PA Department of Health
Bureau of Emergency Medical Services
BLS Practical Examination
Critical Components

Purpose:

To assure consistency within the educational and evaluation process, these critical components have been identified from the U.S. D.O.T. N.S.C. EMT-B Curriculum, PA Department of Health (DOH) approved enrichments to the EMT-B curriculum, PA Act 45 / 82 legislation and 28 PA Code § 1001-1015 Emergency Medical Services rules/regulations, and approved Statewide BLS Protocols.

Significance:

These critical components form the basis for the training and evaluation of First Responder and EMT candidates throughout the Commonwealth. The critical components establish minimum performance expectations for First Responder and EMTs. State practical examination scenarios are developed from the critical criteria components.

The critical components identify specific treatment principles and concepts. This allows latitude in the methods used to perform the specific psychomotor objectives.

Format:

The critical criteria are written in one of three formats. These formats are:

C = Critical Component
I = Important Component
S = Situation/Scenario Dependent

Critical Component is defined as psychometric, affective, or cognitive abilities that are essential in order to perform the skill and or to meet minimum performance standards.

Important Component is defined as a psychometric, affective, or cognitive ability that is not an essential component in the performance of a skill or is a component that cannot be objectively assessed by the evaluation process.

Situation/Scenario Dependent is defined as components that can be objectively assessed (critical) in certain testing scenarios and important in other scenarios.

Evaluation Components:

The following are essential criteria components that are assessed during the PA DOH EMT-B Practical Examination:

- Body Substance Isolation (BSI)
- Scene Safety
- Performs Initial Patient Assessment
- Performs Focused Patient Assessment
- Differentiates Between Load-Go and Stay-Treat
- Management of Patient Condition
- Application and use of AED
- Provides an Oral Report to either Medical Command or the responding ambulance
- Performs two Individual and two Team assessments/treatments

Review & Approval:

The regional council training staff, EMT-B Practical Examination Taskforce, and the PA Department of Health, Bureau of EMS has reviewed these critical criteria components. The criteria have been reviewed and approved by the PA Department of Health Commonwealth EMS Medical Director.

The criteria are periodically reviewed and updated according nationally accepted standards of care.

SKILL SPECIFIC

C Initial Patient Assessment

S Scene Safety / BSI
C Identifies and assumes spinal stabilization, if indicated
I Determines Mental Status: Responsive / Unresponsive (AVPU)
C Determines Airway Status: Clear / Obstructed
- Initiates appropriate treatment (i.e. head-tilt, jaw thrust)
C Determines Breathing Status: Adequate / Inadequate (>24, <8, none)
- Initiates appropriate treatment (i.e. O2, BVM, airways)
C Determines Circulation Status: - Assess Pulse (radial and/or carotid)
- Assess for Systemic Bleeding
- Initiates treatment (i.e. CPR, AED, Severe Bleeding Control)
S Evaluates Patient's Perfusion: Skin Color, Texture, and Temperature
- Initiates treatment (i.e. cold packs, warm coverings)
C Determines Patient's Priority Status: - 10 minutes (treatment and packaging) **Critical**
- 20 minutes (treatment and packaging) **Stable**

C Focused Patient Assessment

C Differentiates between Trauma and Medical Patient Assessment
C Differentiates between rapid assessment and a focused assessment

C Unconscious Medical Assessment

C Performs a hands-on assessment to identify life-threatening and non life-threatening injuries
C Completes a hands-on assessment within 2 minutes of initial patient contact
C Hands-on assessment performed on the following body areas:
- Head - Neck - Chest - Abdomen
- Pelvis - Back - Extremities
S Assures spinal stabilization and airway control during the assessment
C Integrates treatment interventions into the assessment approach, as indicated:
- Bleeding Control, Oxygen, Suctioning, etc.
C Performs the following assessments on the patient actor:
(S) Auscultation of lung sounds using a stethoscope
(C) Auscultation of blood pressure using a stethoscope and blood pressure cuff.
(C) Accurate assessment of baseline vital signs:
(C) Pulse (Accuracy within +/- 10% of patient actor's)
(C) Respiration (Accuracy within +/- 25% of patient actor's)
(C) BP (Accuracy within +/- 10 mmHg Systolic and Diastolic of patient actor's)
(I) Pupils
S Assessment of motor and sensation
S Conducts a SAMPLE & OPQRST history assessment, whenever warranted.
C Selects appropriate treatment/transport intervention(s) based on the assessment
S Performs a reassessment of victim status, vital signs, and treatments

C Trauma Rapid Assessment

C Performs a hands-on assessment to identify life-threatening and non life-threatening injuries
C Completes a hands-on assessment within 2 minutes of initial patient contact
C Hands-on assessment performed on the following body areas:
- Head - Neck - Chest - Abdomen
- Pelvis - Back - Extremities

C Assures spinal stabilization and airway control during the assessment
C Attempts to minimize additional injury to non life-threatening injuries when presented with life-threatening situations (i.e. isolated leg injury associated w/unconsciousness)
C Integrates treatment interventions into the assessment approach, as indicated:
- Bleeding Control -Oxygen, Cervical Collar, Extremity Stabilization, etc.

C Performs the following assessments on the patient actor:
(S) Auscultation of lung sounds using a stethoscope
(C) Auscultation of blood pressure using a stethoscope and blood pressure cuff.
(C) Accurate assessment of baseline vital signs:
(C) Pulse (Accuracy within +/- 10% of patient actor's)
(C) Respiration (Accuracy within +/- 25% of patient actor's)
(C) BP (Accuracy within +/- 10 mmHg Systolic and Diastolic of patient actor's)
(I) Pupils

S Assessment of pulse, motor, and sensation
S Conducts a SAMPLE history assessment, whenever warranted.
C Selects appropriate treatment/transport intervention(s) based on the assessment
S Performs a reassessment of victim status, vital signs, and treatments

C Focused Trauma Assessment

C Performs a hands-on examination of the isolated injury or area of complaint
C Assesses Baseline Vital Signs (See baseline vital sign in Rapid Trauma Assessment)
S Assessment of pulse, motor, and sensation
S Performs a SAMPLE history assessment
C Integrates treatment interventions into the assessment approach, as indicated:
- Bleeding Control, Oxygen, Cervical Collar, Extremity Stabilization etc.

C Selects appropriate treatment/transport intervention(s) based on the assessment
S Performs a reassessment of victim status, vital signs, and treatments

C Focused Conscious Medical Assessment

S Performs an OPQRST and SAMPLE history assessment
C Assesses Baseline Vital Signs (See baseline vital signs in Unconscious Medical Assessment)
C Perform a rapid hands-on assessment of areas of chief complaint
S Assessment of pulse, motor, and sensation
C Integrates treatment interventions into the assessment approach, as indicated:
- Bleeding Control, Oxygen, Suctioning, etc.

C Selects appropriate treatment/transport intervention(s) based on the assessment
C Rechecks blood pressure within two minutes of post administration of nitroglycerine.
S Performs a reassessment of victim status, vital signs, and treatments

C AIRWAY MANAGEMENT

C Selects appropriate O_2 Adjunct (s)
-NRM -BVM -Oral /Nasal Airway
-Nasal Cannula -Pocket mask
-Demand Valve

C Correctly applies O_2 Adjunct
-Proper face/mask seal
-Flow correct O_2 LPM, prior to application (i.e., NRM Bag filled)

-NRB mask must be removed from patient/manikin when oxygen is NOT flowing

C Maintains Patent Airway
-Head-tilt – Chin Lift – Jaw Thrust
-Suctions airway as appropriate (-<15 sec. on exit; hyperventilation prior to and after)

C Appropriately monitors patient respiratory effort/ventilation support/Heimlich

C Setup of an Oxygen System

C Remove protective seal
I Assure the tank, regulator, and valves are free from oil or grease
C Quickly open, then shut the valve
C Attach regulator-flow meter to tank
C Attach oxygen device to flow meter
C Open flow meter to desired setting
C Apply oxygen device to the patient
C When completed, remove device from patient
C Turn off valve and remove all pressure from the regulator

C Utilization of the Portable Suction on a CPR or Intubation Manikin

I Uses appropriate BSI precautions
C Turns On Unit. Prepares tubing and tip
C Assures presence of suction
C Measures suction catheter on manikin, for soft catheter
C Suction as far as you can see (rigid catheter)
C Inserts suction catheter into manikin's mouth, no suction applied
C Applies suction while withdrawing the catheter for no more than 15 seconds

C Insertion of an Oral Airway into an intubation manikin

I Uses appropriate BSI precautions
C Selects appropriate size airway for intubation manikin (Adult or Infant)
C Correctly measures airway using the intubation manikin
C Inserts the oral airway into the manikin
I Uses a barrier device to ventilate the manikin

C Insertion of a Nasopharyngeal Airway into an intubation manikin

I Uses appropriate BSI precautions
C Selects appropriate size airway for the intubation manikin (Adult)
C Correctly measures the airway using the intubation manikin
C Uses "manikin approved" lubrication for the airway
C Fully inserts the airway, bevel facing the septum
I Uses a barrier device to ventilate the manikin

C Cardiac Arrest Management

Section 1 & 2 are to be accomplished by both exam candidates.

Section 1:

C Establishes Unresponsiveness
C Open Airway
C Assesses Breathing (look, listen, feel), Not Breathing, provide ventilations
C Provides (2) ventilations by barrier device: Confirmation of chest rises and falls.
C Assesses Carotid Pulse, No Pulse
C Perform CPR for 2 Minutes (30 chest compressions ,1.5" - 2" depth to 2 ventilations)or until AED is ready to Analyze
I Prepares oxygen adjuncts during AED utilization (i.e. O2, BVM, Oral Airways, etc.)
I Prepares transportation equipment during AED utilization (i.e. Backboard, etc...)

Section 2:

C Turns on AED unit, confirms arrest criteria is met
C Applies AED pads to patient.
C Warns rescuers to clear patient, Depress Analysis Button (Unit Specific)
C Adheres to the AED treatment protocol
C Requests ALS provider per AED protocol
C Contacts Medical Direction per AED protocol
S Performs 2 Rescuer CPR , following AED treatment protocol
S Rescuer 1 performs chest compressions, Rescuer 2 performs ventilations at a 30:2 ratio
I Lifts and moves the patient onto a lifting and moving device

C AED Application

C Recognition of candidate/situation for AED
C > 1 y/o
C Unconscious, Apneic, Pulse less
C Applies AED and Analysis/Shock within 90 sec. of arrest confirmation
C Proper Pad Placement
C Crew member Safety Assured
C Follows AED Treatment Protocol

Individual Skills:

C Adult/Child Foreign Body Airway Obstruction (Conscious) to (Unconsciousness)

C Asks victim "Are you choking"
C Gives repeated abdominal thrusts* until effective or patient becomes unconscious
C Confirms patient is unconscious
C Performs tongue-jaw lift and finger sweep to remove the object
C Open airway via head-tilt / chin-lift and attempts to ventilate
C If obstructed repositions head and attempts ventilation again
C Performs 5 abdominal thrusts*
C Repeat from tongue-jaw lift through abdominal thrusts until effective
I Positions patient into a recovery position upon regaining breathing
**(Chest thrust for obese or pregnant victims)*

C Reassessment

C ABC's
C Oxygen management

C One Rescuer Child (> 1 y/o)CPR

C Establishes Unresponsiveness
C Opens airway via head-tilt / chin-lift or jaw thrust
C Assess Breathing (look, listen, feel)
C Provides 2 ventilations (1 - 1.5 sec.), chest rise and fall between ventilations
C Assess Carotid Pulse. If pulse, not breathing administers 1 breath every 3-5 sec.
C No pulse, provides 30 chest compressions to 2 ventilation
C After 1 minute, check status of pulse/breathing

C One Rescuer Infant CPR

C Establishes unresponsiveness
C Opens airway head-tilt / chin-lift or jaw thrust
C Assess breathing (look, listen, feel)
C Provides 2 ventilations (1-1.5 seconds), chest rise and fall between ventilations
C Assess Brachial Pulse, If pulse, not breathing, administers 1 breath every 3-5 sec.
C No pulse, performs chest compressions at 30:2 ratio, compressions to ventilations
C After 1 minute, assess patient status, pulse/breathing

C Infant Conscious/Unconscious Foreign Body Airway Obstruction

C Confirms airway obstruction, (severe breathing difficulty, not crying)
C Administers 5 back blows and 5 chest thrusts until cleared / infant is unconscious
C Perform tongue-jaw lift. Visualize airway. Performs finger sweep only if object is seen and removes object
C Open airway via head-tilt / chin-lift or jaw thrust.
C Attempt ventilation. If unsuccessful, reposition head and re-attempt ventilation.
C If obstructed, administer 5 back blows and 5 chest thrusts
C Repeat from tongue-jaw lift through chest thrusts until airway is cleared

C Bleeding

C Recognition of external/internal bleeding
C Appropriate Control of external bleeding
S – Direct Pressure
– Elevation
– Digital Pressure
C Management
S – Pneumatic Splinting Devices
S – Pressure Point
S Tourniquet (Last Resort)

C Shock (State of Hypoperfusion)

C Treatment of Shock
I Keep patient warm
I Lower extremity elevation 8-12”
C Control external bleeding
C Immediate transport

C Medical Direction / ALS/BLS Ambulance Notification Oral Report

C Recognition of need of required medical direction
C Recognition of need to inform responding ALS / BLS Ambulance
C Provides an oral “radio” report
I Provides a comprehensive patient report:
- Sign/Symptoms
- LOC
- Brief Patient History

C Emergency Care given
- ID Provider/Level

C Physical Exam Findings
- Response to care
- Sex
- Chief Complaint
- Age

C Vitals

IMMOBILIZATION

C Spinal Immobilization

C Place Patients head in neutral inline position
C Maintain manual immobilization until head is secure
I Reassess motor sensory, circulatory (PMS)
C Applies appropriately sized c-collar
C Positions immobilization device appropriately

C Seated

C Secures Device to Patient's Torso i.e. (My Baby Looks Hot Tonight)
C Evaluate Patient and Adjust Equipment as needed
I Evaluates and Pads as Necessary
C Secures Patients Head to Device, After Torso
C Moves and Secures Patients to Long Backboard
I Reassess PMS at each Extremity
C Assesses and Corrects Excessive Movement

C Supine

C Chooses appropriate spinal immobilization device.
C Directs Movement of Patient onto Device without comprising Integrity of the Spine.
I Evaluate and Pad as Necessary.
C Immobilizes Patients Torso to Device
C Immobilizes Patients Head to Device, After Torso
C Secures Legs to Device
I Secures Arms to Device
I Reassess PMS on each Extremity

C Extremities

C Manual Stabilization for Isolation Multi-System Injury
C Assesses Pulse Distal to Injury
I Motor/Sensation
C Selects and Sizes Appropriate Splinting Device
C Securely Applies Splinting Device

C Long Bone and Joint Injury

C Immobilizes joint above bone and below injury site
C Reassesses Pulse
I Motor/Sensation
I Hand and Foot Immobilized in Position of Function
C Prevents Excessive Movement of the Extremity

C Traction Splint

C Applies and Maintains Manual Traction, as Appropriate to Device
C Applies Security Device e.g., Proximal (Ischial) Distal (ankle)
C Applies and Maintains Mechanical Traction
C Positions/Secures Support Straps
C Re-evaluates Securing Devices
C Reassesses Pulse
I Motor/Sensation