

# **STUDENT HANDBOOK**

## **Emergency Medical Technician**



UTAH DEPARTMENT OF  
**HEALTH**

Bureau of Emergency Medical Services and Preparedness

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## INTRODUCTION

The Utah Department of Health, Bureau of Emergency Medical Services and Preparedness (BEMSP), is charged with ensuring the quality of prehospital emergency medical care. This is accomplished by establishing training standards for Emergency Medical Service (EMS) personnel with input from the medical community and advisory committees. As an Emergency Medical Technician (EMT) student, you are responsible for conducting yourself in this course in accordance with these training standards and, ultimately, preparing yourself for certification.

This handbook is designed to acquaint you, as a student, with the requirements that must be met in order for you to be approved and certified by BEMSP. A thorough knowledge of this material will help ensure highly trained and qualified EMTs in Utah. Please contact BEMSP at (801) 273-6666 if you have any questions.

## THE IMPORTANCE OF LIFELONG LEARNING

This curriculum is designed to provide the student with the essentials required to serve as an EMT. The 120-hour minimum length of this program, as adopted by BEMSP from the Department of Transportation (DOT) National EMS Education Standards (NES), necessitates enrichment and continuing education in order to bring the student to full competency. This initial program will provide students with the basics necessary to perform the duties of an EMT, but continuing education, experience, and growth is needed to become a competent EMT. Continuing education is critical to ensure competency is maintained throughout a career in emergency medical services and in the medical profession. Change is a constant process in all professions, especially in the medical field, and professionals need to incorporate continued learning as a permanent part of their lives in order to keep up with the changes.

## JOB DESCRIPTION SUMMARY OF THE EMT

- Respond to emergency calls
- Provide efficient and immediate care to the critically ill and injured
- Transport the patient to a medical facility
- Drive the ambulance to the address or location given to the dispatcher, using the most expeditious route, depending on traffic and weather conditions
- Know and observe traffic ordinances and regulations concerning emergency vehicle operation
- Upon arrival at the scene, park the ambulance in a safe location to avoid additional injury

Prior to initiating patient care:

- Complete a scene size-up to determine whether the scene is safe
- Determine the mechanism of injury or nature of illness
- Determine the total number of patients
- Request additional help, if necessary

In the absence of law enforcement, create a safe traffic environment, such as:

- Place road flares
- Remove debris
- Re-direct traffic for the protection of the injured and those assisting in the care of the injured patient(s)
- Determine the nature and extent of illness or injury and establish priorities for required emergency care

Render emergency medical care to medical and trauma based on assessment findings.

Duties include, but are not limited to:

- Open and maintain an airway
- Ventilate patients
- Perform cardiopulmonary resuscitation (CPR), including use of automated external defibrillators

Provide prehospital emergency medical care of simple and multiple system trauma, such as:

- Control hemorrhage(s)
- Treat shock (hypoperfusion)
- Bandage wounds
- Immobilize possible fractures

Provide prehospital emergency care for the medical patient including:

- Assist in childbirth

- Manage respiratory issues
- Respond to cardiac, diabetic, allergic, behavioral, and environmental emergencies
- Treat for suspected poisonings

Search for possible medical identification emblem to provide clues in emergency care.

Provide additional care and/or interventions based upon an assessment of the patient and patient history.

Interventions include assisting patients with prescribed medications including:

- Sublingual nitroglycerin
- Epinephrine auto-injectors
- Hand-held aerosol inhalers
- May assist administering PHYSICIAN-approved over-the-counter medications

Provide other medications, such as:

- Oxygen
- Oral glucose
- Aspirin
- Activated charcoal

Once the EMT becomes affiliated with a prehospital agency, it is the EMT's responsibility to understand and recognize that agency's protocol for all medication administration and interventions.

Reassure patients and bystanders by working in a confident, efficient manner.

Avoid mishandling and undue haste while working expeditiously to accomplish the task.

When a patient must be extricated from entrapment, the EMT will:

- Assess the extent of injury
- Give all possible emergency care and protection to the patient
- Use the prescribed techniques and appliances for safely removing the patient
- When necessary, radio the dispatcher for additional help or special rescue and/or utility services
- Provide simple rescue service if the ambulance has not been accompanied by a specialized unit

After extrication, the EMT will provide additional care in triaging the injured patient(s) in accordance with standard emergency procedures.

Comply with regulations on the handling of the deceased including:

- Notification of authorities
- Arrange for protection of property and evidence at the scene

Use appropriate lifting and moving techniques, and devices when necessary, to move the patient from the scene to the ambulance.

Lift patient on to the stretcher, placing the patient in the ambulance and securing the patient and stretcher.

Continue emergency medical care.

Based on knowledge about the patient's condition, the extent of injuries, and the proximity and staffing of nearby emergency hospital facilities, determine the most appropriate facility for patient transport, unless otherwise directed by off-line medical control.

Report directly to the emergency department or communications center:

- The nature and extent of injuries
- The number being transported
- The destination to ensure prompt medical care upon arrival

Identify assessment findings which may require communications with off-line medical control for advice and notify the facility of special professional services and assistance that may need to be immediately available upon arrival.

Constantly assess patient(s) en route to the emergency facility.

Administer additional care as indicated or directed by off-line medical control.

Assist in lifting and carrying the patient out of the ambulance and into the receiving facility.

Report verbally (and in writing) observations and emergency medical care provided to the patient at the emergency scene and in transit to the receiving facility staff for purposes of records and diagnostics.

Upon request, provide assistance to the receiving facility staff.

After each call:

- Restock and replace used linens, blankets, and other supplies.
- Clean all equipment following appropriate disinfecting procedures.
- Carefully check all equipment so that the ambulance is ready for the next run.

Maintain the ambulance in efficient operating condition.

In accordance with local, state, or federal regulations decontaminate the interior of the vehicle after transporting a

patient with a contagious infection or hazardous materials exposure. Maintain familiarity with specialized equipment used by the service.

Attend continuing education and refresher training programs as required by employers, medical directors, or BEMSP.

Meet qualifications included in the Functional Position Description.

## **BUREAU OF EMERGENCY MEDICAL SERVICES AND PREPAREDNESS FUNCTIONAL POSITION DESCRIPTIONS**

### **Introduction**

The following is a general position description for the Emergency Medical Responder (EMR), EMT, Advanced Emergency Medical Technician (AEMT), and Paramedic. This outlines the qualifications, competencies, and tasks that are required of the EMR, EMT, AEMT, or Paramedic. It is the ultimate responsibility of an employer's medical director to define specific job descriptions within each EMS entity.

### **Qualifications:**

To be certified as an EMR, EMT, AEMT, or Paramedic, an individual shall:

1. Submit a completed application form to BEMSP.
2. Be 18 years of age or older (16 for EMR).
3. Complete a BEMSP-approved EMR, EMT, AEMT, or Paramedic course.
4. Display technical competence during field and clinical training.
5. Successfully complete the BEMSP-approved NREMT written and practical examinations for the applicable certification level.

Generally, the knowledge and skills required include:

- A high school education or equivalent
- An ability to communicate verbally via telephone and radio equipment
- An ability to lift, carry, and balance up to 125 pounds (250 with assistance)
- An ability to interpret written and oral instructions
- An ability to use sound judgment and remain calm in high-stress situations
- An ability to work effectively in an environment with loud noises and flashing lights
- An ability to function efficiently throughout an entire work shift
- An ability to calculate weight and volume ratios and read small print under life-threatening time constraints
- An ability to read and understand English language manuals and road maps
- An ability to accurately discern street signs and address numbers
- An ability to interview patient(s), family members, and bystanders
- An ability to document, in writing, all relevant information in prescribed format pursuant to legal ramifications
- An ability to converse in English with co-workers and hospital staff concerning patient status
- Good manual dexterity with the ability to perform all tasks related to highest quality patient care
- An ability to bend, stoop, and crawl on uneven terrain
- An ability to withstand varied environmental conditions such as extreme heat, cold, and moisture
- An ability to work in low light, confined spaces, and other dangerous environments

### **EMS Provider Competency Areas**

The following are summaries of the prehospital certification competencies. This is intended to serve as quick reference for an EMT student interested in advancing their EMS career and not a complete reference. See the applicable DOT NES for all competency areas.

### **Emergency Medical Responder (EMR)**

The primary focus of an EMR is to begin immediate lifesaving care to critical patients who access the emergency medical system. The EMR possesses the basic knowledge and skills necessary to provide lifesaving interventions while awaiting additional EMS response and the ability to assist higher level personnel at the scene. Emergency

medical responders function as part of a comprehensive EMS response under medical oversight. Emergency medical responders perform basic interventions with minimal equipment.

### **Emergency Medical Technician (EMT)**

The primary focus of an emergency medical technician is to provide basic emergency medical care and transportation for critical and emergency patients who access the emergency medical system. An EMT possesses the basic knowledge and skills necessary to provide patient care and transportation. The EMT functions as part of a comprehensive EMS response under medical oversight. Emergency medical technicians perform interventions with the basic equipment typically found on an ambulance. An EMT provides a link from the scene to the emergency health care system.

Patient-assisted medication administration competency includes:

- Nitroglycerin
- Aspirin
- Prescribed inhaler
- Epinephrine by auto-injector
- Oral glucose
- Automatic transport ventilator

### **Advanced Emergency Medical Technician (AEMT)**

The primary focus of an advanced emergency medical technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergency patients who access the emergency medical system. An AEMT possesses the basic knowledge and skills necessary to provide patient care and transport. Advanced emergency medical technicians function as part of a comprehensive EMS response under medical oversight. The AEMT performs interventions with the basic and advanced equipment typically found on an ambulance. An AEMT provides a link from the scene to the emergency health care system.

#### **Advanced interventions**

- Medication administration competency
- Airways not intended for insertion into the trachea
- Multi-lumen airway
- Tracheal-bronchial suctioning of an already intubated patient

#### **Assessment**

- Blood glucose monitor

#### **Pharmacologic interventions**

- Establish and maintain peripheral intravenous access
- Establish and maintain intraosseous access in pediatric patient

- Administer (non-medicated) intravenous fluid therapy
- Sublingual nitroglycerin (chest pain)
- Subcutaneous or intramuscular epinephrine (anaphylaxis)
- Glucagon (hypoglycemia)
- Intravenous 50% dextrose (hypoglycemia)
- Inhaled beta agonists (wheezing)
- Intravenous narcotic antagonist (narcotic overdose)
- IV or inhaled analgesic (pain)

### **PARAMEDIC**

A paramedic must demonstrate competency handling emergencies utilizing all basic and advanced life support equipment and skills in accordance with all behavioral objectives in the DOT 2009 NES. A paramedic must demonstrate competency in all EMS skills and equipment usage. A paramedic has the skills to provide advanced life support using intravenous therapy, a defibrillator, and advanced airway adjuncts to control the airway in cases of respiratory and cardiac arrest.

Medication administration competency includes a dynamic list, such as:

- Activated charcoal
- Albuterol sulfate
- Ammonia capsules
- Atropine sulfate
- Aspirin
- Dextrose 50%
- Diazepam
- Diphenhydramine
- Dopamine
- Epinephrine 1:1,000
- Epinephrine 1:10,000
- Furosemide
- Irrigation solution
- Lidocaine
- Lidocaine IV drip
- Meperidine
- Morphine sulfate
- Naloxone
- Nitroglycerine
- Normal saline
- Oxytocin
- Promethazine
- Ringer's lactate
- Sodium bicarbonate

## EMT TRAINING COURSE

### COURSE GOALS

After successfully completing the program, the student will be able to perform the following NES competencies at the minimum entry level:

1. Apply fundamental knowledge of the EMS system, safety/well-being of the EMT, medical, legal, and ethical issues to the provision of emergency care.
2. Apply fundamental knowledge of the anatomy and function of all human systems to the practice of EMS.
3. Use foundational anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals.
4. Apply fundamental knowledge of the pathophysiology of respiration and perfusion to patient assessment and management.
5. Apply fundamental knowledge of life span development to patient assessment and management.
6. Use simple knowledge of the principles of illness and injury prevention in emergency care.
7. Apply fundamental knowledge of the medications that the EMT may assist/administer to a patient during an emergency.
8. Apply knowledge (fundamental depth, foundational breadth) of general anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.
9. Apply scene information and patient assessment findings (scene size-up, primary and secondary assessment, patient history, and reassessment) to guide emergency management.
10. Apply fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.
11. Apply fundamental knowledge of the causes, pathophysiology, and management of shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.
12. Apply fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely injured patient.
13. Apply a fundamental knowledge of growth, development, and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.
14. Possess knowledge of operational roles and responsibilities to ensure safe patient, public, and personnel safety.

The EMT course is a minimum of 120 hours in length. There are 15 competencies in the National EMS Education Standards with 55 elaboration of knowledge lessons, nine clinical behaviors and judgements lessons, along with 27 psychomotor skills listed. Plus, the course covers the EMR competencies, knowledge, behaviors, and psychomotor skills. In addition to the required 120 hours of instruction, this course requires that the students observe emergency department operations for enough time sufficient to give them an appreciation for the continuum of care. Students must perform ten patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc.

The EMT student should also acquire an appreciation for ongoing education. Focus on two concepts to achieve this goal:

1. During the initial EMT training, additional education in related content may be studied.
2. Ongoing education is an integral component of any educational process and the EMT should be committed to the process of life-long learning.

## **PREREQUISITES FOR ADMITTANCE INTO EMT COURSE**

### ***CPR Certification***

The prospective EMT student must have a current CPR course completion card from a course that meets the requirements of the American Heart Association.

Acceptable certifications include:

- American Heart Association - Health Care Professional
- American Red Cross - Professional Rescuer
- National Safety Council Certification
- A course that the applicant can demonstrate to BEMSP to be equivalent or greater

Although CPR training is a prerequisite, it should be routinely practiced and integrated throughout the entire instruction of the EMT course. (Several EMT courses offer CPR instruction courses before the start of the EMT course).

### ***Age Restriction***

The prospective EMT must be at least 18 years old before they can test with National Registry of Emergency Medical Technicians or be licensed as a Utah EMT.

## **STUDENT EXPECTATIONS**

This training program is detailed and exact. An EMT is an important, recognized part of the medical team. The standards are high and will remain high in order to maintain the respected position on the medical team and in the community. To become a fully licensed EMT, it will be necessary for the student to comply with certain requirements. These requirements include:

1. **Attendance** - Students will be required to attend all scheduled classes. If the student is unable to attend a class due to illness, etc., the student must make arrangements with the course coordinator to make up the material missed.
2. **Class Participation** - Students will be evaluated by the instructors, course coordinator, and medical director during the entire course in areas such as dependability, attitude, maturity, and the ability to relate well with others. The student will also be evaluated on their ability to achieve acceptable performance levels. Remediation will be provided by the course coordinator or instructors for students who have difficulties in any area of the course.
3. **Documentation** – BEMSP requires the following documents be submitted for each student prior to the student being allowed to take the state-approved NREMT written or practical test:
  - a. **Application Form** - The online application form must be complete. Incomplete applications may delay the certification process. The application must be **completely** filled out, including requirements of compliance with the Department of Public Safety's Direct Access Clearance System (DACS).
  - b. **Declaration of Understanding** - Each student must read, understand, and acknowledge all elements of the Declaration of Understanding.
  - c. **Student Acknowledgement of Bureau of Emergency Medical Services and Preparedness Policies and Procedures** – Each student must read and understand the document titled Student Acknowledgement of Bureau Policies and Procedures.
  - d. **Letter of Recommendation for License** - The course coordinator and medical director will sign a document stating that the student successfully completed the course with all written and practical training,



and meets BEMSP requirements for the initial license. If the course coordinator or medical director feels a student has not met the appropriate requirements he/she may decide against recommending a student for license.

4. **Fees** - BEMSP requires specific fees for processing applications and DACS background investigations. These fees may be paid by individual students or the course coordinator may pay them as part of the course fees. Students will not be allowed to become licensed until all fees are paid. **All BEMSP fees are nonrefundable.**
5. **Identification** - Students should be provided with an identification badge from their course. Students should wear the badge at all times, especially during the clinical portion of the course.
6. **Practical Training Record** - At the beginning of the course the students will be given a Practical Training Record which must be signed off by the instructors and clinical personnel during each phase of the training. This completed report will be signed by the course coordinator and medical director attesting to the skills and abilities of the student.
7. **Clinical Experience** - The students should observe emergency department operations for an adequate amount of time sufficient to gain an appreciation for the continuum of care. Students must perform ten patient assessments. These can be performed in various settings including an emergency department, ambulance, clinic, nursing home, doctor's office, etc., or on standardized patients if clinical settings are not available.
8. **Practical Psychomotor Examination** - At the conclusion of the course the course coordinator will provide a Utah-approved NREMT practical examination consisting of seven skill stations to include: patient assessment trauma, patient assessment medical BVM ventilation, oxygen administration, cardiac arrest/AED, supine patient spine immobilization, and one of five random skills. The scenario and a skills test will be administered by the course coordinator/exams coordinator and conducted by instructor/skills examiners. If the student fails any part of the practical exam, it may be necessary for the student to retake the entire practical exam. However, that student may only be required to retake the two or three skills missed. The student is only allowed two full attempts to pass this test.
9. **National Registry Cognitive Examination** - After successful completion of the psychomotor exam and all other application requirements are met, the student must successfully complete the NREMT certification exam. This test is a computer adaptive exam. The student will be allowed only three attempts to pass this test. In the event a student fails the test three times, remediation is required prior to three additional attempts. The NREMT utilizes Pearson VUE as its exclusive test provider. Candidates may test at any authorized Pearson VUE test center in the United States at a convenient date, time, and location.
10. **Test Results** – The exam coordinator should provide practical skills test results on the day of the test. A test result letter from NREMT will be sent after the cognitive exam is completed. The results letter will refer the student to the NES for items missed that should be studied again. The test results letter is **not** a certification document and does **not** imply licensing by BEMSP. Test results are **not** given over the telephone. If a student does not receive a results letter within two weeks, the student may call the NREMT office and inquire about the status of their testing process.
11. **State License** – A state license will be issued upon successful completion of all the above listed requirements. These requirements must be met within two years after the course is completed. It will take approximately three weeks following testing for the information to be processed and for the student to receive their license in the mail. Students will receive a state license identification badge. If you do not receive your license within one month after you have completed all requirements, please contact BEMSP at (801) 273-6666.

## CLINICAL EXPERIENCE

The hospital and ambulance services have asked BEMSP to advise students of their requirements and standards. In turn, BEMSP has advised all agencies to send students home if they do not meet the agency standards or are not appropriately groomed and dressed.

Students must wear clothing appropriate for working in a health care environment. This means clean, odor free, intact (not ripped or torn), and comfortable clothing. The students should avoid wearing dirty or torn jeans, shorts, sandals, T-shirts,

revealing clothing, or clothing that might be considered offensive in nature.

Students should be clean shaven or have neatly trimmed facial hair. Students with long hair may have to fasten it back. The course coordinator will contact the facilities where the students will be observing to determine the particulars of their dress code and forward that information to the students.

Each student is responsible for gaining an adequate understanding of bloodborne pathogens to assure safety in the clinical environment. The course coordinator will have a written plan for students to follow in the event of contamination or exposure. This may also be accomplished through an agreement with the clinical agency.

The students must wear an identification badge, have a pen and a watch, and bring their Training Report to be signed by the clinic personnel.

## **EMT RENEWAL REQUIREMENTS**

- (1) BEMSP may renew an EMT for a four-year period or for a shorter period as modified by BEMSP to standardize recertification cycles.
- (2) An individual seeking renewal must:
  - (a) Submit an online application with the applicable fees to the department.
  - (b) Maintain and attach documentation of completion of a CPR course within the previous two years, offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the department deems to be equivalent.
  - (c) Attach a statement from the applicant's training officer or a physician confirming the applicant's results of a TB examination.
  - (d) Attach a letter from the applicant's training officer that he/she has been evaluated and meets the skills requirements outlined in the recertification protocol manual.
  - (e) The training officer letter should provide documentation of completion of required hours of department-approved continuing medical education distributed throughout the prior four years to include CPR.

SAMPLE EMT COURSE OUTLINE		
Module and Lesson		
Module 1 Preparatory		
1-1	EMS Systems	
1-2	Research	
1-3	Workforce Safety and Wellness	
1-4	Documentation	
1-5	EMS System Communication	
1-6	Therapeutic Communication	
1-7	Medical/Legal and Ethics	
Module 2 Anatomy and Physiology		
Module 3 Medical Terminology		
Module 4 Pathophysiology		
Module 5 Life Span Development		
Module 6 Public Health		
Module 7 Pharmacology		
	Principles of Pharmacology	
	Medication Administration	
	Emergency Medications	
Module 8 Airway Management, Respirations, and Artificial Ventilation		
	Airway Management	
	Respiration	
	Artificial Ventilation	
Module 9 Assessment		
9-1	Scene Size-Up	
9-2	Primary Assessment	
9-3	History Taking	
9-4	Secondary Assessment	
9-5	Monitoring Devices	
9-6	Reassessment	
Module 10 Medicine		
10-1	Medical Overview	
10-2	Neurology	
10-3	Abdominal and Gastrointestinal Disorders	
10-4	Immunology	
10-5	Infectious Diseases	
10-6	Endocrine Disorders	
10-7	Psychiatric	
10-8	Cardiovascular	
10-9	Toxicology	
10-10	Respiratory	
10-11	Hematology	

SAMPLE EMT COURSE OUTLINE		
Module and Lesson		
10-12	Genitourinary/Renal	
10-13	Gynecology	
10-14	Non-Traumatic Musculoskeletal Disorders	
10-15	Diseases of the Eyes, Ears, Nose, and Throat	
Module 11 Shock And Resuscitation		
Module 12 Trauma		
12-1	Trauma Overview	
12-2	Bleeding	
12-3	Chest Trauma	
12-4	Abdominal and Genitourinary Trauma	
12-5	Orthopedic Trauma	
12-6	Soft Tissue Trauma	
12-7	Head, Face, Neck, and Spine Trauma	
12-8	Nervous System Trauma	
12-9	Special Considerations Trauma	
12-10	Environmental Emergencies	
12-11	Multiple-System Trauma	
Module 13 Special Patient Populations		
13-1	Obstetrics	
13-2	Neonatal Care	
13-3	Pediatrics	
13-4	Geriatrics	
13-5	Patients with Special Challenges	
Module 14 EMS Operations		
14-1	Principles of Safely Operating a Ground Ambulance	
14-2	Incident Management	
14-3	Multiple Casualty Incidents	
14-4	Air Medical	
14-5	Vehicle Extrication	
14-6	Hazardous Materials Awareness	
14-7	MCI Due to Terrorism and Disaster	
Final Written Evaluation		
Final Practical Evaluation		
TOTAL COURSE HOURS		
Clinical and Field		
TOTAL MINIMUM HOURS		130

Emergency Medical Technician Practical Training Record			
Student Name:			SS#
Skill	Skills	Date	Inst. EMT # & Initials
<b>Assessment</b>			
Scene Size-up	SKILL SHEETS-01		
Primary Assessment	SKILL SHEETS-02		
History Taking	SKILL SHEETS-03		
Secondary Assessment	SKILL SHEETS-04		
SAMPLE History	SKILL SHEETS-05		
Baseline Vital Signs	SKILL SHEETS-06		
Reassessment	SKILL SHEETS-07		
Communication	SKILL SHEETS-08		
Documentation	SKILL SHEETS-09		
<b>Airway and Breathing</b>			
Oxygen Delivery	SKILL SHEETS-10		
Pulse Oximetry	SKILL SHEETS-11		
Assisted Ventilation	SKILL SHEETS-12		
Airway Adjuncts - OPA and NPA Airways	SKILL SHEETS-13		
Suctioning	SKILL SHEETS-14		
<b>Treating for Shock</b>			
Treating for shock	SKILL SHEETS-15		
Automatic external defibrillation	SKILL SHEETS-16		
<b>Glucometer</b>	SKILL SHEETS-17		
<b>Patient Assisted Medications</b>			
Administration of Nitroglycerin	SKILL SHEETS-18		
Administration of Aspirin	SKILL SHEETS-19		
Administration of Prescribed Inhaler	SKILL SHEETS-20		
Administration of Epinephrine by Auto-Injector	SKILL SHEETS-21		
Administration of Oral Glucose	SKILL SHEETS-22		
<b>Environmental</b>			
Treatment of Contact Poisons	SKILL SHEETS-23		
Hyperthermia (Heat)	SKILL SHEETS-24		
Hypothermia (Cold)	SKILL SHEETS-25		
Frostbite and Cold Injuries	SKILL SHEETS-26		
<b>Obstetrics and Gynecology</b>			
Childbirth-Normal Delivery	SKILL SHEETS-27		
Childbirth-Abnormal Delivery Procedures	SKILL SHEETS-28		
<b>Burns</b>	SKILL SHEETS-29		
<b>Bandaging/Bleeding Control</b>			
Bandaging - Spiral (Arm or Leg)	SKILL SHEETS-30		
Bandaging - Figure Eight (Elbow, Knee, Neck, Shoulder)	SKILL SHEETS-31		
Bandaging - Head (Ear, Eye, or Side of Head)	SKILL SHEETS-32		
Bandaging - Protruding Eye	SKILL SHEETS-33		
Bandaging - Top of Head	SKILL SHEETS-34		
Bandaging - Cheek or Jaw	SKILL SHEETS-35		
Bandaging - Open Chest Wound	SKILL SHEETS-36		
Tourniquet	SKILL SHEETS-37		
<b>Splinting</b>			
Splinting - Long Bones (Humerus, Radius, Ulna, Tibia)	SKILL SHEETS-38		

<b>Skill</b>	<b>Skills</b>	<b>Date</b>	<b>Inst. EMT # &amp;Int. Initials</b>
Splinting - Dislocated or Fractured Joints	SKILL SHEETS-39		
Splinting – Clavicle	SKILL SHEETS-40		
Splinting - Flail Chest	SKILL SHEETS-41		
Splinting - Hip (Living and Padded Board Splint)	SKILL SHEETS-42		
Splinting - Femur-Hare Traction Splint	SKILL SHEETS-43		
Splinting - Femur-Sager Splint	SKILL SHEETS-44		
<b>Immobilization</b>			
Immobilization of Cervical Spine	SKILL SHEETS-45		
Immobilization-Long Spine Board	SKILL SHEETS-46		
Immobilization-Short Spine Board	SKILL SHEETS-47		
Pneumatic Counter-Pressure Device	SKILL SHEETS-48		
Conforming Extrication Devices-KED or ZED	SKILL SHEETS-49		
Helmet Removal	SKILL SHEETS-50		
<b>Lifting and Moving</b>			
Lifting and Moving Guidelines	SKILL SHEETS-51		
Emergency Moves	SKILL SHEETS-52		
Urgent Moves	SKILL SHEETS-53		
Non-Urgent Moves	SKILL SHEETS-54		

### Patient Assessment Form

<b>Student Name:</b>		<b>SS#</b>		<b>Patient Signature</b>	<b>Pulse</b>	<b>Resp.</b>	<b>B/P</b>
<b>Adult Assessments</b>				51			
<b>Patient Signature</b>	<b>Pulse</b>	<b>Resp.</b>	<b>B/P</b>	52			
1				53			
2				54			
3				55			
4				56			
5				57			
6				58			
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22				74			
23				75			
24				76			
25				77			
26				78			
27				79			
28				80			
29				<b>Child Assessments</b>			
30				81			
31				82			
32				83			
33				84			
34				85			
35				86			
36				87			
37				88			
38				89			
39				90			
40				<b>Infant Assessments</b>			
41				91			
42				92			
43				93			
44				94			
45				95			
46				96			
47				97			

48				98			
49				99			
50				100			

## NEED-TO-KNOW ABBREVIATIONS

<b>AED</b>	<b>Automatic External Defibrillator</b>
<b>ALS</b>	<b>Advanced Life Support</b>
<b>APGAR</b>	<b>Appearance, Pulse, Grimace, Activity, and Respiration</b>
<b>AVPU</b>	<b>Alert, Verbal, Pain, Unresponsive</b>
<b>BLS</b>	<b>Basic Life Support</b>
<b>BSI</b>	<b>Body Substance Isolation</b>
<b>CAD</b>	<b>Computer Aided Dispatch</b>
<b>CPR</b>	<b>Cardiopulmonary Resuscitation</b>
<b>CSF</b>	<b>Cerebrospinal Fluid</b>
<b>CTC</b>	<b>Color, Temperature, Condition</b>
<b>DCAP-BTLS</b>	<b>Deformity, Contusions, Abrasion, Puncture/Penetration, Burns, Tenderness, Laceration, Swelling</b>
<b>DNR</b>	<b>Do Not Resuscitate</b>
<b>FROP-VD</b>	<b>Flow Restricted Oxygen Powered – Ventilation Device</b>
<b>ICS</b>	<b>Incident Command System</b>
<b>JVD</b>	<b>Jugular Vein Distention</b>
<b>MCI</b>	<b>Mass Casualty Incident</b>
<b>MOI</b>	<b>Mechanism of Injury</b>
<b>NOI</b>	<b>Nature of Illness</b>
<b>NRB</b>	<b>Non-Rebreather oxygen mask</b>
<b>NES</b>	<b>National EMS Education Standards</b>
<b>NIMS</b>	<b>National Incident Management System</b>
<b>O<sub>2</sub></b>	<b>Oxygen</b>
<b>OPQRST</b>	<b>Onset, Provocation, Quality, Radiation, Severity, Time</b>
<b>PEARL</b>	<b>Pupils Equal, and Reactive to Light</b>
<b>PMS</b>	<b>Pulse, Motor, Sensory</b>
<b>PPE</b>	<b>Personal Protective Equipment</b>
<b>Pt.</b>	<b>Patient</b>
<b>SAMPLE</b>	<b>Signs/Symptoms, Allergies, Medications, Pertinent History, Last oral intake, Events leading to the emergency</b>



# National EMS Education Standards EMT Instructional Guidelines

## Clinical Experience

Students should observe emergency department operations for an adequate amount of time to gain an appreciation for the continuum of care. Students must perform ten patient assessments. These can be performed in various settings including an emergency department, ambulance, clinic, nursing home, doctor's office, etc., or on standardized patients if clinical settings are not available.

## Field Experience

The student must participate in and document patient contacts in a field experience approved by the medical director and program director.

## Course Design

Provide the following components of instruction:

- Didactic instruction
- Skills laboratories
- Hospital/Clinical experience
- Field experience

## Student Assessment

Perform knowledge, skill, and professional behavior evaluations based on educational standards and program objectives

- Provide several methods of assessing achievement
- Provide an assessment that measures (at a minimum) entry level competency in all domains

## Program Evaluation

Provide evaluation of program instructional effectiveness

Provide evaluation of organizational and administrative effectiveness of program

## YOUR COURSE INFORMATION

Course Name \_\_\_\_\_ Course Number \_\_\_\_\_

Location/Agency \_\_\_\_\_

Address \_\_\_\_\_

Course Coordinator \_\_\_\_\_ Phone Number \_\_\_\_\_

Co-Coordinator \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Director \_\_\_\_\_ Phone Number \_\_\_\_\_

Primary Instructor \_\_\_\_\_ Phone Number \_\_\_\_\_

Assistant Instructor \_\_\_\_\_ Phone Number \_\_\_\_\_

Assistant Instructor \_\_\_\_\_ Phone Number \_\_\_\_\_

Practical Test Date/s \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Address \_\_\_\_\_

Written Test Date \_\_\_\_\_ Time \_\_\_\_\_ Location Pearson Vue Site \_\_\_\_\_

Address \_\_\_\_\_

### Utah Bureau of Emergency Medical Services and Preparedness contact information:

**Physical Address:**  
3760 S Highland Dr.  
Salt Lake City, UT  
84106

**Mailing Address:**  
P.O. Box 142004  
Salt Lake City, Utah 84114-2004

**Phone:**  
(801) 273-6666