

# Random EMT Skills

(Bleeding Control/Shock Management, Long Bone Immobilization, Joint Immobilization)

## Instructions to Skill Examiners

Instructions for three EMT skills are included. The National Registry Representative will provide you with copies of all appropriate evaluation instruments that will be used in today's examination.

Candidates must test the skills as follows:

Level	Skill(s) to test
Intermediate/99	Test the of the following: <ul style="list-style-type: none"><li>• Bleeding Control/Shock Management</li></ul>
Advanced EMT	All must test one of the following: <ul style="list-style-type: none"><li>• Bleeding Control/Shock Management</li><li>• Long Bone Immobilization</li><li>• Joint Immobilization</li></ul>

**Candidates retesting any skill(s) must retest over the specific skill(s) previously failed. Therefore, all equipment for all three EMT skills must be available and properly functioning before beginning any evaluation. Should any candidate dispute any skill that you direct him/her to complete, please contact the National Registry Representative immediately for clarification. Do not let the candidate leave the room until the matter is resolved with the National Registry Representative.**

Thank you for serving as a Skill Examiner at today's examination. Before you read the instructions for the skill(s) you will be evaluating today, please review your general responsibilities as a Skill Examiner:

- Conducting examination-related activities on an equal basis for all candidates, paying particular attention to eliminate actual or perceived discrimination based on race, color, national origin, religion, gender, age, disability, position within the local EMS system, or any other potential discriminating factors. The Skill Examiner must help ensure that the EMT Assistant and/or Simulated Patient conduct himself/herself in a similar manner throughout the examination.
- Objectively observing and recording each candidate's performance.
- Acting in a professional, unbiased, non-discriminating manner, being cautious to avoid any perceived harassment of any candidate.
- Providing consistent and specific instructions to each candidate by reading the "Instructions to the Psychomotor Skills Candidate" exactly as printed in the material provided by the National Registry. Skill Examiners must limit conversation with candidates to the communication of instructions and answering of questions. All Skill Examiners must avoid social conversation with candidates or making comments on a candidate's performance.
- Recording, totaling, and documenting all performances as required on all skill evaluation forms.
- Thoroughly reading the instructions for the assigned skill before actual evaluation begins.
- Checking all equipment, props, and moulage prior to and during the examination.
- Briefing any Simulated Patient and EMT Assistant for the assigned skill.
- Assuring professional conduct of all personnel involved with the particular skill throughout the examination.
- Maintaining the security of all issued examination material during the examination and ensuring the return of all material to the National Registry Representative.

The instructions that follow are:

1. Bleeding Control/Shock Management
2. Long Bone Immobilization
3. Joint Immobilization

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### **Bleeding Control/Shock Management – Instructions to Skill Examiners**

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This skill is designed to evaluate the candidate's ability to treat a life-threatening arterial hemorrhage from an extremity and subsequent hypoperfusion. This skill will be scenario-based and will require some dialogue between you and the candidate. The candidate will be required to properly treat a life-threatening arterial hemorrhage from an extremity in accordance with recommendations by the American College of Surgeons.

This skill requires the presence of a live Simulated Patient. The Simulated Patient must be an adult or adolescent who is at least 16 years of age. The Simulated Patient must also be of average adult height and weight. The use of very small children as Simulated Patients is not permitted in this skill. The Simulated Patient will present with an arterial bleed from a severe laceration of the extremity. Simple moulage may enhance the visual cue for the location of the wound but is not required in this skill. You will direct the actions of the candidate at predetermined intervals as indicated on the evaluation form. The candidate will be required to provide the appropriate intervention at each interval as the Simulated Patient's condition changes. It is essential, due to the purpose of this skill that the Simulated Patient's condition does not deteriorate to a point where CPR would be initiated. This skill is not designed to evaluate CPR skills.

The scenario provided in these instructions is an example of an acceptable scenario for this skill. It is not intended to be the only possible scenario for this skill. Variations of the scenario are possible and should be utilized in order to reduce the possibility of candidates knowing the scenario before entering this skill. If the scenario is changed for the examination, the following guidelines must be used:

- An isolated laceration to an extremity producing an arterial bleed must be present.
- The scene must be safe.
- As the scenario continues, the Simulated Patient must present signs and symptoms of hypoperfusion.

Due to the scenario format of this skill, you are required to supply information to the candidate at various times during the exam. When the candidate initially applies direct pressure to the wound, you should inform the candidate that the wound continues to bleed. If the candidate applies a pressure dressing and bandage, you should inform the candidate that the wound continues to bleed. In accordance with recommendations by the American College of Surgeons, application of a tourniquet proximal to the injury is the reasonable next step if hemorrhage cannot be controlled with pressure. If the candidate delays applying a tourniquet and applies additional dressings over the first, you should again inform him/her that the wound continues to bleed. If the candidate attempts to elevate the extremity or apply pressure to the related arterial pressure point, you should inform the candidate that the wound continues to bleed. There is no published evidence that supports controlling arterial hemorrhage from an extremity with elevation or pressure to an arterial pressure point. If the candidate delays application of the tourniquet, you should check the related "Critical Criteria" statement and document his/her delay in treating the hemorrhage in a timely manner as required on the skill evaluation form. After the candidate properly applies an arterial tourniquet, you should inform him/her that the bleeding is controlled. Once the bleeding is controlled in a timely manner, you should provide signs and symptoms of hypoperfusion (restlessness; cool, clammy skin; BP 110/80, P 118, R 30).

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## Bleeding Control/Shock Management – Equipment List

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Do not open this skill for testing until you have one EMT Assistant and one Simulated Patient who is an adult or adolescent at least 16 years of age. The following equipment must be available, and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Field dressings (various sizes)
- Bandages (various sizes)
- Tourniquet (commercial or improvised)
- Oxygen cylinder with delivery system (tank may be empty)
- Oxygen delivery devices (nasal cannula, simple face mask, non-rebreather mask)
- Blanket
- Gauze pads (2x2, 4x4, etc.)
- Kling, Kerlex, etc.

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## Long Bone Immobilization – Instructions to Skill Examiners

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This skill is designed to evaluate a candidate's ability to immobilize a suspected long bone fracture properly using a rigid splint. The candidate will be advised that a primary survey has been completed on the victim and that a suspected long bone fracture was discovered during the secondary assessment. The Simulated Patient will present with a non-angulated, closed, suspected long bone fracture of the upper or lower extremity, specifically a suspected fracture of the radius, ulna, tibia, or fibula. You should alternate injury sites throughout today's examination.

The candidate will then be required to treat the specific, isolated injury. The primary survey as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process. Additionally, the use of traction splints, pneumatic splints, and vacuum splints is **not** permitted and should not be available for use.

The candidate is required to "Secure the entire injured extremity" after the splint has been applied. There are various methods of accomplishing this particular task. Long bone fractures of the upper extremity may be secured by tying the extremity to the torso after a splint has been applied. Long bone fractures of the lower extremity may be secured by placing the victim properly on a long backboard or applying a rigid long board splint between the victim's legs and then securing the legs together. Any of these methods should be considered acceptable and points should be awarded accordingly.

When splinting the upper extremity, the candidate is required to immobilize the hand in the position of function. A position that is to be avoided is one in which the hand is secured with the palm flattened and fingers extended. The palm should not be flattened. Additionally, the wrist should be dorsiflexed about 20 – 30° and all the fingers should be slightly flexed.

When splinting the lower extremity, the candidate is required to immobilize the foot in a position of function. Two positions that are to be avoided are gross plantar flexion or extreme dorsiflexion. No points should be awarded if these positions are used.

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### **Long Bone Immobilization – Equipment List**

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Do not open this skill for testing until you have one Simulated Patient who is an adult or adolescent at least 16 years of age. The Simulated Patient must also be of average adult height and weight. One EMT Assistant is also required in this skill. The following equipment must be available, and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Rigid splint materials (various sizes)
- Roller gauze
- Cravats (6)
- Tape

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### **Joint Immobilization – Instructions to Skill Examiners**

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This skill is designed to evaluate a candidate's ability to immobilize a suspected shoulder injury using a sling and swathe. The candidate will be advised that a primary survey has been completed on the victim and that a suspected shoulder injury is discovered during the secondary assessment. The Simulated Patient will present with the upper arm positioned at his/her side while supporting the lower arm at a 90° angle across his/her chest with the uninjured hand. For the purposes of this skill, the injured arm should not be positioned away from the body, behind the body, or in any complicated position that could not be immobilized by using a sling and swathe

The candidate will then be required to treat the specific, isolated injury. The primary survey as well as reassessment of the patient's airway, breathing, and central circulation are not required in this skill. The candidate will be required to check motor, sensory, and circulatory functions in the injured extremity prior to splint application and after completing the splinting process. Additionally, the only splint available in this skill is a sling and swathe. Any other splint, including a long backboard, may not be used to complete this skill. If a candidate asks for a long backboard, simply inform the candidate that the only acceptable splinting material approved for completion of this skill is a sling and swathe.

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### **Joint Immobilization – Equipment List**

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Do not open this skill for testing until you have one Simulated Patient who is an adult or adolescent at least 16 years of age. One EMT Assistant is also required in this skill. The following equipment must be available, and you must ensure that it is working adequately throughout the examination:

- Examination gloves
- Cravats (6) to be used as a sling and swathe

## Instructions to the Psychomotor Skills Candidate Bleeding Control/Shock Management

This skill is designed to evaluate your ability to control hemorrhage. This is a scenario-based evaluation. As you progress through the scenario, you will be given various signs and symptoms appropriate for the Simulated Patient's condition. You will be required to manage the Simulated Patient based on these signs and symptoms. You may use any of the supplies and equipment available in this room. You have 10 minutes to complete this skill. Please take a few moments and familiarize yourself with this equipment before we begin. Do you have any questions?

[Scenario:]

-You respond to a stabbing and find a 25 year old (male/female) patient. Upon examination, you find a two inch stab wound to the inside of the right arm at the antecubital fossa. Bright red blood is spurting from the wound. The scene is safe, and the patient is responsive and alert. [His/Her] airway is open and [he/she] is breathing adequately. Do you have any questions?

## Instructions to the Psychomotor Skills Candidate Long Bone Immobilization

This skill is designed to evaluate your ability to properly immobilize a closed, non-angulated suspected long bone fracture. You are required to treat only the specific, isolated injury. The scene size-up and primary survey have been completed and a suspected, closed, non-angulated fracture of the [Select appropriate: fibula/radius/tibia/ulna] is discovered during the secondary assessment. Continued assessment of the patient's airway, breathing, and central circulation is not necessary in this skill. You may use any equipment available in this room. You have five minutes to complete this skill. Do you have any questions?

## Instructions to the Psychomotor Skills Candidate Joint Immobilization

This skill is designed to evaluate your ability to properly immobilize an uncomplicated shoulder injury. You are required to treat only the specific, isolated injury to the shoulder. The scene size-up and primary survey have been completed and a suspected injury to the [Select appropriate: left/right] shoulder is discovered during the secondary assessment. Continued assessment of the patient's airway, breathing, and central circulation is not necessary. You may use any equipment available in this room. You have five minutes to complete this skill. Do you have any questions?