



# Emergency Medical Technician

<b>Dress Code</b>	Attire appropriate to the occupational area
<b>SLC Orientation</b>	Event explained to the competitors and individual timecards handed out. Students will return to the event room at least 5 minutes before their allotted time. Students will have a secret scenario to solve when it is their turn to compete. Students not share the secret scenario when they leave the event as it is an automatic disqualification.
<b>Round # 1</b>	Competitors must submit technical skill video to Montana HOSA by deadline. Additionally, competitors will take an online test during the testing window. Advisors will be informed of which competitors have moved on from Round 1 to qualify to participate in Round 2 at SLC. *Note: As a teamwork event, both members must take the online test and both must be in the videos although just one member will submit the video.
<b>Round # 2</b>	Skill procedures from rubric guidelines will be performed by competitors. Competitors may be asked to do one or multiple of the performance skills.
<b>Scoring</b>	Round 1 online testing scores will be combined with Round 2 skill procedures for a total score.

## Official References

- All official references are used in the development of the written test. The specific references selected for each skill are the National Registry EMT skill sheets.
  - [Emergency Care and Transportation of the Sick and Injured. Series Editor: Andrew N. Pollak, MD, FAAOS. Published by Jones & Bartlett Learning. Latest edition.](#)
  - [American Heart Association, Basic Life Support, Latest edition.](#)
  - [Limmer, Daniel. Emergency Care. Published by Prentice Hall, a "Brady" book, Latest edition.](#)
  - [AMA: How to Administer Naloxone](#)

## Round One Test

Test Instructions: The written test will consist of 50 multiple choice items in a maximum of 60 minutes taken during the online testing window. Competitors will each take the test for a combined test score.

### Written Test Plan

Patient Assessment .....	20%
Basic Life Support.....	20%
Trauma .....	16%
Medical Emergencies.....	14%
Pediatrics and Childbirth .....	16%
Environmental Emergencies .....	10%
Special Situations .....	4%

## Round Two Skills

Round Two is the performance of a selected skill(s). The Round Two skills approved for this event are:

- Skill I: Patient Assessment - Trauma
- Skill II: Patient Assessment - Medical
- Skill III: BVM Ventilation: Apneic Adult Patient
- Skill IV: Joint Immobilization/ Long Bone Immobilization
- Skill V: Bleeding Control/Shock Management
- Skill VI: Cardiac Arrest Management/AED
- Skill VII: Oxygen Administration by Non-Rebreather Mask
- Skill VIII: Administer Epinephrine Pen
- Skill IX: Administer Naloxone (Nasal Spray NARCAN)

A **twelve (12) minute maximum time limit** has been set for the team demonstration. The selected skill(s) will be presented to competitors as a written scenario at the beginning of the round. The scenario will be the same for each team and will include a challenging component that will require the competitors to apply critical thinking skills. A sample scenario can be found [here](#).

Timing will begin when the scenario is presented to the team and competitors will be stopped at the end of the time allowed.

*Oxygen Administration:* Oxygen tank assembly is not included in the HOSA EMT event. HOWEVER, an oxygen tank that is ready to use may be available. If the application of oxygen is indicated by the scenario and condition of the patient(s) the competitors should follow proper EMS protocol in initiating and maintaining oxygen therapy.

If a tank is NOT available and oxygen is indicated, the competitors should verbalize the necessary steps that involve the application of oxygen. Points will be awarded as indicated on the rating sheet used to evaluate all aspects of team's performance, including the use of oxygen therapy.

Judges will provide information to competitors as directed by the rating sheets. Competitors may ask questions of the judges while performing skills if the questions relate to patient physiology and will be included in the scenario.

For example:

- What are the vital signs?
- Do I hear breath sounds?
- Do I have a distal pulse?
- Is the patient breathing?
- Are the patient's lips blue?

**Competitor Must Provide:**

- Watch with second hand (optional-Round Two only)

**\* Teams have the option of bringing one kit per person or one kit per team**

- Barrier supplies for each competitor:
  - 5 pairs of non-latex gloves AND 2 masks AND 2 gowns
  - 1 set of goggles or safety glasses per person
- 6 - 10 "4x4" dressings (team's choice)
- self-adhering or roller gauze bandages (team's choice.)
- 4 cravats (used to tie or anchor splints in place – team's choice.)
- Adhesive tape
- Bandage scissors
- Penlight
- 2 occlusive dressing supplies
- 4 abdominal / trauma dressings
- Stethoscope/B/P cuff
- Oral airway kit (sizes 0-6)
- BVM with oxygen tubing
- Pocket mask and/or other appropriate barrier (face shield, mouth-to-mask device)
- Tourniquet
- Cell phone for simulating call for EMS assistance

# EMERGENCY MEDICAL TECHNICIAN

Section # \_\_\_\_\_  
 Team # \_\_\_\_\_

Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate  
 Judge's Signature \_\_\_\_\_

<b>Skill I: Patient Assessment – Trauma</b>	<b>Possible</b>	<b>Awarded</b>
1. Scene Size-up		
a. Determined the scene/situation is safe.	2	0
b. Determined the mechanism of injury/nature of illness.	2	0
c. Determined the number of patients.	2	0
d. Requested additional EMS assistance if needed.	2	0
2. If trauma suspected, competitor verbalized/simulated, "Spinal Motion Restriction performed at this time".	2	0
3. Primary Survey/Resuscitation		
a. Verbalized general impression of patient.	2	0
b. Determined responsiveness/level of consciousness (AVPU).	2	0
c. Determined chief complaint/apparent life threats.	2	0
4. Airway		
a. Opened and assessed airway.	2	0
b. Maintained airway.	2	0
5. Breathing		
a. Assessed breathing (rate, rhythm, and volume).	2	0
b. Assured adequate ventilation.	2	0
c. Initiated appropriate oxygen therapy.	2	0
d. Managed any injury which may compromise breathing/ventilation.	2	0
6. Circulation		
a. Checked pulse.	2	0
b. Assessed skin (either color, temperature or condition).	2	0
c. Assessed for and controlled major bleeding (if present).	2	0
d. Initiated shock management (positioned patient properly, conserved body heat <i>and oxygen</i> ).	2	0
7. Identified patient priority and made treatment/transport decision.	2	0
8. Rapid Trauma Assessment		
a. Head: Checked for wounds, tenderness, and deformities plus crepitation.	1	0
b. Face: Checked for wounds, tenderness, and deformities.	1	0
c. Ears: Checked for wounds, tenderness, and deformities, plus drainage of blood or clear fluid.	1	0
d. Eyes: Checked for wounds, tenderness, and deformities, plus discoloration, unequal pupils, foreign bodies, and blood in the anterior chamber.	1	0

Skill I: Patient Assessment – Trauma (con't) – Items Evaluated		Possible	Awarded
e.	Nose: Checked for wounds, tenderness, and deformities, plus drainage of blood or clear fluid.	1	0
f.	Mouth: Checked for wounds, tenderness, and deformities, plus loose or broken teeth; objects that could cause obstruction, swelling, or laceration of the tongue; unusual breath odor; or discoloration.	1	0
g.	Neck: Checked for wounds, tenderness, and deformities, plus jugular vein distention and crepitation.	1	0
h.	After neck examined, applied a cervical collar before backboarding.	2	0
i.	Chest: Inspected and palpated for wounds, tenderness, and deformities, plus crepitation and paradoxical motion, retractions, work of breathing, etc.	1	0
j.	Chest: Auscultated for breath sounds (presence, absence, and equality).	2	0
k.	Abdomen: Checked for wounds, tenderness, and deformities, plus firm, soft, and distended areas.	1	0
l.	Pelvis: Checked for wounds, tenderness, and deformities using gentle compression for tenderness and gentle motion.	1	0
m.	Upper Extremities: Checked for wounds, tenderness, and deformities.	2	0
n.	Upper Extremities: Checked for circulation, sensation, and motor function.	2	0
o.	Lower Extremities: Checked for wounds, tenderness, and deformities.	2	0
p.	Lower Extremities: Checked for circulation, sensation, and motor function.	2	0
q.	Posterior: Rolled patient using spinal precautions and checked for wounds, tenderness, and deformities	2	0
9.	History Taking	2	0
a.	Signs and Symptoms	2	0
b.	Allergies	2	0
c.	Medications	2	0
d.	Pertinent Medical History	2	0
e.	Last Oral Intake	2	0
f.	Events Leading to Present Illness	2	0
10.	Obtained baseline vital signs (must include BP, P and R).	2	0
11.	Managed secondary injuries and wounds appropriately.	2	0
12.	Demonstrated how and when to reassess the patient.	2	0
13.	Interventions (verbalized proper intervention/treatment and destination)	2	0
14.	Used appropriate verbal and nonverbal communication with patient and other personnel <b>including partner.</b>	2	0
15.	Provided report to Emergency Department (judge) including:	2	0
a.	Unit identification	2	0
b.	Patient's age and sex	2	0
c.	Chief complaint	2	0
d.	Brief history of current problem	2	0
e.	Physical findings including: general appearance, vital signs & level of consciousness	2	0
f.	Treatment in progress	2	0
g.	Brief description of response to treatment	2	0
h.	Estimated time of arrival	2	0

<b>Skill I: Patient Assessment – Trauma (con't) – Items Evaluated</b>		<b>Possible</b>	<b>Awarded</b>
16.	Used alcohol-based hand-rub for hand hygiene.	2 0	
<del>17.</del>	<del>Used appropriate verbal and nonverbal communication with patient and other personnel including partner.</del>	<del>2 0</del>	
18.	Practiced body substance isolation precautions throughout skill.	2 0	
<b>TOTAL POINTS -- SKILL I</b>		<b>104</b>	
<b>70% Mastery for Skill I = 72.8</b>			

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<b>Skill II: Patient Assessment – Medical</b>	<b>Possible</b>	<b>Awarded</b>
1. Scene Size-up		
a. Determined the scene/situation is safe.	2	0
b. Determined the mechanism of injury/nature of illness.	2	0
c. Requested additional EMS assistance if necessary.	2	0
d. Determined the number of patients.	2	0
2. Primary Survey/Resuscitation		
a. Verbalized general impression of patient.	2	0
b. Determined responsiveness/level of consciousness (AVPU).	2	0
c. Determined chief complaint/apparent life threats.	2	0
3. Assessed airway and breathing		
a. Assessment (rate, rhythm, and volume).	2	0
b. Assured adequate ventilation.	2	0
c. Initiated appropriate oxygen therapy.	2	0
4. Assessed Circulation		
a. Assessed for and controls major bleeding.	2	0
b. Checked pulse.	2	0
c. Assessed skin (either color, temperature, or condition).	2	0
5. Identified patient priority/makes treatment/ transport decision.	2	0
6. HISTORY TAKING: History of the present illness		
a. Onset	2	0
b. Provokes	2	0
c. Quality	2	0
d. Radiation	2	0
e. Severity	2	0
f. Time	2	0
g. Clarifying questions of associated signs and symptoms related to OPQRST	2	0
7. History Taking: Past Medical History		
a. Signs and Symptoms	2	0
b. Allergies	2	0
c. Medications	2	0
d. Pertinent Medical History	2	0
e. Last Oral Intake	2	0
f. Events Leading to Present Illness	2	0
8. Secondary Assessment (Assessed <b>affected</b> body part/system)		
a. Cardiovascular		
b. Neurological		
c. Integumentary		
d. Reproductive		
e. Pulmonary		
f. Musculoskeletal		
g. GI/GU		
h. Psychological/Social		
	8	0

Skill II: Patient Assessment – Medical (con't) - Items Evaluated	Possible	Awarded
9. Obtained baseline vital signs (must include BP, P and R).	2 0	
10. Managed secondary injuries and wounds appropriately.	2 0	
11. Demonstrated how and when to reassess the patient.	2 0	
12. Interventions (verbalized proper intervention/treatment per scenario)	2 0	
13. Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2 0	
14. Provided report to Emergency Department including:	2 0	
a. Unit identification	2 0	
b. Patient's age and sex	2 0	
c. Chief complaint	2 0	
d. Brief history of current problem	2 0	
e. Physical findings including: general appearance, vital signs & level of consciousness	2 0	
f. Treatment in progress	2 0	
g. Brief description of response to treatment	2 0	
h. Estimated time of arrival	2 0	
15. Used alcohol-based hand-rub for hand hygiene.	2 0	
16. Practiced body substance isolation precautions throughout skill.	2 0	
<b>TOTAL POINTS -- SKILL II</b> <b>70% Mastery for Skill II = 64.4</b>	<b>92</b>	



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<b>Skill III: BVM Ventilation: Apneic Adult Patient</b>	<b>Possible</b>	<b>Awarded</b>
1. Checked responsiveness and level of consciousness.	2 0	
2. Assessed breathing. <b>Judge states "The patient is unresponsive and apneic."</b>	2 0	
3. Requested additional EMS assistance.	2 0	
4. Checked pulse simultaneously for no more than 10 seconds not less than 5 seconds. <b>Judge states, "You palpate a weak pulse of 60."</b>	2 0	
5. <b>Judge states, "The mouth is full of secretions and vomitus and after turning to side, suctioning is indicated".</b>	-	
6. Turned on suction unit and tested the suction (more than 300mm Hg)	2 0	
7. Measured the catheter from the corner of mouth to the earlobe or the angle of the jaw.	2 0	
8. Turned head to side (unless suspect cervical spine injury) or verbalized reason to not turn.	2 0	
9. Opened mouth using the cross-finger technique.	2 0	
10. Inserted catheter to the premeasured depth without applying suction as inserted.	2 0	
11. Applied suction in a circular motion as withdrew the catheter. <b>Judge states, "The mouth and oropharynx are clear."</b>	2 0	
12. Opened the airway using the head tilt-chin lift or jaw-thrust maneuver.	2 0	
13. Verbalized measured oropharyngeal device from corner of patient's mouth to the tip of earlobe on the same side of patient's face. Inserted oropharyngeal airway.	2 0	
14. Verbalized inserted correct size oropharyngeal airway. <b>Judge states, "No gag reflex is present and the patient accepts the airway adjunct."</b>	2 0	
15. Ventilated the patient immediately using a BVM device unattached to oxygen* <i>*Award this point if competitor elects to ventilate initially with BVM attached to reservoir and oxygen, as long as first ventilation is delivered within 30 seconds.</i> <b>Judge states, "Ventilation is being properly performed without difficulty."</b>	2 0	
16. Rechecked pulse for no more than 10 seconds.	2 0	
17. Attached the BVM assembly to oxygen @ 15L/min.	2 0	
18. Ventilated the patient adequately: a. Proper volume to make chest rise.	2 0	
b. Squeezed the bag once every 6 seconds for adult patient.	2 0	
19. Initiated ventilation within 30 seconds after taking body substance isolation precautions and does not interrupt ventilations for greater than 30 seconds at any time.	2 0	
20. Used alcohol-based hand-rub for hand hygiene.	2 0	
21. Used appropriate verbal and nonverbal communication with patient and other Personnel including partner.	2 0	
22. Practiced body substance isolation precautions throughout skill.	2 0	
<b>TOTAL POINTS – SKILL III</b> <b>70% Mastery for Skill III = 30.8</b>	<b>44</b>	

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<b>Skill IV Long Bone OR Joint Immobilization</b>		<b>Possible</b>	<b>Awarded</b>
1.	Removed clothing from the area of suspected dislocation.	2	0
2.	Inspected the area for DCAP-BTLS (deformity, contusion, abrasions, punctures /penetrations, burns, tenderness, lacerations, swelling).	8	0
3.	Noted patient's neurovascular status distal to the injury, including pulse, sensation, and movement. <b>Judge states, "Motor, sensory and circulatory functions are present and normal."</b>	2	0
4.	Stabilized the bone(s) and joint(s) above and below the injury.	2	0
5.	Maintained manual stabilization to minimize movement of the limb and to support injury site.	2	0
6.	Placed splint under or alongside the limb.	2	0
7.	Placed padding between the limb and splint to make sure even pressure and even contact.	2	0
8.	Reassessed distal nervous & circulatory functions in the injured extremity. <b>Judge states, "Motor, sensory and circulatory functions are present and normal."</b>	2	0
9.	Used alcohol-based hand-rub for hand hygiene.	2	0
10.	Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2	0
11.	Practiced body substance isolation precautions throughout skill.	2	0
<b>TOTAL POINTS -- SKILL IV</b>		<b>28</b>	
<b>70% Mastery for Skill IV = 19.6</b>			

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<b>Skill V: Bleeding Control/Shock Management</b>	<b>Possible</b>	<b>Awarded</b>
1. Applied direct pressure to the wound. <i>*Judge states "The wound continues to bleed."</i>	2 0	
2. Applied pressure dressing. <i>*Judge states "The wound continues to bleed with direct pressure with a pressure dressing."</i>	2 0	
3. Applied tourniquet. a. Placed the tourniquet proximal to the elbow or joint related to the injury (NOT DIRECTLY ON THE JOINT).	2 0	
b. Pulled the free end through the buckle or catch and tightened over the pad.	2 0	
c. Engaged the tightening mechanism until distal pulses are no longer palpable and until bleeding is controlled. <i>*Judge states "Bleeding is controlled. The patient is exhibiting signs and symptoms of hypo-perfusion."</i>	2 0	
4. Comforted, calmed and reassured patient.	2 0	
5. Properly positioned the patient in supine position.	2 0	
6. Administered high concentration oxygen.	2 0	
7. Initiated steps to prevent heat loss from the patient by providing blankets to place under and over patient.	2 0	
8. Indicated need for immediate transportation.	2 0	
9. Used alcohol-based hand-rub for hand hygiene.	2 0	
10. Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2 0	
11. Practiced body substance isolation precautions throughout skill.	2 0	
<b>TOTAL POINTS - SKILL V</b> <b>Mastery for Skill V – 18.2</b>	<b>26</b>	

# EMERGENCY MEDICAL TECHNICIAN

Section # \_\_\_\_\_ Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate  
 Team # \_\_\_\_\_ Judge's Signature \_\_\_\_\_  
 Partner  1  2

<b>Skill VI Cardiac Arrest Management/AED</b>	<b>Possible</b>	<b>Awarded</b>
1. Determined the scene/situation is safe.	2 0	
2. Questioned bystanders if present.	2 0	
3. Partner 1 initiated CPR: Determined unresponsiveness: tapped shoulder, shouted "Are you OK?" <b>* Judge states, "Patient is not responsive."</b>	2 0	
4. Shouted to Partner 2 to initiate AED/defibrillator use.	2 0	
5. Requested additional EMS assistance if needed.	2 0	
6. Checked to see if the patient has normal breathing and a pulse for no less than 5 and no more than 10 seconds.	2 0	
a. Checked for breathing by scanning the patient's chest for rise and fall.	2 0	
b. Performed a pulse check by locating the carotid pulse (using 2 or 3 fingers sliding the fingers into the groove between the trachea and the muscles at the side of the neck). <b>*Judge states "The patient is unresponsive, apneic and pulseless."</b>	2 0	
7. Initial Chest Compressions (30) Partner 1:	2 0	
a. Positioned self at the patient's side.	2 0	
b. Removed bulky clothing from patient's chest or moved bulky clothing out of the way.	2 0	
c. Made sure patient is lying face up on a firm, flat surface.	2 0	
d. Put the heel of one hand on the center of the patient's chest on the lower half of the breastbone.	2 0	
e. Put the heel of the other hand on top of the first hand.	2 0	
f. With arms straight, positioned shoulders directly over hands.	2 0	
g. Provided chest compressions at a rate of 100 –120/min, delivering 30 compressions in 15 to 18 seconds.	2 0	
h. Compressions performed at a depth or at least 2 inches (5 cm).	2 0	
i. Counted compressions aloud.	2 0	
j. At the end of each compression, allowed the chest to recoil.	2 0	

Skill VI Cardiac Arrest Management/AED (con't) - Items Evaluated		Possible		Awarded
8.	Partner 2: Turned on AED power.	2	0	
9.	Followed prompts and correctly attached AED to patient.	2	0	
10.	Directed partner 1 to stop CPR and ensured all individuals are clear of the patient during analysis of the rhythm.	2	0	
	a. Verbalized "All clear."	2	0	
	b. Delivered shock from AED.	2	0	
11.	Immediately directed partner to resume chest compressions.	2	0	
12.	Breaths – Partner 2			
	a. Positioned self directly above patient's head.	2	0	
	b. Opened the airway using the head tilt-chin lift or jaw-thrust maneuver.	2	0	
	c. Opened the patient's mouth, suctioned if needed, and inserted an oral or nasal airway. (Verbalized, if scenario indicates, that manikin will not accept airway).	2	0	
	d. Positioned thumbs along the sides of the mask to press mask downward to face.	2	0	
	e. Placed mask over the patient's face (over nose and lower to the chin).	2	0	
	f. Used the EC-clamp method by making a seal, holding the index finger over the lower part of the mask and thumb over the upper part of the mask.	2	0	
	g. Used the remaining three fingers to pull the lower jaw up to the mask.	2	0	
	h. Squeezed the bag with other hand until adequate chest rise is seen.	2	0	
13.	Performed chest compressions, counting aloud, using a compression to breaths ratio of 30:2.	2	0	
14.	Minimal interruption of no more than 10 seconds throughout. <i>NOTE: After approx. 2 minutes or 5 cycles, assessed patient and switched roles.</i>	2	0	
15.	Used alcohol-based hand-rub for hand hygiene.	2	0	
16.	Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2	0	
17.	Practiced body substance isolation precautions throughout skill.	2	0	
18.	Verbalized transportation of patient when one of the following are met: 6-9 shocks delivered, 3 consecutive 'No Shock Advised' or regains pulse.	2	0	
<b>TOTAL POINTS - SKILL VI</b>		<b>76</b>		
<b>70% Mastery for Skill VI – 53.2</b>				

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Team # \_\_\_\_\_ Judge's Signature \_\_\_\_\_

**Note: The tank used for the skill will be empty and steps will be simulated as appropriate.**

<b>Skill VII: Oxygen Administration by Non-Rebreather Mask</b>	<b>Possible</b>	<b>Awarded</b>
1. Gathered appropriate equipment.	1	0
2. Verbalized: Use an oxygen wrench to turn the valve counterclockwise to slowly crack the valve on the oxygen tank.	2	0
3. Gently retightened valve to stop oxygen flow.	2	0
4. Assembled the regulator to the oxygen tank.		
a. Attached the regulator/flowmeter to the valve stem using the two pin-indexing holes making sure the washer is in place over the larger hole.	2	0
b. Aligned the regulator so that the pins fit snugly into the correct holes on the valve stem, and hand tightened the regulator.	2	0
c. Verbalized and simulated using the wrench to fully open the tank.	2	0
5. Verbalized and simulated checking the oxygen tank pressure.	2	0
6. Verbalized and simulated checking for leaks.	2	0
7. Attached non-rebreather mask to correct port of regulator.	2	0
8. Verbalized and simulated turning on oxygen flow to pre-fill reservoir bag.	2	0
9. Verbalized and simulated adjusting regulator to assure oxygen flow rate of at least 10L per minute.	2	0
10. Attached mask to patient's face and adjusts to fit snugly.	2	0
11. Used alcohol based hand-rub for hand hygiene.	2	0
12. Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2	0
13. Practiced body substance isolation precautions throughout skill.	2	0
<b>TOTAL POINTS - SKILL VII</b>	<b>29</b>	
<b>70% Mastery for Skill VII – 20.3</b>		

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Section # \_\_\_\_\_ Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate  
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*Note: The patient has an epinephrine pen with them. They are responsive and breathing.*

Skill VIII: Administer Epinephrine Pen	Possible	Awarded
1. Verified scene safety.	2 0	
2. Opened first aid kit and put on PPE.	2 0	
3. Checked for responsiveness and breathing. <b>Judge states, "patient is responsive and breathing".</b>	2 0	
4. Introduced self and asked for permission to help. <i>* Patient consents to treatment.</i>	2 0	
5. Quickly assessed the situation. (Asked what happened.) <b>*Judge states, the patient has been exposed to an allergen and has an epinephrine pen with them and requires help with administration.</b>	2 0	
6. Looked for medical information jewelry.	2 0	
7. Obtained epinephrine pen from patient.	2 0	
8. Read instructions on pen to determine how long injector is held in place.	2 0	
9. Held the epinephrine pen in fist.	2 0	
10. Removed safety cap.	2 0	
11. Held leg firmly in place.	2 0	
12. Pressed the tip of the injector hard against the side of the patient's thigh, about halfway between the hip and the knee.	2 0	
13. Held the injector in place for recommended time per manufacturer's instructions (found on side of the ejector).	2 0	
14. Pulled the pen straight out, making sure they do not touch the end that was pressed to the skin.	2 0	
15. Instructed patient to rub for 10 seconds; OR rubbed site for 10 seconds if patient is unable to.	2 0	
16. Verbalized the time of the injection.	2 0	
17. Assess any change in status. <b>*Judge states, "symptoms have improved" OR "condition has worsened".</b>	2 0	
18. Properly disposed of autoinjector.	2 0	
19. Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2 0	
20. Gave information about patient to Emergency Department including time of injection.	4 0	
21. Removed gloves properly without touching the outside of the gloves with bare hands.	2 0	
22. Placed disposable PPE in a biohazard receptacle.	2 0	
23. Used alcohol based hand-rub for hand hygiene.	2 0	
<b>TOTAL POINTS – SKILL VIII</b>	<b>48</b>	
<b>70% Mastery for Skill VIII = 33.6</b>		

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Section # \_\_\_\_\_ Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate  
 Team # \_\_\_\_\_ Judge's Signature \_\_\_\_\_

*Note: The patient is responsive and breathing.*

Skill IX: Administer Naloxone (Nasal Spray NARCAN)	Possible	Awarded
1. Verified scene safety.	2 0	
2. Opened first aid kit and put on PPE.	2 0	
3. Checked for responsiveness and breathing. <b>Judge states, "patient is responsive and breathing".</b>	2 0	
4. Introduced self and asked for permission to help. <i>* Patient consents to treatment.</i>	2 0	
5. a. Quickly assessed the situation. (Asked what happened.)	2 0	
b. Observed patient by looking for signs of opioid use: track marks or drug-related items around patient. <b>Judge states, "There is evidence of opioid usage". Judge provides competitor with Naloxone. (Nasal Spray NARCAN).</b>	2 0	
6. <b>Naloxone obtained.</b> <b>Judge will provide.</b>	2 0	
7. Verbalized patient assessment looking for signs of opioid overdose:	2 0	
a. Responsive but experiencing altered state of consciousness or drowsiness.	2 0	
b. Choking or gurgling sounds.	2 0	
c. Small, constricted pupils.	2 0	
d. Blue skin, lips or nails.	2 0	
8. Obtained Naloxone and administered:	2 0	
a. Peeled the package back to remove the device.	2 0	
b. Held the device with thumb on the bottom of the plunger and two fingers on the nozzle.	2 0	
c. Placed and held the tip of the nozzle in either nostril until fingers touched the bottom of the patient's nose.	2 0	
d. Pressed the plunger firmly to release the dose into the patient's nose.	2 0	
9. Continued to assess responsiveness and breathing: if change in status initiated rescue breathing or CPR as needed. <b>*Judge states, "change in status with further instructions (further instructions will be included in the scenario)"</b>	2 0	
10. Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2 0	
11. Gave information about patient to Emergency Department.	4 0	
12. Removed gloves properly without touching the outside of the gloves with bare hands.	2 0	
13. Placed disposable PPE in a biohazard receptacle.	2 0	
14. Used alcohol based hand-rub for hand hygiene.	2 0	
<b>TOTAL POINTS – SKILL IX</b>	<b>44</b>	
<b>70% Mastery for Skill IX = 30.8</b>		