Chair and Co-chair for evaluation.
 - If denied, an email will be sent advising of such.

Skills Testing

- Skills testing must be conducted by a verified skill evaluator.
- Testing includes individual skills, optional skills, and Mega Code testing.
- Department administrators, 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
 - Document and provide to all personnel a list of Optional Skills and Drugs for each provider level 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 Hours)**
- Department skills evaluators will enter all skills testing results into the GMVEMSC database.
- Department Administrators will verify all testing results in the GMVEMSC database.

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 (JITSOs)

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 skills testing**. Departments that are approved training sites may issue CEUs for the skills training and testing as appropriate.
- The following are **recommendations** for CEUs for skills practice and evaluation based on the assumption that each skill is reviewed (indications, contra-indications, and procedure), demonstrated, and practiced prior to evaluation. **Additional time should be added for Optional Skills**
 - EMR 2.0 hours
 - EMT 4.0 hours
 - AEMT 5.0 hours
 - PM 6.0 hours

Non-Compliance Policy

If the GMVEMSC has evidence that a provider who is not permitted to access the drug bag or perform procedures requiring medical direction (because he or she has not passed either the current CBT or skills testing) has done so, or an individual, CBT proctor, skills evaluator, or department administrator has violated the testing procedures outlined in the guide, the Council will take the following minimum 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. CBT proctors will have their proctor number removed from the system.

- 2nd offense: A letter to the Ohio Department of Public Safety Services Division of EMS in addition to all the above 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 Program 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.

By June 1, Departments must have 100% of their rostered personnel who may access the Drug Bag or use any skills requiring medical direction to have completed both skills and the CBT or risk appropriate action up to and including removal from the Drug Bag Program.

Management of Test Failures

Failure of either the CBT 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 **required** that the second test be taken **a minimum of two weeks / 14 calendar days** after the first test to allow adequate study time.
- *Second Test Failure Process*
 - Department Administrator will notify the Department Chief and Medical Director that the individual has failed their second attempt at the CBT and/or skills test.
 - Individual must meet with Medical Director or designee and department training officer to set up a remediation plan for review of protocol materials. **The consequences of a third test failure must be made clear to the individual. Departments should make every effort to prevent the occurrence of a third test failure.**
 - 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 and Department Chief will sign the 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.
 - Any third CBT must be scheduled with the GMVEMSC Education Committee Chair or Co-chair.
 - The third test must be taken **a minimum of four weeks / 28 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 or the Education Chair or Co-Chair be present at the third CBT attempt.
- If requested, a summary of the first two tests can be created and sent to the department administrator prior to the 3rd test attempt.
- *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
 - If an individual fails three times, at the discretion of the agency chief and medical director, that individual may test at a lower certification level, but then would only be authorized to operate at the lower level, and only after passing CBT and skills tests for that level.
- Newly certified EMS providers or those with a different certification level cannot function at their new level until they have successfully passed all testing requirements at that EMS level.
- Individuals who have not successfully completed the CBT and/or skills testing **MAY NOT** perform any EMS skills requiring medical direction according to the State of Ohio Scope of Practice and **MAY NOT** access the Drug Bag

Database

All testing records (both 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.
 - 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 and report academic dishonesty.
 - Contact the GMVEMSC with testing site issues.
- Medical Director
 - Approve recommended personnel to be Skills Evaluators and CBT Proctors

Forms Explanation

- Attestation/Testing Compliance Form
 - This on-line form is to be completed and signed annually by March 15.
GMVEMSC Attestation & Compliance:
<https://forms.office.com/r/UhMMApn34c>
- Third Test Request Form
 - This form is to be completed and submitted when a third test is needed. Send form to Education@GMVEMSC.org
 - Testing Accommodations Form when needed will be sent to Education@GMVEMSC.org for distribution to GMVEMSC President, President Elect, Medical Director, Education Chair and Co-chair for evaluation.
 - See page 5 of this guide for details. Form is on page 14.
- Skills Testing Summary Sheets
 - These are offered as an example only. All skills are to be documented in the GMVEMSC database.

FORMS SECTION



GMVEMSC 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 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 my third attempt cannot be taken any sooner than twenty-eight 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 third test

Date

Remediation Documentation (To be completed by Department Administrator) Third Test

The above-named 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

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

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



GMVEMS Council Testing Attestation and Compliance

1. This form is **ONLY** to be completed by the **highest authority** within your agency. I am that person. Yes No

2. Your agency's name (Please no abbreviations to avoid confusion)

Enter your answer

3. Your Agency's County

Enter your answer

4. Your full name

Enter your answer

5. Your title/role with your agency.

Enter your answer

6. Your email address

Enter your answer

7. Best phone number to reach you

Enter your answer

8. Your medical director's name

Enter your answer

9. Your medical director's email address

Enter your answer

10. Your medical director's phone number

Enter your answer

11. Attestation

After reading the Implementation Guide, my agency, including my designees and I, agree to follow the established procedures for testing and acknowledge the implications outlined in the Non-Compliance sections of the Guide.

Further, 100% of the personnel who may access the drug bag(s) or use any skills requiring medical direction, will have completed all the required protocol testing for the year GMVEMSC Protocols prior to June 1. On or after June 1, individuals who are on agency approved leave, join the agency, or who are in the testing process due to a test failure **MAY NOT** access the drug bag(s) or use any skills requiring medical direction until they have completed and passed all required protocol testing. Those who change certification levels may only function within the protocol at the level of certification for which they have passed both the computer-based testing and skills check offs for.

I understand that if any of our personnel who have not completed both the skills testing and the computer-based testing function as an EMS provider, it is a violation of the drug bag program and could result in penalties up to and including my agency being terminated from that program and I accept responsibility for my agency.

My typed name acts as my legal electronic signature, I attest that my agency will, with due diligence, comply to the "Implementation Guidelines for Protocol Training and Testing"

Enter your answer

Complete online at: <https://forms.office.com/r/UhMMApn34c>



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. Include whether you did or did not receive accommodations on National Registry testing.

I certify that the above information is true and accurate. 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 TESTING SUMMARY 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, iGel)									
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 Computer Based Test

First Test: Version _____ Score _____
Second Test: Version _____ Score _____
Third Test: Version _____ Score _____

Date _____ Proctor _____
 Date _____ Proctor _____
 Date _____ Proctor _____

* Optional skills



GMVEMSC Advanced EMT PROTOCOL

TESTING SUMMARY

Advanced EMT Name _____ Certification # _____

EMS Department (s): _____

Advanced EMT	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									
Intranasal Med Administration									
<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

GMVEMSC EMT PROTOCOL

TESTING SUMMARY



Version _____ Score _____ Date _____ Proctor _____

EMT Name _____ Certification _____

EMS Department (s): _____

EMT	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									
MEGA CODE:									
Adult - Defibrillator (Automated)									
Pediatric - (Use of Length / Weight Based Tape) Defibrillator (Automated)									
AIRWAY & TRAUMA:									
Alternative Airway Insertion (Primary - King) (Secondary – LMA) Pulseless and Apneic only									
Continuous Positive Airway Pressure (CPAP)									
*Commercial tourniquets									
MEDICATIONS:									
ALBUTEROL (Proventil) – Pt. Assist									
ASPRIN (ASA)									
AtroPen									
DIAZEPAM (Valium) CANA Pen									
DUODOTE									
EPINEPHRINE (EPIPEN)									
NALOXONE (Narcan)									
NITROGLYCERINE (NTG) – Pt. Assist									
ORAL GLUCOSE									
PRALIDOXIME (2-PAM)									
MISCELLANEOUS SKILLS:									
*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): _____

EMR	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 _____