

DEPARTMENT OF HEALTH

SUBJECT: Rules for Emergency Medical Services, 20 CAR pt. 81

DESCRIPTION: The proposed amendments are to comply with Acts 2025, Nos. 384 (Emergency Medical Services Personnel Licensure Interstate Compact) and 863 (abolishing the Emergency Medical Services Advisory Council and establishing the Emergency Medical Services Advisory Committee), and changes pursuant to recommendations for the Code of Arkansas Rules. The amendments also amend required equipment lists and incorporate the Accreditation Manual for training facilities into the Rules pursuant to recommendations for the Code of Arkansas Rules.

PUBLIC COMMENT: A public hearing was held on this rule on March 31, 2026. The public comment period expired on March 31, 2026. The agency provided the following comment summary:

Commenter's Name: Todd Birkhead, Paramedic/EMS Program Director, Arkansas Tech University – Ozark Campus

COMMENT: There is a discrepancy in the hour's requirement for EMS-instructors. On page 63, the requirement is 12 and on 65 it is 24.

RESPONSE: ADH has corrected the clerical error and changed the requirement on page 65 to 12.

A second public comment period was held solely regarding revising and adding the appendices. The second public comment period expired on June 16, 2026. The agency indicated that it received no comments during the second public comment period.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that this rule has no financial impact.

LEGAL AUTHORIZATION: The State Board of Health has authority to promulgate rules “which it deems necessary to carry out the provisions of” Title 20, Chapter 13, Subchapter 2 of the Arkansas Code, regarding the Emergency Medical Services Act, upon recommendation by the Emergency Medical Services Advisory Committee. Ark. Code Ann. § 20-13-208(a)(1). The Board may also promulgate “rules and standards defining or limiting the emergency medical procedures or services that may be rendered by licensed emergency medical services personnel[.]” Ark. Code Ann. § 20-13-208(b).

This rule implements Acts 384 and 863 of 2025.

Act 384, sponsored by Representative Lee Johnson, adopted the Emergency Medical Services Personnel Licensure Interstate Compact in Arkansas. The Act provided that the Department of Health “may adopt rules consistent with the compact that are necessary to implement” the compact. Act 384, § 1, *codified at* Ark. Code Ann. § 20-13-1902(b).

Act 863, also sponsored by Representative Johnson, abolished the Emergency Medical Services Advisory Council, created the Emergency Medical Services Advisory Committee, and transferred the powers and duties of the Emergency Medical Services Advisory Council to the Emergency Medical Services Advisory Committee and the State Board of Health.

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT Arkansas Department of Health
BOARD/COMMISSION Office of Preparedness and Emergency Response Systems
BOARD/COMMISSION DIRECTOR Christy Kresse, Emergency Medical Services Section Chief
CONTACT PERSON S. Craig Smith, Attorney
ADDRESS 4815 West Markham Street, Slot 31, Little Rock, AR 72205
PHONE NO. (501) 534-6293 EMAIL Stephan.Smith@arkansas.gov
NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING
S. Craig Smith; Christy Kresse
PRESENTER EMAIL(S) Stephan.Smith@arkansas.gov; Christine.Kresse@arkansas.gov

INSTRUCTIONS

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, miller-ricer@blr.arkansas.gov, for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, garritym@blr.arkansas.gov, for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

1. What is the official title of this rule?
Rules for Emergency Medical Services
2. What is the subject of the proposed rule? The purpose of these Rules is to provide a framework to enhance t
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes ☐ No ☒

If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes ☐ No ☐

4. Is this rule being filed for permanent promulgation? Yes ☒ No ☐

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes ☐ No ☒

If yes, what was the effective date of the emergency rule? _____

On what date does the emergency rule expire? _____

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes ☐ No ☒

If yes, please provide the federal statute, rule, and/or regulation citation.

6. Is this rule required to comply with a *state* statute or rule? Yes ☒ No ☐

If yes, please provide the state statute and/or rule citation.

[Ark. Code § 20-13-201, et seq.](#)

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes ☐ No ☒

If yes, please list the rules being repealed.

If no, please explain.

[The purpose of the proposed amendments are to amend required equipment lists and incorporate the Accreditation Manual for training facilities into the Rules pursuant to recommendations for the Code of Arkansas Rules.](#)

8. Is this a new rule? Yes ☐ No ☒

Does this repeal an existing rule? Yes ☐ No ☒

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes ☒ No ☐

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

[Ark. Code §20-13-208](#)

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?
Yes ☐ No ☒

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

[The purpose of the proposed amendments are to amend required equipment lists and incorporate the Accreditation Manual for training facilities into the Rules pursuant to recommendations for the Code of Arkansas Rules.](#)

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

<https://www.healthy.arkansas.gov/proposed-amendment-to-existing-rules>

13. Will a public hearing be held on this proposed rule? Yes ☐ No ☒

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

Please be sure to advise Bureau Staff if this information changes for any reason.

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. [06/16/2026](#) _____

15. What is the proposed effective date for this rule? [08/01/2026](#) _____

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

19. Is the rule expected to be controversial? Yes ☐ No ☒

If yes, please explain.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT Arkansas Department of Health

BOARD/COMMISSION Office of Preparedness and Emergency Response Systems

PERSON COMPLETING THIS STATEMENT S. Craig Smith, Attorney

TELEPHONE NO. (501) 534-6293 **EMAIL** Stephan.Smith@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE Rules for Emergency Medical Services

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes ☐ No ☒
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
Yes ☒ No ☐
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☒ No ☐

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:
 - (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total \$0.00 _____

Next Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total \$0.00 _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total \$0.00 _____

Next Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total \$0.00 _____

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

Current Fiscal Year

\$ 0.00 _____

Next Fiscal Year

\$ 0.00 _____

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ 0.00 _____

Next Fiscal Year

\$ 0.00 _____

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☐ No ☒

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.



FW: Notice of Public Comment

From Marci Yates <Marci.Yates@arkansas.gov>
Date Fri 5/15/2026 9:17 AM
To S.Craig Smith <Stephan.Smith@arkansas.gov>

Good morning, Craig,
Please see below
Thank you,
marci



Marci Yates
Budget Analyst
Office of Administration | ADH
e: Marci.Yates@arkansas.gov
t: 501-661-2471

CONFIDENTIALITY NOTICE:

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From: Legal Ads <legalads@arkansasonline.com>
Sent: Thursday, May 14, 2026 5:02 PM
To: Marci Yates <Marci.Yates@arkansas.gov>
Subject: Re: Notice of Public Comment

CAUTION: External Email

Scheduled for Sun 5/17, Mon 5/18, and Tues 5/19. Thanks.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette
legalads@arkansasonline.com

From: "Marci Middleton-Yates" <Marci.Yates@arkansas.gov>
To: "Legal Ads" <legalads@arkansasonline.com>
Sent: Wednesday, May 13, 2026 10:23:41 AM
Subject: Notice of Public Comment

Good morning,

Can you please run the attached in the paper for 3 consecutive days beginning May 17, 2026 – May 19, 2026?

Please send bill to:
Arkansas Dept. of Health
Attn: Marci Yates
4815 W. Markham, Slot 39
Little Rock, AR 72205

Will you please let me know this is approved and will run on the dates above?

Thank you,
Marci



Marci Yates
Budget Analyst
Office of Administration | ADH
e: Marci.Yates@arkansas.gov
t: 501-661-2471

CONFIDENTIALITY NOTICE:

This email and any attachments are the property of the State of Arkansas and may be confidential or legally privileged under applicable state and federal laws, including laws governing the disclosure of private information. They are intended solely for use by the designated recipient(s). If you are not the intended recipient, or have received this message in error, you are hereby notified that any review, use, retention, dissemination, distribution, copying, printing, or reliance on this communication is STRICTLY PROHIBITED and may be unlawful. The sender does not waive any applicable privilege by the transmission of this message. If you have received this communication in error, please notify the sender immediately by reply email and permanently delete all copies of this message and any attachments from your system. This email and any responses to it may be subject to disclosure under the Arkansas Freedom of Information Act, Ark. Code Ann. § 25-19-101 et seq.

Rules for Emergency Medical Services, 20 CAR Pt. 81

APPENDIX A

<u>Paramedic Equipment Requirements</u>	
Soft Supplies and Other Equipment	
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular Bandages OB Kit w/Blub Syringe Sterile Saline Betadine Shears Stethoscope Hemostat Scalpel Blood Pressure Cuffs Large Adult Adult Child Infant Alcohol Prep Pads	Band Aids Antiseptic Hand Cleaner Exam Gloves (various sizes) Emesis Basin/Bag Commercial Tourniquet Linens Tape Occlusive Dressing Thermometer Sharps Container Glucometer w/strips Time Critical Bands (Trauma/Stroke) Triage Tag/Tape Protocols Biohazard Bags N95 Respirator Pediatric Dosage Guide (Pedi-Wheel, Tape) Disinfectant Solution
Airway, Oxygen, and Suction	
Main O2 Portable O2 OPA set NPA set Lubricating Jelly Nasal Cannula – Adult Nasal Cannula – Pediatric NRB – Adult NRB – Pediatric NRB – Infant BVM – Adult BVM – Pediatric BVM – Infant Nebulizer Kit Suction – On-Board Suction – Portable Suction Tubing Rigid Suction Tip	Suction Catheters 8fr. or 10fr. 12fr. 14fr. or 18fr. Magill Forceps – Adult Magill Forceps – Pediatric ETCO2 Detector Cric Kit or 10/12ga Needle Laryngoscope Handle – Adult Laryngoscope Handle – Pediatric Laryngoscope Blades (1-4 or 0-3) ET Tubes 2.5mm – 7.5mm ET Tube Holder – Adult ET Tube Holder – Pediatric Stylette – Adult Stylette – Pediatric Secondary Advanced Airway – Adult Secondary Advanced Airway – Pediatric
Monitor	
Cardiac Monitor Cardiac Monitor Cables 4 Lead 12 Lead Defibrillator Pacer ECG Paper	Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric Electrodes – Adult Electrodes – Pediatric Pulse Oximetry – Adult Pulse Oximetry – Pediatric

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APPENDIX A

IV Supplies		
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge 10-, 12-, or 14-gauge catheter (3.25 inches in length) or a commercial chest decompression needle	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric	
Medications		
<u>**All medications must adhere to the current AHA ACLS Guidelines**</u>		
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic Aspirin IV Dextrose Pressor Epinephrine 1:10,000 Epinephrine 1:1,000 Crystalloid Solution	H1 Antagonist Inhaled Beta Agonist Magnesium Sulfate Narcotic Antagonist Nitroglycerin (Drip/Oral/Transdermal) Sodium Bicarbonate Narcotic Analgesic Benzodiazepine	
<u>**Additional controlled substances and medications may be allowed at the medical director's discretion**</u>		
Mechanical and Transport		
Fire Extinguishers Haz-Mat Reference Guide Reflective Safety Wear Flashlight KED Pediatric Restraint System Spine Board w/straps Window Punch	Traction Splint Various Adjustable Splints Elevating Stretcher Folding Stretcher, Scoop Stretcher, or Stair Chair Cervical Collars – Adult Cervical Collars – Pediatric	
Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
<u>Services must have all equipment and medications listed as a part of the service’s written protocols and must not exceed the EMSP’s scope of practice.</u>		

Rules for Emergency Medical Services, 20 CAR Pt. 81
APPENDIX A

<u>Advanced EMT Equipment Requirements</u>	
Soft Supplies and Other Equipment	
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular Bandages OB Kit w/Blub Syringe Sterile Saline Betadine Shears Stethoscope Hemostat Scalpel Blood Pressure Cuffs Large Adult Adult Child Infant Alcohol Prep Pads	Band Aids Antiseptic Hand Cleaner Exam Gloves (various sizes) Emesis Basin/Bag Commercial Tourniquet Linens Tape Occlusive Dressing Thermometer Sharps Container Glucometer w/strips Time Critical Bands (Trauma/Stroke) Triage Tag/Tape Protocols Biohazard Bags N95 Respirator Pediatric Dosage Guide (Pedi-Wheel, Tape) Disinfectant Solution
Airway, Oxygen, and Suction	
Main O2 Portable O2 OPA set NPA set Lubricating Jelly Nasal Cannula – Adult Nasal Cannula – Pediatric Suction – On-Board Suction – Portable Suction-Tubing Rigid Suction Tip Suction Catheters 8fr. or 10fr. 12fr. 14fr. or 18fr.	NRB – Adult NRB – Pediatric NRB – Infant BVM – Adult BVM – Pediatric BVM – Infant Nebulizer Kit Magill Forceps – Adult Magill Forceps – Pediatric Secondary Advanced Airway – Adult Secondary Advanced Airway – Pediatric
Monitor	
Cardiac Monitor Cardiac Monitor Cables 4 Lead Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric	Electrodes – Adult Electrodes – Pediatric Pulse Oximetry – Adult Pulse Oximetry – Pediatric

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IV Supplies		
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric	
Medications		
Aspirin IV Dextrose Epinephrine (Auto-Injector or 1:1,000) Narcotic Antagonist	Nitroglycerin Inhaled Beta Antagonist Crystalloid Solution	
<u>**Additional medications may be allowed at the medical director's discretion**</u>		
Mechanical and Transport		
Fire Extinguishers Haz-Mat Reference Guide Reflective Safety Wear Flashlight KED Pediatric Restraint System Spine Board w/straps Window Punch	Traction Splint Various Adjustable Splints Elevating Stretcher Folding Stretcher, Scoop Stretcher, or Stair Chair Cervical Collars – Adult Cervical Collars – Pediatric	
Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
<u>Services must have all equipment and medications listed as a part of the service’s written protocols and must not exceed the EMSP’s scope of practice.</u>		

Rules for Emergency Medical Services, 20 CAR Pt. 81
APPENDIX A

<u>EMT Equipment Requirements</u> <u>(EMT, EMT-Volunteer, and Special Purpose)</u>	
Soft Supplies and Other Equipment	
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular Bandages OB Kit w/Blub Syringe Sterile Saline Betadine Shears Stethoscope Hemostat Scalpel Blood Pressure Cuffs Large Adult Adult Child Infant	Alcohol Prep Pads Antiseptic Hand Cleaner Exam Gloves (various sizes) Emesis Basin/Bag Commercial Tourniquet Linens Tape Occlusive Dressing Thermometer Sharps Container Band aids Time Critical Bands (Trauma/Stroke) Triage Tag/Tape Protocols Biohazard Bags N95 Respirator Pediatric Dosage Guide (Pedi-Wheel, Tape) Disinfectant Solution
Airway, Oxygen, and Suction	
Main O2 Portable O2 OPA set NPA set Lubricating Jelly Nasal Cannula – Adult Nasal Cannula – Pediatric NRB – Adult NRB – Pediatric NRB – Infant BVM – Adult	BVM – Pediatric BVM – Infant Suction – On-Board Suction – Portable Suction-Tubing Rigid Suction Tip Suction Catheters 8fr. or 10fr. 12fr. 14fr. or 18fr.
Monitor	
AED	Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric
Mechanical and Transport	
Window Punch Fire Extinguishers Haz-Mat Reference Guide Flashlight Traction Splint Various Adjustable Splints Elevating Stretcher	Reflective Safety Wear KED Pediatric Restraint System Spine Board w/straps Folding Stretcher, Scoop Stretcher, or Stair Chair Cervical Collars – Adult Cervical Collars – Pediatric

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Optional Equipment and Medication		
CPAP Nebulizer Pulse Oximetry Pulse Oximetry Probes – Adult Pulse Oximetry Probes – Pediatric	Glucometer w/strips Narcotic Antagonist Aspirin Oral Glucose Epinephrine Auto Injector Inhaled Beta Antagonist	
Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
<u>Services must have all equipment and medications listed as a part of the service’s written protocols and must not exceed the EMSP’s scope of practice.</u>		

Rules for Emergency Medical Services, 20 CAR Pt. 81
APPENDIX A

<u>Advanced Response Equipment Requirements</u>	
Soft Supplies and Other Equipment	
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular Bandages OB Kit w/Blub Syringe Sterile Saline Betadine Shears Stethoscope Hemostat Scalpel Blood Pressure Cuffs Large Adult Adult Child Infant Alcohol Prep Pads	Band Aids Antiseptic Hand Cleaner Exam Gloves (various sizes) Emesis Basin/Bag Commercial Tourniquet Linens Tape Occlusive Dressing Thermometer Sharps Container Glucometer w/strips Time Critical Bands (Trauma/Stroke) Triage Tag/Tape Protocols Biohazard Bags N95 Respirator Pediatric Dosage Guide (Pedi-Wheel, Tape) Disinfectant Solution
Airway, Oxygen, and Suction	
Portable O2 OPA set NPA set Lubricating Jelly Nasal Cannula – Adult Nasal Cannula – Pediatric NRB – Adult NRB – Pediatric NRB – Infant BVM – Adult BVM – Pediatric BVM – Infant Nebulizer Kit Magill Forceps – Adult Magill Forceps – Pediatric ETCO2 Detector Cric Kit or 10/12ga Needle	Laryngoscope Handle – Adult Laryngoscope Handle – Pediatric Laryngoscope Blades (1-4 or 0-3) ET Tubes 2.5mm – 7.5mm ET Tube Holder – Adult ET Tube Holder – Pediatric Stylette – Adult Stylette – Pediatric Secondary Advanced Airway – Adult Secondary Advanced Airway – Pediatric Suction – Portable Suction-Tubing Rigid Suction Tip Suction Catheters 8fr. or 10fr. 12fr. 14fr. or 18fr.
Monitor	
Cardiac Monitor Cardiac Monitor Cables 4 Lead 12 Lead Defibrillator Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric	Electrodes – Adult Electrodes – Pediatric Pulse Oximetry – Adult Pulse Oximetry – Pediatric ECG Paper

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APPENDIX A

IV Supplies		
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge 10-, 12-, or 14-gauge catheter (3.25 inches in length) or a commercial chest decompression needle	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric	
Medications		
<u>**All medications must adhere to the current AHA ACLS Guidelines**</u>		
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic Aspirin IV Dextrose Pressor Epinephrine 1:10,000 Crystalloid Solution	Epinephrine 1:1,000 H1 Antagonist Inhaled Beta Agonist Magnesium Sulfate Narcotic Antagonist Nitroglycerin (Drip/Oral/Transdermal) Sodium Bicarbonate Narcotic Analgesic	
<u>**Additional controlled substances and medications may be allowed at the medical director's discretion**</u>		
Mechanical and Transport		
Fire Extinguisher Haz-Mat Reference Guide Reflective Safety Wear Flashlight KED Window Punch	Traction Splint Various Adjustable Splints Cervical Collars – Adult Cervical Collars – Pediatric	
Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
<u>Services must have all equipment and medications listed as a part of the service’s written protocols and must not exceed the EMSP’s scope of practice.</u>		

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APPENDIX A

<u>Air Ambulance - Rotor Wing Equipment Requirements</u>	
Soft Supplies and Other Equipment	
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular Bandages OB Kit w/Blub Syringe Sterile Saline Betadine Shears Stethoscope Hemostat Scalpel Blood Pressure Cuffs Large Adult Adult Child Infant Alcohol Prep Pads	Band Aids Antiseptic Hand Cleaner Exam Gloves (various sizes) Emesis Basin/Bag Commercial Tourniquet Linens Tape Occlusive Dressing Thermometer Sharps Container Glucometer w/strips Time Critical Bands (Trauma/Stroke) Triage Tag/Tape Protocols Biohazard Bags N95 Respirator Pediatric Dosage Guide (Pedi-Wheel, Tape) Disinfectant Solution Survival Kit
Airway, Oxygen, and Suction	
Main O2 Portable O2 OPA set NPA set Lubricating Jelly Nasal Cannula – Adult Nasal Cannula – Pediatric NRB – Adult NRB – Pediatric NRB – Infant BVM – Adult BVM – Pediatric BVM – Infant Nebulizer Kit Suction – On-Board Suction – Portable Suction Tubing Rigid Suction Tip	Suction Catheters 8fr. or 10fr. 12fr. 14fr. or 18fr. Magill Forceps – Adult Magill Forceps – Pediatric ETCO2 Detector Cric Kit or 10/12ga Needle Laryngoscope Handle – Adult Laryngoscope Handle – Pediatric Laryngoscope Blades (1-4 or 0-3) ET Tubes 2.5mm – 7.5mm ET Tube Holder – Adult ET Tube Holder – Pediatric Stylette – Adult Stylette – Pediatric Secondary Advanced Airway – Adult Secondary Advanced Airway – Pediatric
Monitor	
Cardiac Monitor Cardiac Monitor Cables 4 Lead 12 Lead Defibrillator Pacer ECG Paper	Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric Electrodes – Adult Electrodes – Pediatric Pulse Oximetry – Adult Pulse Oximetry – Pediatric

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IV Supplies		
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge 10-, 12-, or 14-gauge catheter (3.25 inches in length) or a commercial chest decompression needle	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric	
Medications		
<u>**All medications must adhere to the current AHA ACLS Guidelines**</u>		
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic Aspirin IV Dextrose Pressor Epinephrine 1:10,000 Epinephrine 1:1,000 Crystalloid Solution	H1 Antagonist Inhaled Beta Agonist Magnesium Sulfate Narcotic Antagonist Nitroglycerin (Drip/Oral/Transdermal) Sodium Bicarbonate Narcotic Analgesic Benzodiazepine	
<u>**Additional controlled substances and medications may be allowed at the medical director's discretion**</u>		
Mechanical and Transport		
Fire Extinguisher Haz-Mat Reference Guide Reflective Safety Wear Flashlight KED Window Punch Helmet	Pediatric Restraint System Traction Splint Various Adjustable Splints FAA Approved Stretcher Cervical Collars – Adult Cervical Collars – Pediatric	
Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
<u>Services must have all equipment and medications listed as a part of the service’s written protocols and must not exceed the EMSP’s scope of practice.</u>		

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APPENDIX A

<u>Air Ambulance - Fixed Wing Equipment Requirements</u>	
Soft Supplies and Other Equipment	
4X4 Pads ABD Pads Trauma Dressing Isolation Kits Roller Gauze Triangular Bandages OB Kit w/Blub Syringe Sterile Saline Betadine Shears Stethoscope Hemostat Scalpel Blood Pressure Cuffs Large Adult Adult Child Infant Alcohol Prep Pads	Band Aids Antiseptic Hand Cleaner Exam Gloves (various sizes) Emesis Basin/Bag Survival Kit Linens Tape Occlusive Dressing Thermometer Sharps Container Glucometer w/strips Time Critical Bands (Trauma/Stroke) Triage Tag/Tape Protocols Biohazard Bags N95 Respirator Pediatric Dosage Guide (Pedi-Wheel, Tape) Disinfectant Solution
Airway, Oxygen, and Suction	
Portable O2 OPA set NPA set Lubricating Jelly Nasal Cannula – Adult Nasal Cannula – Pediatric NRB – Adult NRB – Pediatric NRB – Infant BVM – Adult BVM – Pediatric BVM – Infant Nebulizer Kit Magill Forceps – Adult Magill Forceps – Pediatric ETCO2 Detector Cric Kit or 10/12ga Needle Laryngoscope Handle – Adult	Laryngoscope Handle – Pediatric Laryngoscope Blades (1-4 or 0-3) ET Tubes 2.5mm – 7.5mm ET Tube Holder – Adult ET Tube Holder – Pediatric Stylette – Adult Stylette – Pediatric Secondary Advanced Airway – Adult Secondary Advanced Airway – Pediatric Suction – Portable Suction Tubing Rigid Suction Tip Suction Catheters 8fr. or 10fr. 12fr. 14fr. or 18fr.
Monitor	
Cardiac Monitor Cardiac Monitor Cables 4 Lead 12 Lead Defibrillator Pulse Oximetry – Adult ECG Paper	Pacer Defibrillator Pads/Paddles – Adult Defibrillator Pads/Paddles – Pediatric Electrodes – Adult Electrodes – Pediatric Pulse Oximetry – Pediatric

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APPENDIX A

IV Supplies		
Micro Drip set Adjustable Drip set (this can replace micro and macro sets) IV Start sets/tourniquet IV Catheters 14-24 gauge Syringes 1cc-60cc Needles 18-25 gauge 10-, 12-, or 14-gauge catheter (3.25 inches in length) or a commercial chest decompression needle	Macro Drip set IO Access Device IO Needle – Adult IO Needle - Pediatric	
Medications		
<u>**All medications must adhere to the current AHA ACLS Guidelines**</u>		
Atropine Adenosine Antiarrhythmic (Bolus and Infusion) Antiemetic Aspirin IV Dextrose Pressor Crystalloid Solution Narcotic Analgesic	Epinephrine 1:10,000 Epinephrine 1:1,000 H1 Antagonist Inhaled Beta Agonist Magnesium Sulfate Narcotic Antagonist Nitroglycerin (Drip/Oral/Transdermal) Sodium Bicarbonate	
<u>**Additional controlled substances and medications may be allowed at the medical director's discretion**</u>		
Mechanical and Transport		
Fire Extinguisher Haz-Mat Reference Guide FAA Approved Stretcher	Reflective Safety Wear Flashlight	
Radio Frequencies		
Enroute to Scene: 155.235 MHz	At Scene: 155.280 MHz	Depart Scene: 155.340 MHz
<u>Services must have all equipment and medications listed as a part of the service’s written protocols and must not exceed the EMSP’s scope of practice.</u>		

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APPENDIX A

Field Triage Decision Scheme: The Arkansas Trauma Triage Protocol

National Guideline for the Field Triage of Injured Patients

Arkansas Trauma Triage

MAJOR CRITERIA

High Risk for Serious Injury

Injury Patterns	Mental Status & Vital Signs																				
- Penetrating injuries to head, neck, torso, and proximal extremities - Skull deformity, suspected skull fracture - Suspected spinal injury with new motor or sensory loss. - Chest wall instability, deformity, or suspected flail chest - Suspected pelvic fracture. - Suspected fracture of two or more proximal long bones - Crushed, degloved, mangled, or pulseless extremity. - Amputation proximal to wrist or ankle - Active bleeding requiring a tourniquet or wound packing with continuous pressure.	All Patients - Unable to follow commands (motor GCS < 6) - RR < 10 or > 29 breaths/min - Respiratory distress or need for respiratory support. - Room-air pulse oximetry < 90% Age 0–9 years - SBP < 70mm Hg + (2 x age in years) Age 10–64 years - SBP < 90 mmHg - HR > SBP (+ Shock Index) Age ≥ 65 years - SBP < 110 mmHg - HR > SBP (+ Shock Index) <table><tr><td>9 y/o</td><td>88</td></tr><tr><td>8 y/o</td><td>86</td></tr><tr><td>7 y/o</td><td>84</td></tr><tr><td>6 y/o</td><td>82</td></tr><tr><td>5 y/o</td><td>80</td></tr><tr><td>4 y/o</td><td>78</td></tr><tr><td>3 y/o</td><td>76</td></tr><tr><td>2 y/o</td><td>74</td></tr><tr><td>1 y/o</td><td>72</td></tr><tr><td><1</td><td>70</td></tr></table>	9 y/o	88	8 y/o	86	7 y/o	84	6 y/o	82	5 y/o	80	4 y/o	78	3 y/o	76	2 y/o	74	1 y/o	72	<1	70
9 y/o	88																				
8 y/o	86																				
7 y/o	84																				
6 y/o	82																				
5 y/o	80																				
4 y/o	78																				
3 y/o	76																				
2 y/o	74																				
1 y/o	72																				
<1	70																				

Patients meeting any one of the above MAJOR / RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system.

MODERATE CRITERIA

Moderate Risk for Serious Injury

Mechanism of Injury	EMS Judgment
- High-Risk Auto Crash - Partial or complete ejection - Significant intrusion (including roof) >12 inches occupant site OR >18 inches any site OR - Need for extrication for entrapped patient. - Death in passenger compartment - Child (age 0–9 years) unrestrained or in unsecured child safety seat - Rider separated from transport vehicle with significant impact (e.g., motorcycle, ATV, horse, etc.) - Pedestrian/bicycle rider thrown, run over, or with significant impact. - Fall from height > 10 feet (all ages)	Consider risk factors, including: Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact or high velocity or high impact event. - Anticoagulant / antiplatelet use - Suspicion of child abuse - Special, high-resource healthcare needs - Pregnancy > 20 weeks - Burns in conjunction with trauma. - Children should be triaged preferentially to pediatric capable centers. If concerned, take to a designated trauma center.

Patients meeting any one of the MODERATE / YELLOW CRITERIA WHO DO NOT MEET MAJOR / RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center) (v3: September 1, 2023)



Department of Health
Emergency Medical Services Accreditation Manual

EMR

EMT

AEMT

PARAMEDIC

COMMUNITY PARAMEDIC

HEALTHCARE PROVIDER EMT BRIDGE COURSE

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DEFINITIONS

AR EMASC: Arkansas Emergency Medical Services Advisory Committee

CAAHEP: Commission on Accreditation of Allied Health Education Programs

CoAEMSP: Committee on Accreditation for the EMS Professions

Department: Arkansas Department of Health.

EMSP: Emergency Medical Services Provider

EMSP-Instructor: Emergency Medical Services Provider Instructor: A person who has been
licensed to teach Emergency Medical Services Provider courses after completing
a Department approved EMSP – Instructor course and completion of all the
instructor requirements.

NHTSA: National Highway Traffic and Safety Administration

NREMT: National Registry of Emergency Medical Technicians

Training Site: A business accredited by the Department to conduct EMSP provider classes

SECTION I. COURSE APPROVAL AND REQUIRED PAPERWORK

- A. An accredited training site must sponsor all courses. A request to conduct a course must be submitted to the Department at least ten (10) days before the course start date. This is done through the state ImageTrend system for authorized users only.
- ImageTrend Portal:
- <https://aremslicense.adh.arkansas.gov/lms/public/portal#/login>
- B. The course will be an “Initial Course”. Enter all pertinent instructor(s) attached to the course into ImageTrend. You must upload a course schedule and syllabus to ImageTrend.
- C. You should not begin a course without approval from the Department of Health. (Initiating a course approval on the ImageTrend website is not the same as a course approval.)
- D. All paperwork and materials must be submitted promptly per the Department’s requirements.

SECTION II. EDUCATIONAL, CLINICAL, AND INTERNSHIP REQUIREMENTS

- A. Educational Facilities
1. Appropriate facility as defined by the educational institution, so long as they comfortably meet or exceed the program's 2021 NHTSA EMS Educational Standards. Classes shall be instructed in a controlled environment. It should be conducive for learning with sufficient space for the class size.
 2. Equipment/Supplies- Must meet the current equipment list required by the Department. Adequate instructional support material and equipment must also be available: audio, visual, and kinematic aids, copiers, computers, etc.
- B. Training Site Representative
1. The Training Site shall designate a representative responsible for the educational program and who contributes sufficient time to ensure the program's success.
 2. The Representative shall be responsible for the organization, administration, periodic review, and the continued development and effectiveness of the educational program.
- C. Instructional Faculty
1. Each EMS course shall be taught by an EMS provider who is licensed at the level of the course being taught and licensed by the Department as an EMSP-Instructor (can include a physician, or by a person who is knowledgeable in the subject matter being instructed).
 2. Arkansas requires instructors teaching EMS courses that result in licensure to be licensed. To become an EMSP Instructor, providers must adhere to the requirements outlined in the Arkansas Board of Health's Rules for Emergency Medical Services.

D. Medical Director

1. Programs that result in licensure shall have an appointed medical director to provide medical oversight for all medical aspects of instruction.
2. The Medical Director must be credentialed according to the Arkansas Board of Health EMS Rules, approved by the Arkansas Department of Health, and on record as such.

E. Clinical Observation and Instruction Sites

1. Clinical affiliations

- a. Written affiliation agreements shall be established and confirmed between institutions and agencies that provide clinical experience under appropriate medical direction and clinical supervision that allows students to observe the delivery of emergency medical care in a licensed Emergency Department or appropriate, approved healthcare facility.

2. Identification

- a. Students and preceptors shall be identified by name, student status, credentials, or both during clinical and field internship using nameplate, uniform, or any other apparent means to distinguish them from other personnel.

3. Clinical Rotation

- a. Students should have access to patients who present common problems encountered in the delivery of emergency care. This should be integrated with an adequate number of patients appropriately distributed by sex and age.
- b. Students shall be assigned to clinical settings where experiences are educationally sufficient and adequate to achieve the program's objectives.
- c. Students will be trained within the hospital or medical facility by qualified personnel under guidelines and requirements stated in the 2021 NHTSA EMS Education Standards and approved by the facility's governing body during clinical training phases.

4. Clinical Requirement

- a. EMT students must document a minimum of twenty-four (24) hours of clinical experience.
- b. AEMT and Paramedic level students will follow CoAEMSP guidelines.

5. Recordkeeping

- a. Records of all students' clinical experiences and time logs will be maintained for no less than five (5) years. This will include a variety of illnesses and injuries the student has encountered and/or participated in during this phase of their education.

F. Field Internship

1. Internship is required for EMT, AEMT, and Paramedic level education. Students shall have access to patients who present common problems encountered in the delivery of emergency care, and the appropriate distribution by age, gender, etc.
2. Internship must be done with an Arkansas-licensed ambulance service.
3. Written affiliation agreements should be established, allowing students to ride third on a permitted ambulance for field internship experience. The affiliation agreements shall be kept on file for no less than five (5) years.
4. The student must be allowed to participate in patient care, document patient contact under the supervision of an EMSP at the same licensure level or above, and ride supervised in the patient compartment during transport.
5. Internship Requirements
 - a. EMT level students must complete a minimum of five (5) EMS calls.
 - b. Records of all students' Field Internship experiences and time logs will be maintained for no less than five (5) years

SECTION III. GENERAL EDUCATIONAL STANDARDS FOR ALL LEVELS

- A. Course material can be delivered in multiple formats, including but not limited to:
1. Independent student preparation
 2. Synchronous/asynchronous distributive education
 3. Face-to-face instructions
 4. Pre or co-requisites

- B. Curriculum must meet or exceed the 2021 NHTSA EMS Education Standards. The following integrated phases (1 & 2 for EMR and all 4 for EMT) of education are required:
1. Didactic
 2. Laboratory skills and assessments (It is recommended that no more than six (6) students be utilized by one lab instructor for lab instruction.)
 3. Clinical Instruction and Observation. The Arkansas Department of Health must approve clinical instruction outside a licensed medical facility. This documentation must be kept on file. If emergency department clinical placements are not readily available due to site limitations or scheduling conflicts, the Department may make exceptions to doing emergency department time.
 4. Field internship
- C. The curriculum shall be organized to provide the student with knowledge of the acute, critical changes in physiology, psychological, and clinical symptoms of injury and illness as they pertain to pre-hospital emergency medical care. In addition, students should also understand the ethical and legal responsibilities they assume as students and that they will accept as graduates.
- D. The program shall maintain a portfolio to remain on file for a minimum of five (5) years for each student. Documentation kept in the file should include:
1. Proof of student competency in all skills outlined in the 2019 NHSTA National Scope of Practice.
 2. Student competency examinations
 3. Scenario-based psychomotor examinations
 4. Completed and signed clinical forms
 5. Completed and signed field internship forms
 6. Full curriculum outline, including contact hours, minimum patient contact, student portfolio of skill competency, etc.
 7. Textbooks and other references required for students
 8. An organizational chart for the training program and sponsoring institution(s). The chain of command and responsibilities should be identified.
 9. Program policies and procedures, including student grievances and policies on pass/fail.
 10. Documentation showing students have performed knowledge, skill, and professional behavior evaluation based on educational standards and program objectives.

E. It is recommended that students observe a clinical setting for a period sufficient to gain an appreciation for the continuum of care. The purpose is to provide a variety of medical settings to be used if budgets and resources are available. These may be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc., or on standardized patients if unavailable clinical settings. Using live or simulated patients, students must demonstrate the assessments and skills.

F. Site Reaccreditation

1. The following shall be made available upon request or at a minimum at your site reaccreditation site visit:
 - a. Full curriculum outline, including contact hours, minimum patient contact, student portfolio of skill competency, etc.
 - b. Textbooks and other references required for students.
 - c. An organizational chart for the training program and sponsoring institution(s). The chain of command and responsibilities should be identified.
 - d. Program policies and procedures, including student grievances and policies on pass/fail.
 - e. Documentation showing performed knowledge, skill, and professional behavior evaluation based on educational standards and course objectives.
 - f. Provide several methods of assessing achievement.
 - g. Provide an assessment that measures, at a minimum, entry-level competency in all domains.

SECTION IV. COURSE INFORMATION & EDUCATIONAL INFRASTRUCTURE

A. EMR

1. Students must have a high school diploma or equivalency before the start of the course or may be currently enrolled as a high school student in good standing.
2. To become Arkansas state licensed at the EMR level, a student must meet all department requirements. Upon completing the Department's requirements, students under 18 can take the National Registry Assessment exam.
3. The minimum course length will be forty-eight (48) clock hours, and it will be based on competency. The estimated time for EMR level courses is approximately 48 -72 clock hours.

B. EMT

1. Students must have a high school diploma or equivalency before the start of the course or may be currently enrolled as a high school student in good standing.
2. To become Arkansas state licensed at the EMT level, a student must meet all department requirements. Upon completing the Department's requirements, students under 18 can take the National Registry Assessment exam.
3. The minimum course length will be one hundred fifty (150) clock hours, and it will be based on competency. The estimated time for EMT-level courses is approximately 150 - 190 clock hours.
4. It is required that students shall observe a clinical setting for a minimum of 24 hours.
 - a. Students must perform ten (10) patient assessments. These can be performed in an emergency department, ambulance, clinic, nursing home, doctor's office, etc., or on standardized patients if unavailable clinical settings.

C. Advanced EMT

1. Students must hold a current EMT license for the state of Arkansas before beginning the course and must maintain it throughout the program.
2. Course length shall be followed as outlined in the 2021 NHTSA National EMS standards.
3. Documentation of minimum Patient Contacts:

Pediatric (Birth to 18y/o) 5 minimum

Adult (19-65 y/o) 30 minimum

Geriatric (65 y/o and older) 15 minimum

Total 50 minimum

D. Healthcare Provider EMT Bridge Course

1. Students must:
 - a. Current licensure or registry in good standing that under normal circumstances requires a minimum of two (2) years of education/training (ex., Registered Respiratory Therapist, Registered Nurse- other healthcare providers may be considered if approved by the Department).
 - b. Two (2) years of critical care experience (Emergency Department, Intensive Care Unit, Flight Nurse, etc.). Other specialties may be considered if the Department approves.

- c. Current Basic Life Support (BLS) training following the American Heart Association guidelines as approved by the Department.
- d. Advanced Cardiac Life Support certification.

2. Preferred Requirements

- a. Pediatric Advanced Life Support or equivalent certification.
- b. Prehospital Trauma Life Support
- c. International Trauma Life Support
- d. Advanced Medical Life Support.

3. All courses must meet the minimum required 110 hours.

4. Course material can be delivered in multiple formats, including but not limited to:

- a. Independent student preparation
- b. Synchronous/asynchronous
- c. Distributive education
- d. Face-to-face instruction
- e. Pre or co-required

5. 2021 NHTSA Emergency Medical Services Education Standards must be adhered to when didactic learning is required for specific core topics. A validation test must be given for topics learned in other training. (See Appendix A)

6. The following integrated phases of education are required:

<u>Didactic:</u>	<u>94 hours</u>
<u>Clinical:</u>	<u>8 hours</u>
<u>Field Internship:</u>	<u>8 hours and at minimum three (3) transports or patient encounters</u>

7. Clinical Emergency Room hours may be documented while on duty. Clinical hours may be waived with an employment verification letter of at a minimum of three hundred twenty (320) hours worked in a critical care setting within six (6) months of the start of the course and signed by the student's supervisor. (See Appendix B)

8. Field Internship may be waived if the student is a current healthcare provider on an active flight status or critical care ground transport provider in another state with an employee verification letter of at least three hundred twenty (320) worked as a healthcare provider within six (6) months of the start of course and signed by the student's supervisor. If the Field Internship is not waived. The student shall meet the Field Internship requirements as outlined above. (See Appendix C)

E. Paramedic

1. Before beginning the course, students must hold a current EMT or Advanced EMT license for the state of Arkansas.
2. Must follow the current CoAEMSP guidelines and interpretations.
3. Upon site visit, the program must show competencies in course completion and psychomotor skills, with valid out-of-hospital examinations, at least two of which include trauma and medical.
4. A current letter from CAAHEP of accreditation status.

F. Community Paramedic

1. Students must:
 - a. Hold a current Arkansas paramedic license
 - b. Department approved CPR certification
 - c. Department approved ACLS certification
 - d. Be actively employed by a licensed paramedic service.
2. Potential licensees shall submit a letter from a licensed paramedic service indicating a minimum of one thousand (1,000) hours worked per year for two (2) years and confirming that the service actively employs them.
3. All courses must meet the minimum required 160 didactic clinical hours.
4. Community paramedic evaluations, clinicals, and field internships will follow the Department's approved community paramedic curriculum, as outlined in the Arkansas Board of Health's Rules for Emergency Medical Services.

SECTION V. SPONSORSHIP

A. The sponsoring institution of an **EMT or AEMT** program may be:

1. An accredited postsecondary educational institution such as a vocational technical school, technical college, community college, or university.
2. An advanced life support (ALS) licensed ambulance service with an Arkansas Department of Higher Education Private Career Education license approved by the Department of Health.

- a. The institution must be affiliated with an accredited medical center or hospital with the appropriate facilities and patient census to provide adequate clinical experiences for students. This must include a licensed emergency department interacting with pre-hospital patient care providers. (Affiliation Agreement required)
- b. Conversely, the sponsoring institution may be a hospital or medical center affiliated with an accredited postsecondary school, as defined above.

3. Offsite Courses

The following sections pertain to training at the EMR, EMT, or Advanced EMT licensure level:

- a. All instructor requirements remain the same.
- b. The facility where the class is held shall be approved by the sponsoring institution and the Department.
- c. Off-site courses can be sponsored only in areas where a need exists. Any off-site course will be inspected each time unless an agreement is filed between the off-site location and the sponsoring institution.
- d. Written documentation should verify one of the following concerning equipment:
 - (i) All equipment needed for the course is available for student use at the course location without removing any equipment from a licensed ambulance. The Department can inspect the course site at any time during the course.

-OR-

- (ii) The training site sponsor provides all equipment for all off-site courses. However, due to loading/transport/use time, that set of equipment cannot be considered available for any other courses unless a specific policy requires the return of the equipment within a certain period.

-OR-

- (iii) The training site and the location of the course may provide the equipment used for the course as a combined effort. Such an agreement must be signed before submitting the course request form and must be submitted with it.

4. Multiple Courses

- a. Any training site may offer concurrent courses, provided the following criteria have been met.
 - (i) Adequate equipment and instructors must be available for each course to ensure that each student has appropriate access to each needed item.
 - (ii) In the case of concurrent courses, a training site must demonstrate that no conflict in equipment availability exists for each student.

SECTION VI. ACCREDITATION SELF-STUDY

- A. The Self-Study Assessment allows each basic and/or advanced education program to assess its objectives and degree of compliance with program standards outlined in the Arkansas EMS Rules and Arkansas Basic Accreditation Standards.
- B. Except for Paramedic level Training sites, accredited by the Commission on Accreditation of Educational Programs for the Emergency Medical Services (CoAEMSP), each education program is expected to complete the Self-Study Assessment document accurately and thoroughly every five (5) years (Appendix D). Once the Department reviews the self-study and the site team members assigned to your agency, a site visit date will be set.
- C. Programs teaching EMR, EMT, and Advanced EMT must become state EMS-accredited to teach these courses for National Registry Certification. A self-study must be submitted for approval to teach at any level.
- D. If a school elects to become CoAEMSP-accredited to teach Advanced EMT, it will fall under the same guidelines as the Paramedic, using the CoAEMSP guidelines for its accreditation. It must submit its credentials from CoAEMSP to the Arkansas Department of Health.
- E. Paramedic Training Sites will need all necessary paperwork during the State Site team's visit but will not have to do a self-study for the state.
- F. A portfolio of the current and last class taught will be submitted with your self-study for review.

SECTION VII. MAINTAINING ACCREDITATION

- A. Training Sites will be accredited for five (5) years.
- B. Training Sites must maintain a minimum pass rate of 70% for each student on the NREMT Board exam. This is calculated using a three-year average of the program's third (3rd) time pass rates. (Out-of-state programs with multiple training sites – only Arkansas students will be assessed on the 70% pass rate.)

- C. Programs with annual or three-year combined pass rates for students falling below a 70% pass rate must submit an action plan to the Department. This report must include the information in Appendix D. Annual pass rates for each training site may be published by the Department on their website, allowing students to view program results.
- D. For three-year averages below 70%, the Education Committee and Department must approve your action plan to improve the pass rates before any further courses can be approved.
- E. If, after one year of your next course, the pass rate remains below the three-year average of a 70% pass rate, your training site will be suspended for one year, and you will not be able to teach courses under the specific level for which you are on probation. For example, if your EMT pass rate falls below the 70% average, but Advanced EMT and Paramedic remain above the 70% average, then only the EMT level of your training site would be suspended for one year.
- F. Site Visits will occur every five years. During the site visit, the training site paperwork/portfolio will be reviewed for all courses conducted during the past three years.
- G. Significant deficiencies, as determined by the Department in paperwork, will result in suspending the training site for one year. The Education Committee will vote on this action at its next meeting and send it to the AR EMSAC for final approval. The Department official conducting the site visit must also agree with this action.
- H. Retention/Attrition: Courses must maintain a three-year average of 70% of the students enrolled in the program. If the attrition rate exceeds 30%, a remediation plan must be submitted to the Department.

SECTION VIII. REQUIRED ACCREDITATION PAPERWORK

- A. All pertinent paperwork must be kept on file, either electronically or in hard copy, for each student for five (5) years. The site visit team will review this paperwork upon your renewal process.
- B. Paperwork on file must include:
 - 1. Affiliation Agreements with EMS agencies and healthcare facilities where clinical or field internship rotations are performed.
 - 2. End of Course paperwork shall include:
 - a. Summative practical exams, which must include:
 - (i) Medical and trauma patient practical exam.
 - (ii) Exams during the course, including the required areas listed in this manual.

3. All quizzes and exams given to students during the course.
4. All scenario/skills testing documentation.
5. Attendance records
6. Documentation of student disciplinary actions or issues with students, to include any grievances
7. Clinical paperwork for each student documenting hospital experiences.
 - a. This paperwork shall include, but not be limited to, encounter forms and student preceptor evaluations.
8. Field internship paperwork for each student, documenting their EMS ride time.
 - b. This paperwork shall include, but not be limited to, preceptor evaluations of the student.

SECTION IX. SITE VISITS

- A. The site visit team shall include one or more Department personnel. The Department may elect to add a Program Director from a different geographical area as an advisor.
- B. Visits will be conducted on the scheduled day. Training Sites should plan for 8 hours per visit.
- C. The assigned site team will review the self-study before the visit.
- D. Deficiencies found in the self-study portfolio will be sent to the training site for further clarification and/or remediation before the visit.
- E. Findings:
 1. The site team will review any deficiencies with the training site, but this review is unofficial. The Arkansas Department of Health will prepare and send the official report to the training site within two (2) weeks after the site visit.
 2. Department representative(s) will review the training site's response and make additional recommendations, including their recommendations and the training site's response to the site visit report of deficiencies.
 3. The site team's response, the training site's response, and any other recommendations will be sent to the entire Education Committee and the Department for review and action.
 4. Depending on the egregiousness of the deficiencies in paperwork and/or documentation, it may result in:

(a) Remediation/mentoring with other training site directors.

(b) Probation for one year.

(c) Probation for two years.

(d) Suspension of the training site for one year.

(e) Suspension of the training site for two years.

(f) Revocation of training site license.

5. The Education Committee will vote on and/or amend any action at its next scheduled meeting, or a meeting called for that purpose, and send it to the AR EMSAC for final approval. The Department official conducting the site visit must also agree with this action and have final input on the outcome.

SECTION X. APPEALS

- A. The training site will have two (2) weeks after receiving the official report to send in an appeal of the findings and any formal documentation to the Department.
- B. The following individuals will conduct appeals made due to findings during a site visit:
1. The site team that did the site visit.
 2. Two additional members of the Education Committee.
 - (a) One member from the training site will be present who is appealing.
 - (b) One member appointed by the Chair of the Education Committee.
 - (c) Two (2) Department members assigned by the Section Chief of EMS.
- C. The appeal must include all required information and paperwork as outlined in Appendix H.
-

APPENDIX A – HEALTHCARE PROVIDER BRIDGE COURSE REQUIREMENTS

NOTE: This section outlines the core requirements that must be taught and which requirements a student can take a validation test of previous knowledge gained from other classes/courses. Instructors may teach whatever portions are necessary for the student's success beyond the core requirements.

<u>Emergency Medical Service Systems, Research, & Public Health</u>	<u>Teach</u>
<u>Workforce Safety & Wellness of the EMT</u>	<u>Teach</u>
<u>Medical, Legal, & Ethical Issues</u>	<u>Teach</u>
<u>Documentation</u>	<u>Teach</u>
<u>Communication</u>	<u>Teach</u>
<u>Lifting & Moving Patients</u>	<u>Teach</u>
<u>Scene Size-Up</u>	<u>Teach</u>
<u>Patient Assessment</u>	<u>Teach</u>
<u>Ambulance Operations & Air Medical Response</u>	<u>Teach</u>
<u>Gaining Access & Patient Extrication</u>	<u>Teach</u>
<u>Hazardous Materials</u>	<u>Teach</u>
<u>Multiple-Casualty Incidents & Incident Management</u>	<u>Teach</u>
<u>EMS Response to Terrorist Incidents & High Threat & Active Shooter Incidents</u>	<u>Teach</u>
<u>Vital Signs, Monitoring Devices, & History Taking</u> ** Must teach SAMPLE & OPQRST either in didactic or skills	<u>Validation Test</u>
<u>Anatomy, Physiology, & Medical Terminology</u>	<u>Validation Test</u>
<u>Pathophysiology</u>	<u>Validation Test</u>
<u>Life Span Development</u>	<u>Validation Test</u>
<u>Airway Management, Respiration, Ventilation, & Oxygenation</u>	<u>Validation Test</u>
<u>General Pharmacology & Medication Administration</u>	<u>Validation Test</u>
<u>Shock & Resuscitation</u>	<u>Validation Test</u>
<u>Respiratory Emergencies</u>	<u>Validation Test</u>
<u>Cardiovascular Emergencies</u>	<u>Validation Test</u>
<u>Altered Mental Status, Stroke, & Headache</u>	<u>Validation Test</u>
<u>Seizures & Syncope</u>	<u>Validation Test</u>
<u>Acute Diabetic Emergencies</u>	<u>Validation Test</u>
<u>Allergic & Anaphylactic Reactions</u>	<u>Validation Test</u>
<u>Toxicologic Emergencies & Infectious Diseases</u>	<u>Validation Test</u>
<u>Abdominal, Hematologic, Gynecologic, Genitourinary, & Renal Emergencies</u>	<u>Validation Test</u>
<u>Environmental Emergencies</u>	<u>Validation Test</u>
<u>Submersion Incidents: Drowning & Diving Emergencies</u>	<u>Validation Test</u>
<u>Vulnerable Populations: Psychiatric Emergencies & Psychosocial Issues</u>	<u>Validation Test</u>
<u>Trauma Overview: The Trauma Patient & the Trauma System</u>	<u>Validation Test</u>
<u>Bleeding & Soft Tissue Trauma</u>	<u>Validation Test</u>
<u>Burns</u>	<u>Validation Test</u>
<u>Musculoskeletal Trauma & Nontraumatic Fractures</u>	<u>Validation Test</u>
<u>Head Trauma</u>	<u>Validation Test</u>
<u>Spinal Injury & Spine Motion Restriction</u>	<u>Validation Test</u>
<u>Eye, Face, & Neck Trauma</u>	<u>Validation Test</u>
<u>Chest Trauma</u>	<u>Validation Test</u>
<u>Abdominal & Genitourinary Trauma</u>	<u>Validation Test</u>
<u>Multisystem Trauma & Trauma in Special Patient Populations</u>	<u>Validation Test</u>
<u>Obstetrics & Neonatal Care</u>	<u>Validation Test</u>
<u>Patients with Special Challenges</u>	<u>Validation Test</u>
<u>The Combat Veteran</u>	<u>Validation Test</u>

APPENDIX B – HEALTHCARE PROVIDER EMT BRIDGE COURSE

(EMPLOYMENT VERIFICATION LETTER SAMPLE)

Certification of Clinical Time

By signing below, I certify that _____ (student) has worked
approximately _____ hours (minimum of 80 hours) as a Registered (RN) Nurse or
Respiratory Therapist (RT) or other licensed healthcare provider
(Please Specify: _____)
in the last 6 - 8 months, in the _____ (department - i.e. Emergency,
ICU/CCU, Transport) at _____ (hospital or service
name).

Student Signature Date

Supervisor/Director Signature Date

Supervisor/Director Title

Facility or Service Name

E-Mail Address

Telephone Number

APPENDIX C – HEALTHCARE PROVIDER EMT BRIDGE COURSE
(CERTIFICATION OF AMBULANCE RIDE TIME FORM SAMPLE)

Certification of Ambulance Time

By signing below, I certify that _____ (*student*), has transport by
either air or ground approximately _____ patient calls as a Registered (RN) Nurse or
Respiratory Therapist (RT) or other licensed healthcare provider
(Please Specify: _____) in the last 6 - 8 months, with an Arkansas
licensed ambulance service, _____ (*hospital or service*
name).

Student Signature _____ Date

Supervisor/Director Signature _____ Date

Supervisor/Director Title

Facility or Service Name

E-Mail Address

Telephone Number

APPENDIX D



Arkansas Department of Health Emergency Medical Services

Site Inspection Self-Study

Application for EMT and/or Advanced EMT Accreditation

Application Date: _____

_____ ☐ Initial Accreditation – EMT Program

_____ ☐ Reaccreditation – EMT Program

_____ ☐ Initial Accreditation – Advanced EMT Program

_____ ☐ Reaccreditation – Advanced EMT Program

Institutional Data

Official Name of Institution: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Website Address: _____

Physical Address (if different from above): _____

City: _____ State: _____ Zip: _____

On-site Administrator's Contact (this individual will receive all related correspondence from the Department):

E-mail Address: _____

Name & Title of Program Director: _____

Name & Title of Medical Director: _____

Program Credentials (check all that apply):

**** For post-secondary institutions only**

☐ Certificate ☐ Diploma

☐ Associate's degree ☐ Bachelor's Degree

☐ Other: _____

Alternative Site Information

☐ Yes ☐ No Does the institution intend to operate this program at any other locations other than the one specified above?

If yes, list address, phone number, and administrator (if applicable) of each location (attach a separate sheet, if necessary).

Address of Additional Site: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Name & Title of On-site Administrator: _____

What is the relationship of this site to the one listed above of this application?

Personnel (list each person in only one category)

Number of administrative staff: _____ FT _____ PT _____

Number of faculty members for this program: _____ FT _____ PT _____

Students

Anticipated Number of regularly enrolled students: _____ FT _____ PT _____ Total _____

Signatures

Program Director _____ Date _____

Medical Director _____ Date _____

Accreditation Self-Study Assessment

Self-Study Assessment

The Self-Study Assessment document provides each basic and/or advanced education program with an opportunity to assess its objectives and degree of compliance with the program standards outlined in the Arkansas EMS Rules and Regulations and Arkansas Basic Accreditation standards. This comprehensive evaluation should clearly identify the program's strengths and limitations.

Each education program must complete the Self-Study Assessment document accurately and thoroughly.

Completing the Self-Study Assessment document should involve the entire program staff. This includes, but is not limited to, the program medical director, administrator/coordinator, administrative staff, faculty, EMT/Advanced EMT students, and others in the health care delivery system involved in the educational program.

The Department will review the Self-Study Assessment document and attachments. If the program is in compliance with the standards, a site visit will be scheduled.

-

-

EMT/Advanced EMT Initial and Re-accreditation Self-Study Assessment

1. Begin with an overview of basic and/or advanced education programs. Please include a brief statement regarding the development of the program, target students, and communities of interest served by the providers. Also addressed should be any special considerations impacting program delivery, such as financial constraints, availability of clinical facilities, etc. This portion should not exceed two (2) pages in length.
2. Identify agencies/institutions responsible for overseeing the education program.
3. Each program shall have a written statement of its goals, consistent with the sponsoring agency/institution's mission statement and the community's needs. The goals shall serve as a guide for developing, implementing, and evaluating the educational program. The self-study assessment document should include a copy of the program's objectives.
4. The program shall have defined educational goals and competencies. These goals shall be clearly stated, measurable, and attainable. They should serve as the foundation for developing, implementing, and evaluating the educational program, and shall identify the expected competencies of students at completion of the program.
5. Education is delivered using a variety of schedules to best meet the needs of the student population served and the agency/institution—a copy of the course syllabus for each different program/class, e.g., EMT and Adv. EMT should be attached to the self-assessment study document.
6. Resource availability is a crucial part of any education program. These resources include administrative personnel, financial support, faculty/staff, teaching facilities, and available clinical and field experiences. Medical guidance is an essential component of the program. Do you feel these items are present in your program? Please explain your response.
7. Has this institution received a departmental inspection in the past two years? If so, please report the date and time.

Please include the following information/attachments for the program's resources.

1. Organization of Personnel
 - a. Attach a copy of the organizational chart showing the relationship among students, faculty, medical director, program coordinator, and other personnel for each course (which shall demonstrate the program's relationship and its staff to the sponsoring agency/organization). The lines of authority, responsibility, and communication should be indicated.
 - b. A list of all program job titles- full-time, part-time, and volunteer- should be submitted. Please include a description of each position and the name of the person(s) fulfilling those positions. Include a resume for all full-time faculty.
2. Medical Director

Each program should have a Medical Director overseeing educational content and field internship experiences. The medical director will ensure that the information's content and quality meet program standards.

- a. Attach the medical director's job description, duties, responsibilities, and resume to the education program.
- b. Include a copy of the medical director and program agreement letter.

3. Program Director

Each basic and/or advanced education program should have a program director to manage the overall aspects of the educational program.

- a. The program director ensures the program's success. This individual is responsible for the program's organization, administration, evaluation, continued development, and effectiveness. Additionally, this is the only person who can announce program courses to the Department.
- b. Attach a copy of the program director's curriculum vitae, substantiating that the individual is certified as an EMT Instructor, ALS Coordinator, or EMS Education Coordinator. The program director should have experience instructing and evaluating EMS students, as well as with the administration of educational programs. The director must demonstrate knowledge of the EMS Rules and Regulations.

4. Instructors

Each EMS course should be taught by an EMS provider certified at the EMT level or higher (preferred), licensed by the Department as an EMS instructor, a Physician, or by a person knowledgeable in the subject matter being instructed. The instructor will work with the program director to prepare and deliver the course content. Please attach a list of instructors affiliated with the school.

5. Clinical/Field Coordinator

- a. The program may designate a Clinical/Field Coordinator. They are responsible for oversight and coordination of the clinical/field components of the EMT course. In smaller programs, this function may be met by the program director. Please specify clinical/field requirements and who oversees this duty.
- b. Please identify all clinical/field sites and attach agreements.

6. Preceptors

Preceptors for clinical and/or field rotations will be designated by the program and approved by the program's medical director. The preceptor must be certified at or above the level of the certification being sought by the student. Please list preceptors and attach a preceptor evaluation form for each.

7. Instructional Facilities

Each program should maintain facilities adequate for the presentation of didactic, skill instruction, and practice sessions. Medical sharps and drugs must be stored in a secure area. A secure record storage area must be used for student and program files. The application shall:

- a. Indicate the maximum number of students that can be accepted into the program. If a minimum number of students is required to conduct the program, report that number in this section as well.

- b. Describe the classrooms utilized for instruction. Please include location, student capacity, labs, instructional materials, and equipment. Describe how the skills laboratory is employed in the curriculum.

8. Students

Students' success in the program depends upon many factors, some of which are not always under the students' control. Each student deserves a fair opportunity to succeed.

- a. Describe the criteria for student selection.
- b. Attach a copy of the information packet provided to students accepted into the program.
- c. Describe any resources available to assist students with problems encountered during the program. These problems may be related to educational difficulties, skill performance problems, or behavioral problems. If resources are unavailable, explain how these problems are managed.
- d. Describe all measures used to promote student progress and success. Examples include tutoring capabilities, remedial training, self-study computer programs, etc.
- e. Describe how the program measures student progress during the course. Include which evaluation tools are used and how they are weighted.
- f. What methods are employed to provide students with performance feedback? Include the forms used for student action plans and student counseling.
- g. Describe or attach the policies and procedures that define conditions and the process used to dismiss students from the program.
- h. Describe or attach the appeal process students may use to request a review of evaluations or disciplinary actions.
- i. Describe how the student records are maintained and how record confidentiality is ensured.
- j. Describe how students are identified in the field internship areas.
- k. List which programs the institution uses to evaluate student readiness for the National Registry exam (i.e. Fisdap, Platinum, Navigation, etc.)
- l. What is the "cut-off" score of the above evaluation, if applicable?

9. Program Evaluation

In an effort to continuously improve educational quality, each program should have a written policy and procedure for evaluation. Evaluation should be done annually and provide qualitative as well as quantitative evidence that the program is meeting its objectives and the changing needs of EMS care. Input should be gathered from students and faculty members.

- a. Attach copies of program evaluation tools used by student and faculty members to provide feedback about the program.
- b. Include a report analyzing the evaluation results data on the effectiveness of:
 - i. Program
 - ii. Resources
 - iii. Responsiveness to recommendations of change
 - iv. Faculty
 - v. Students' ability to function as entry-level providers upon successful completion of the course.
- c. Describe methods developed to improve weak areas identified and indicate if changes were initiated.

10. Satellite Education Program Provisions

There may be instances where education is conducted by an approved program but at a different location and/or for another agency/institution.

- a. The parent education program must have received full accreditation.
- b. The satellite program must operate under the parent program's approval.
- c. The program should be conducted in the same manner as the parent program.
- d. Faculty of the satellite program must have their credentials on file with the parent education program. Additionally, faculty members must meet the same education, experience, and preparation requirements.
- e. Classroom and lab facilities utilized for didactic and clinical instruction at the satellite program will meet the same requirements as listed in Section G.



APPENDIX E

EMT PROGRAM EMS RUN EVALUATION

Shift Evaluation Form- One form is filled out each shift the student works regardless if any calls were made during that shift.

Student Instructions: Complete all shaded areas, prior to submission to preceptor.

Preceptor Instructions: Thank you for precepting our student! Please complete one form for each shift worked by the student EMT regardless of number of calls.

Please rate the student in the following categories at the end of the shift.


1 Unsatisfactory
Requires Assistance
Needs more training
 2 Tentative
Needs Guidance
 3 Competent
Minimal Prompting
Entry Level EMT
 4 Good
No prompting
 5 Excellent
Experienced
level EMT
 

	Student Rating	Preceptor Rating	Area of Performance- Done once per shift
A			Professionalism/Attitude: The student's behavior demonstrated integrity, empathy, self-motivation, self-confidence, team work, diplomacy, respect, patient advocacy, careful delivery of service, appropriate time management, appropriate appearance and personal hygiene. Reported to work on time and in full uniform. Preceptor comment:
B			Phase/Shift Objectives: Reviews current objectives and performs the tasks to the standard outlined. Requests and accepts constructive criticism, takes personal responsibility for self-improvement. Preceptor comment:
C			Psychomotor Skills: Student can thoroughly describe all elements of applicable procedures and accomplishes psychomotor skills independently and proficiently. Preceptor comment:

This section is per call				Student Name:			
Ambulance Serv. + Unit	Date	Time In	Time Out	Total Hrs.	Service Run #	RATING ON CALLS (See Above #) Preceptor fills out	INTL

I verify these skills were performed.

Student Strengths:

Arkansas Department of Health, Section of EMS
5800 W. 10th Street, Suite 800 · Little Rock, AR 72204

Student Weaknesses / Plan for Improvement: 501-661-2262 Fax 501-280-4901

HEALTHY.ARKANSAS.GOV

Preceptor Printed Name:

Preceptor Signature:

APPENDIX F

Psychomotor Skills Examination Guide

This manual specifies suggested aspects of coordinating the EMR, EMT, and Advanced EMT psychomotor examination. This material consists of skills presented in a scenario-based format to approximate the abilities of the Arkansas EMR, EMT, and Advanced EMT to function in the out-of-hospital setting. All skills have been developed in accordance with the 2021 NHSTA EMS Education Standards and Instructional Guidelines for the EMR, EMT, and Advanced EMT; the National Trauma Triage Protocol published by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention; and current American Heart Association guidelines for Basic Life Support for Healthcare Providers (BLS) that are updated as necessary.

Two sections:

- (1) Formative evaluation (psychomotor skills performed to develop proficiency)
- (2) Summative (skills evaluated at the end of a section or course to show knowledge and skill on a given skill set)

The Summative psychomotor examination consists of two skills scenarios (Trauma and Medical). In lieu of the scenario-based exam, an Instructor Assessment Exam may be conducted on specific National Registry Skills.

The skill scenarios (Trauma and Medical) are designed to approximate the out-of-hospital setting by presenting realistic situations that the EMR can expect to see.

Each candidate is tested individually in each skill and is responsible for communicating with the patients or bystanders. The candidate should pass or fail based solely on his/her actions and decisions.

Documentation of each student's Formative and Summative skills examinations must be kept on file for review during your training site reaccreditation site visit.

Section 1: EMR

1) Personnel Required for Scenario-based EMR Exam

Evaluating personnel required for scenario-based exams:

- Knowledgeable or have expertise in the subject matter
- Two (2) experienced, competent, and unbiased providers or one (1) licensed EMS Instructor are required to evaluate the scenario-based exam
- One (1) person must be selected to serve as the EMT Assistant for the Integrated Scenario. These selected individuals must be licensed EMTs at a minimum and will serve as the trained partners for all candidates who are testing.

2) Skills Required for EMR:

a. Mandatory Formative Skills

- Patient Assessment – Medical
- Patient Assessment – Trauma
- Spinal Restriction – Supine
- Long Bone Immobilization
- Joint Immobilization
- Cardiac Arrest and AED
- Oxygen Administration
- BVM and Ventilation

b. Mandatory Summative Skills - EMR

- Patient Assessment Medical with integrated skills
- Patient Assessment Trauma with integrated skills

3) Sample EMR Skill Sheets:

Emergency Medical Responder Psychomotor Examination

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Checks patient responsiveness	1	
Direct assistant to retrieve AED	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless."		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of no more than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.		
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	TOTAL	17

Critical Criteria

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- ____ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ____ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- ____ Interrupts CPR for more than 10 seconds at any point
- ____ Failure to correctly attach the AED to the patient
- ____ Failure to operate the AED properly
- ____ Failure to deliver shock in a timely manner
- ____ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- ____ Failure to immediately resume compressions after shock delivered
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Responder Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing		
-Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation		
-Assesses/controls major bleeding (1 point) -Checks pulse (1 point)	3	
-Assesses skin [either skin color, temperature or condition] (1 point)		
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of the present illness		
-Onset (1 point) -Quality (1 point) -Severity (1 point)	8	
-Provocation (1 point) -Radiation (1 point) -Time (1 point)		
-Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		
Past medical history		
-Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point)	5	
-Medications (1 point) -Last oral intake (1 point)		
SECONDARY ASSESSMENT		
Assesses affected body part/system		
-Cardiovascular -Neurological -Integumentary -Reproductive	5	
-Pulmonary -Musculoskeletal -GI/GU -Psychological/Social		
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____	TOTAL	40

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 15 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety before approaching patient
- ____ Failure to voice and ultimately provide appropriate oxygen therapy
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- ____ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- ____ Orders a dangerous or inappropriate intervention
- ____ Failure to provide accurate report to arriving EMS unit
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Responder Psychomotor Examination

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
Actual Time Ended: _____	TOTAL 11	

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to assemble the oxygen tank and regulator without leaks
- ____ Failure to prefill the reservoir bag
- ____ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ____ Failure to ensure a tight mask seal to patient's face
- ____ Failure to manage the patient as a competent EMR
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Responder Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____	Note: Areas denoted by “***” may be integrated within sequence of Primary Survey/Resuscitation	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions		1	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Requests additional EMS assistance if necessary		1	
Considers stabilization of the spine		1	
PRIMARY SURVEY/RESUSCITATION			
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway		2	
-Opens and assesses airway (1 point)	-Inserts adjunct as indicated (1 point)		
Breathing		4	
-Assess breathing (1 point)	-Assures adequate ventilation (1 point)		
-Initiates appropriate oxygen therapy (1 point)	-Manages any injury which may compromise breathing/ventilation (1 point)		
Circulation		4	
-Checks pulse (1 point)			
-Assess skin [either skin color, temperature or condition] (1 point)			
-Assesses for and controls major bleeding if present (1 point)			
-Initiates shock management [positions patient properly, conserves body heat] (1 point)			
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)		1	
HISTORY TAKING			
Obtains baseline vital signs [must include BP, P and R] (1 point)		1	
Attempts to obtain SAMPLE history		1	
SECONDARY ASSESSMENT			
Head		3	
-Inspects and palpates scalp and ears (1 point) **	-Assesses eyes (1 point)		
-Inspects mouth**, nose** and assesses facial area (1 point)			
Neck**		3	
-Checks position of trachea (1 point)	-Checks jugular veins (1 point)	-Palpates cervical spine (1 point)	
Chest**		3	
-Inspects chest (1 point)	-Palpates chest (1 point)	-Auscultates chest (1 point)	
Abdomen/pelvis**		3	
-Inspects and palpates abdomen (1 point)	-Assesses pelvis (1 point)		
-Verbalizes assessment of genitalia/perineum as needed (1 point)			
Lower extremities**		2	
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)			
Upper extremities		2	
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)			
Posterior thorax, lumbar and buttocks**		2	
-Inspects and palpates posterior thorax (1 point)	-Inspects and palpates lumbar and buttocks areas (1 point)		
Manages secondary injuries and wounds appropriately		1	
REASSESSMENT			
Demonstrates how and when to reassess the patient		1	
Actual Time Ended: _____		TOTAL 40	

CRITICAL CRITERIA

- _____ Failure to initiate or call for transport of the patient within 10 minute time limit
- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to determine scene safety
- _____ Failure to assess for and provide spinal protection when indicated
- _____ Failure to voice and ultimately provide high concentration oxygen
- _____ Failure to assess/provide adequate ventilation
- _____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- _____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- _____ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- _____ Failure to manage the patient as a competent EMR
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Section 2: EMT

1) Personnel Required for Scenario-based EMT Exam

Evaluating personnel required for scenario-based exams:

- Knowledgeable or have expertise in the subject matter
- Two (2) experienced, competent, and unbiased providers or one (1) licensed EMS Instructor are required to evaluate the scenario-based exam
- One (1) person must be selected to serve as the EMT Assistant for the Integrated Scenario. These selected individuals must be licensed EMTs at a minimum and will serve as the trained partners for all candidates who are testing

2) Skills Required for EMT:

a. Mandatory Formative Skills

- Patient Assessment – Medical
- Patient Assessment – Trauma
- Spinal Restriction – Supine
- Long Bone Immobilization
- Joint Immobilization
- Cardiac Arrest and AED
- Oxygen Administration
- BVM and Ventilation

b. Mandatory Summative Skills

- Patient Assessment Medical with integrated skills
- Patient Assessment Trauma with integrated skills

3) Out-of-Hospital Scenario – Medical

The Integrated Out-Of-Hospital Scenario (IOOH) will utilize an adult, pediatric, or geriatric patient. The candidate will have twenty (20) minutes to complete this scenario-based exam successfully. We recommend that scenarios be developed and utilized for the following types of medical presentations:

- Neurological (to include stroke, altered mental status, and syncope)
- Allergic Reaction
- Poisoning/Overdose
- Environmental Emergency
- Obstetrics
- Abdominal pain

All candidates will be evaluated over one (1) or more of the following EMT skills chosen at random:

- Proper Medical Assessment
- Shock Management

- BVM Ventilation of an Apneic Adult Patient
- Cardiac Arrest Management/AED
- Medication Assistance

4) Out-of-Hospital Scenario – Trauma

The Integrated Out-Of-Hospital Scenario (IOOH) will utilize either an adult, pediatric, or geriatric patient. In this skill, the candidate will have twenty (20) minutes to successfully complete this scenario-based exam. All candidates will be evaluated on one (1) or more of the following EMT skills chosen at random, along with the Trauma Assessment skill.

- Spinal Immobilization (Seated Patient)
- Bleeding Control/Shock Management
- Long Bone Immobilization
- Joint Immobilization
- BVM Ventilation of an Apneic Adult Patient
- Cardiac Arrest Management/AED
- Traction Splint
- Medication Assistance

5) Skill Lab – Basic EMT Skills Assessed or Prerequisite Skill Competency (must document reasonable evidence or motor skill competency, such as a current EMT license)

-
- Insert Nasopharyngeal Airway
 - Insert Oropharyngeal Airway
 - Perform oral suctioning
 - Perform Foreign Body Airway Obstruction (FBAO) – Adult
 - Perform FBAO – Infant
 - Administer oxygen by nasal cannula
 - Administer oxygen by face mask
 - Ventilate an adult patient with a Bag-Valve Mask (BVM)
 - Ventilate a pediatric patient with a BVM
 - Ventilate a neonate patient with a BVM
 - Continuous Positive Airway Pressure (CPAP)
 - Apply a tourniquet/hemorrhage control
 - Apply a cervical collar
 - Perform spine motion restriction
 - Lift and transfer a patient to the stretcher
 - Mechanical patient restraint
 - Splint a suspected long bone injury
 - Splint a suspected joint injury
 - Stabilize an impaled object
 - Eye irrigation
 - Dress and bandage a soft tissue injury
 - Apply an occlusive dressing to an open wound to the thorax
 - Perform complicated / uncomplicated delivery
 - Assess vital signs

- Perform a comprehensive physical assessment
 - Vital signs
 - Pulse oximetry
 - Blood glucose monitoring

- Medication administration
 - Aerosolized/nebulized
 - Inhaled
 - Intramuscular (IM), auto-injector
 - Intranasal, premeasured
 - Sublingual/mucosal
 - Oral
- Perform Cardiopulmonary Resuscitation (CPR)
 - Adult
 - Pediatric
 - Neonate
- Defibrillation: Automated and semi-automated
- Cardiac monitoring: 12-lead Electrocardiogram (ECG) acquisition and transmission / Telemetric monitoring devices, and transmission of clinical data, including video data

6) Sample EMT Skill Sheets:

Emergency Medical Technician Psychomotor Examination

BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Applies direct pressure to the wound	1	
NOTE: The examiner must now inform candidate that the wound continues to bleed.		
Applies tourniquet	1	
NOTE: The examiner must now inform candidate that the patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Actual Time Ended: _____	TOTAL	7

CRITICAL CRITERIA

- _____ Failure to take or verbalize appropriate PPE precautions
- _____ Failure to administer high concentration oxygen
- _____ Failure to control hemorrhage using correct procedures in a timely manner
- _____ Failure to indicate the need for immediate transportation
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

BVM VENTILATION OF AN APNEIC ADULT PATIENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Checks responsiveness	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and has a weak pulse of 60."		
Opens airway properly	1	
NOTE: The examiner must now inform the candidate, "The mouth is full of secretions and vomitus."		
Prepares rigid suction catheter	1	
Turns on power to suction device or retrieves manual suction device	1	
Inserts rigid suction catheter without applying suction	1	
Suctions the mouth and oropharynx	1	
NOTE: The examiner must now inform the candidate, "The mouth and oropharynx are clear."		
Opens the airway manually	1	
Inserts oropharyngeal airway	1	
NOTE: The examiner must now inform the candidate, "No gag reflex is present and the patient accepts the airway adjunct."		
Ventilates the patient immediately using a BVM device unattached to oxygen [Award this point if candidate elects to ventilate initially with BVM attached to reservoir and oxygen so long as first ventilation is delivered within 30 seconds.]	1	
NOTE: The examiner must now inform the candidate that ventilation is being properly performed without difficulty.		
Re-checks pulse for no more than 10 seconds	1	
Attaches the BVM assembly [mask, bag, reservoir] to oxygen [15 L/minute]	1	
Ventilates the patient adequately -Proper volume to cause visible chest rise (1 point) -Proper rate [10 – 12/minute (1 ventilation every 5 – 6 seconds)] (1 point)	2	
Note: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"		
Actual Time Ended: _____	TOTAL 16	

CRITICAL CRITERIA

- ____ After suctioning the patient, failure to initiate ventilations within 30 seconds or interrupts ventilations for greater than 30 seconds at any time
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to suction airway **before** ventilating the patient
- ____ Suctions the patient for an excessive and prolonged time
- ____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- ____ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ____ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- ____ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ____ Insertion or use of any adjunct in a manner dangerous to the patient
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____
 Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Checks patient responsiveness	1	
Direct assistant to retrieve AED	1	
Requests additional EMS assistance	1	
Checks breathing and pulse simultaneously	1	
NOTE: After checking responsiveness, then checking breathing and pulse for no more than 10 seconds, examiner informs candidate, "The patient is unresponsive, apneic and pulseless."		
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Performs 2 minutes of high-quality, 1-rescuer adult CPR -Adequate depth and rate (1 point) -Correct compression-to-ventilation ratio (1 point) -Allows the chest to recoil completely (1 point) -Adequate volumes for each breath (1 point) -Minimal interruptions of no more than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), candidate assesses patient and second rescuer resumes compressions while candidate operates AED.		
Turns on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	TOTAL	17

Critical Criteria

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to check responsiveness, then check breathing and pulse simultaneously for no more than 10 seconds
- ____ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ____ Failure to demonstrate acceptable high-quality, 1-rescuer adult CPR
- ____ Interrupts CPR for more than 10 seconds at any point
- ____ Failure to correctly attach the AED to the patient
- ____ Failure to operate the AED properly
- ____ Failure to deliver shock in a timely manner
- ____ Failure to ensure that all individuals are clear of patient during rhythm analysis and before delivering shock [verbalizes "All clear" and observes]
- ____ Failure to immediately resume compressions after shock delivered
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	9

Critical Criteria

- ____ Failure to immediately stabilize the extremity manually
- ____ Grossly moves the injured extremity
- ____ Failure to immobilize the bone above and below the injury site
- ____ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	10

Critical Criteria

- ___ Failure to immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Failure to immobilize the joint above and the joint below the injury site
- ___ Failure to immobilize the hand or foot in a position of function
- ___ Failure to reassess distal motor, sensory and circulatory functions in the injured extremity before and after splinting
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes the general impression of the patient	1	
Determines responsiveness/level of consciousness (AVPU)	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing		
-Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation		
-Assesses/controls major bleeding (1 point) -Checks pulse (1 point)	3	
-Assesses skin [either skin color, temperature or condition] (1 point)		
Identifies patient priority and makes treatment/transport decision	1	
HISTORY TAKING		
History of the present illness		
-Onset (1 point) -Quality (1 point) -Severity (1 point)		
-Provocation (1 point) -Radiation (1 point) -Time (1 point)	8	
-Clarifying questions of associated signs and symptoms related to OPQRST (2 points)		
Past medical history		
-Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point)	5	
-Medications (1 point) -Last oral intake (1 point)		
SECONDARY ASSESSMENT		
Assesses affected body part/system		
-Cardiovascular -Neurological -Integumentary -Reproductive	5	
-Pulmonary -Musculoskeletal -GI/GU -Psychological/Social		
VITAL SIGNS		
-Blood pressure (1 point) -Pulse (1 point) -Respiratory rate and quality (1 point each)	4	
States field impression of patient	1	
Interventions [verbalizes proper interventions/treatment]	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient to determine changes in condition	1	
Provides accurate verbal report to arriving EMS unit	1	
Actual Time Ended: _____	TOTAL	42

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 15 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety before approaching patient
- ____ Failure to voice and ultimately provide appropriate oxygen therapy
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment or treatment at the scene
- ____ Performs secondary examination before assessing and treating threats to airway, breathing and circulation
- ____ Orders a dangerous or inappropriate intervention
- ____ Failure to provide accurate report to arriving EMS unit
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

OXYGEN ADMINISTRATION BY NON-REBREATHER MASK

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Gathers appropriate equipment	1	
Cracks valve on the oxygen tank	1	
Assembles the regulator to the oxygen tank	1	
Opens the oxygen tank valve	1	
Checks oxygen tank pressure	1	
Checks for leaks	1	
Attaches non-rebreather mask to correct port of regulator	1	
Turns on oxygen flow to prefill reservoir bag	1	
Adjusts regulator to assure oxygen flow rate of at least 10 L/minute	1	
Attaches mask to patient's face and adjusts to fit snugly	1	
Actual Time Ended: _____	TOTAL	11

CRITICAL CRITERIA

- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to assemble the oxygen tank and regulator without leaks
- ____ Failure to prefill the reservoir bag
- ____ Failure to adjust the oxygen flow rate to the non-rebreather mask of at least 10 L/minute
- ____ Failure to ensure a tight mask seal to patient's face
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	12

CRITICAL CRITERIA

- ___ Failure to immediately direct or take manual stabilization of the head
- ___ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ___ Released or ordered release of manual stabilization before it was maintained mechanically
- ___ Manipulated or moved patient excessively causing potential spinal compromise
- ___ Head immobilized to the device **before** device sufficiently secured to the torso
- ___ Device moves excessively up, down, left or right on the patient's torso
- ___ Head immobilization allows for excessive movement
- ___ Torso fixation inhibits chest rise, resulting in respiratory compromise
- ___ Upon completion of immobilization, head is not in a neutral, in-line position
- ___ Failure to reassess motor, sensory and circulatory functions in each extremity after voicing immobilization to the long backboard
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual stabilization of the head	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to void between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	14

CRITICAL CRITERIA

- ____ Failure to immediately direct or take manual stabilization of the head
- ____ Failure to properly apply appropriately sized cervical collar before ordering release of manual stabilization
- ____ Released or ordered release of manual stabilization before it was maintained mechanically
- ____ Manipulated or moved the patient excessively causing potential spinal compromise
- ____ Head immobilized to the device **before** device sufficiently secured to the torso
- ____ Patient moves excessively up, down, left or right on the device
- ____ Head immobilization allows for excessive movement
- ____ Upon completion of immobilization, head is not in a neutral, in-line position
- ____ Failure to reassess motor, sensory and circulatory functions in each extremity after immobilizing patient to the device
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Emergency Medical Technician Psychomotor Examination

PATIENT ASSESSMENT/MANAGEMENT – TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____ Note: Areas denoted by "****" may be integrated within sequence of Primary Survey/Resuscitation

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional EMS assistance if necessary	1	
Considers stabilization of the spine	1	
PRIMARY SURVEY/RESUSCITATION		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Airway		
-Opens and assesses airway (1 point)	-Inserts adjunct as indicated (1 point)	2
Breathing		
-Assess breathing (1 point)	-Assures adequate ventilation (1 point)	4
-Initiates appropriate oxygen therapy (1 point)	-Manages any injury which may compromise breathing/ventilation (1 point)	
Circulation		
-Checks pulse (1 point)		4
-Assess skin [either skin color, temperature or condition] (1 point)		
-Assesses for and controls major bleeding if present (1 point)		
-Initiates shock management [positions patient properly, conserves body heat] (1 point)		
Identifies patient priority and makes treatment/transport decision (based upon calculated GCS)	1	
HISTORY TAKING		
Obtains baseline vital signs [must include BP, P and R] (1 point)	1	
Attempts to obtain SAMPLE history	1	
SECONDARY ASSESSMENT		
Head		
-Inspects and palpates scalp and ears (1 point) **	-Assesses eyes (1 point)	3
-Inspects mouth**, nose** and assesses facial area (1 point)		
Neck**		
-Checks position of trachea (1 point)	-Checks jugular veins (1 point)	3
-Palpates cervical spine (1 point)		
Chest**		
-Inspects chest (1 point)	-Palpates chest (1 point)	3
-Auscultates chest (1 point)		
Abdomen/pelvis**		
-Inspects and palpates abdomen (1 point)	-Assesses pelvis (1 point)	3
-Verbalizes assessment of genitalia/perineum as needed (1 point)		
Lower extremities**		
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/leg)		2
Upper extremities		
-Inspects, palpates and assesses motor, sensory and distal circulatory functions (1 point/arm)		2
Posterior thorax, lumbar and buttocks**		
-Inspects and palpates posterior thorax (1 point)	-Inspects and palpates lumbar and buttocks areas (1 point)	2
Manages secondary injuries and wounds appropriately	1	
REASSESSMENT		
Demonstrates how and when to reassess the patient	1	
Actual Time Ended: _____	TOTAL	42

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 10 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety
- ____ Failure to assess for and provide spinal protection when indicated
- ____ Failure to voice and ultimately provide high concentration oxygen
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ____ Performs other assessment before assessing/treating threats to airway, breathing and circulation
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Section 5: Advanced EMT

1) Personnel Required for Scenario-based Advanced EMT Exam

Evaluating personnel required for scenario-based exams:

- Knowledgeable or have expertise in the subject matter
- Two (2) experienced, competent, and unbiased providers or one (1) licensed EMS Instructor are required to evaluate the scenario-based exam
- One (1) person must be selected to serve as the assistant for the Integrated Scenario. These selected individuals must be licensed EMTs at a minimum and will serve as the trained partners for all candidates who are testing

2) Skills Required for Advanced EMT:

a. Mandatory Formative Skills

- Bleeding Control/Shock Management
- Cardiac Arrest Management / AED
- Intravenous Therapy - Bolus
- Joint Immobilization
- Long Bone Immobilization
- Patient Assessment - Medical
- Pediatric Intraosseous Infusion
- Pediatric Respiratory Comprise
- Spinal Immobilization (Seated Patient)
- Spinal Immobilization (Supine Patient)
- Patient Assessment - Trauma

b. Mandatory Summative Skills - Advanced

- Patient Assessment Medical with integrated skills
- Patient Assessment Trauma with integrated skills

c. Out-of-Hospital Scenario – Medical

The Integrated Out-Of-Hospital Scenario (IOOH) will utilize an adult, pediatric, or geriatric patient. The candidate will have twenty (20) minutes to complete this scenario-based exam successfully. We recommend that scenarios be developed and utilized for the following types of medical presentations:

- Neurological (to include stroke, altered mental status, and syncope)
- Allergic Reaction
- Poisoning/Overdose
- Environmental Emergency
- Obstetrics
- Abdominal pain

All candidates will be evaluated over one (1) or more of the following EMT skills chosen at random:

- Proper Medical Assessment
- Shock Management
- BVM Ventilation of an Apneic Adult Patient
- Cardiac Arrest Management/AED
- Medication Assistance

d. Out-of-Hospital Scenario – Trauma

The Integrated Out-Of-Hospital Scenario (IOOH) will utilize either an adult, pediatric, or geriatric patient. In this skill, the candidate will have twenty (20) minutes to successfully complete this scenario-based exam. All candidates will be evaluated on one (1) or more of the following EMT skills chosen at random, along with the Trauma Assessment skill.

- Spinal Immobilization (Seated Patient)
- Bleeding Control/Shock Management
- Long Bone Immobilization
- Joint Immobilization
- BVM Ventilation of an Apneic Adult Patient
- Cardiac Arrest Management/AED
- Traction Splint
- Medication Assistance

e. Advanced EMT Summary Tracking Requirements

- Ages
 - Pediatric – Minimum of 5 (Newborn to 18)
 - Adult – Minimum of 15 (19 to 64)
 - Geriatric – Minimum of 15 (65 and older)
- Pathology/Complaint (Conditions) (* indicates simulation is permitted)
 - Trauma – Minimum of 5
 - Psychiatric/Behavioral – Minimum of 5
 - Uncomplicated and Complicated Obstetric Delivery – Minimum of 4*
 - Distressed Neonate – Minimum of 3*
 - Cardiac Pathologies or Complaints – Minimum of 5*
 - Cardiac Arrest – Minimum of 5*
 - Medical Neurological Pathologies or Complaints – Minimum of 5
 - Respiratory Pathologies or Complaints – Minimum of 5
 - Other Medical Conditions or Complaints – Minimum of 5*

(Must have a minimum total of fifty (50) or more)

- Motor Skill (* indicates simulation is permitted; all others must be on live patients)
 - Successful IV Attempts – Minimum of 20
 - Successful IV Bolus – Minimum of 10
 - Inserting Supraglottic Airway – Minimum of 10*
 - End-tidal CO2 – Minimum of 10*
 - Venous Blood Sampling – Minimum of 4*
 - Administer IM injection – Minimum of 2*
 - Intranasal Medication – Minimum of 2*
 - Establish Intraosseous Access – Minimum of 2*
 - Perform Positive Pressure Ventilation (PPV) with BVM–Minimum of 10*
 - Perform Endotracheal Suctioning – Minimum of 2*
 - Defibrillation: Automated and Semi-Automated – Minimum of 2*
 - Perform Chest Compressions – Minimum of 2*
- Field Experience
 - Minimum 50 exposures – conducting competent assessment and management of prehospital patients with assistance, while either the team leader or a team member
- Capstone Field Internship Team Leads (after all course content and all clinical is completed)
 - Successfully manages the scene, performs patient assessments, directs medical care, and transports as a team leader with minimal to no assistance – Minimum of 10

(6) Sample Advanced EMT Skill Sheets:

Advanced Level Psychomotor Examination
BLEEDING CONTROL/SHOCK MANAGEMENT

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Applies direct pressure to the wound	1	
NOTE: The examiner must now inform the candidate that the wound continues to bleed.		
Applies tourniquet	1	
NOTE: The examiner must now inform the candidate that the patient is exhibiting signs and symptoms of hypoperfusion.		
Properly positions the patient	1	
Administers high concentration oxygen	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates the need for immediate transportation	1	
Actual Time Ended: _____	TOTAL	7

CRITICAL CRITERIA

- _____ Did not take or verbalize appropriate PPE precautions
- _____ Did not apply high concentration of oxygen
- _____ Did not control hemorrhage using correct procedures in a timely manner
- _____ Did not indicate the need for immediate transportation
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on this form (below or turn sheet over).

Advanced Emergency Medical Technician Psychomotor Examination

CARDIAC ARREST MANAGEMENT / AED

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Determines the scene/situation is safe	1	
Attempts to question any bystanders about arrest events	1	
Checks patient responsiveness	1	
Assesses breathing and pulse simultaneously – Assesses patient for signs of breathing [observes the patient and determines the absence of breathing or abnormal breathing (gasping or agonal respirations)] (1 point) – Checks carotid pulse [no more than 10 seconds] (1 point)	2	
Immediately begins chest compressions [adequate depth and rate; allows the chest to recoil completely]	1	
Requests additional EMS response	1	
Performs 2 minutes of high quality, 1-rescuer adult CPR – Adequate depth and rate (1 point) – Correct compression-to-ventilation ratio (1 point) – Allows the chest to recoil completely (1 point) – Adequate volumes for each breath (1 point) – Minimal interruptions of less than 10 seconds throughout (1 point)	5	
NOTE: After 2 minutes (5 cycles), patient is assessed and second rescuer resumes compressions while candidate operates AED.		
Turns-on power to AED	1	
Follows prompts and correctly attaches AED to patient	1	
Stops CPR and ensures all individuals are clear of the patient during rhythm analysis	1	
Ensures that all individuals are clear of the patient and delivers shock from AED	1	
Immediately directs rescuer to resume chest compressions	1	
Actual Time Ended: _____	TOTAL	18

Critical Criteria

- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to immediately begin chest compressions as soon as pulselessness is confirmed
- ___ Failure to deliver shock in a timely manner
- ___ Interrupts CPR for more than 10 seconds at any point
- ___ Failure to demonstrate acceptable high quality, 1-rescuer adult CPR
- ___ Failure to operate the AED properly
- ___ Failure to correctly attach the AED to the patient
- ___ Failure to assure that all individuals are clear of patient during rhythm analysis and before delivering shock(s) [verbalizes "All clear" and observes]
- ___ Failure to immediately resume compressions after shock delivered
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination
INTRAVENOUS THERAPY

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____

	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate catheter	1	
Selects proper administration set	1	
Connects IV tubing to the IV bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Cuts or tears tape [at any time before venipuncture]	1	
Takes or verbalizes appropriate PPE precautions [prior to venipuncture]	1	
Applies tourniquet	1	
Palpates suitable vein	1	
Cleanses site appropriately	1	
Performs venipuncture -Inserts stylette (1 point) -Notes or verbalizes flashback (1 point) -Occludes vein proximal to catheter (1 point) -Removes stylette (1 point) -Connects IV tubing to catheter (1 point)	5	
Disposes/verbalizes proper disposal of needle in proper container	1	
Releases tourniquet	1	
Runs IV for a brief period to assure patent line	1	
Secures catheter [tapes securely or verbalizes]	1	
Adjusts flow rate as appropriate	1	
Actual Time Ended: _____	TOTAL	22

Critical Criteria

- ___ Failure to establish a patent and properly adjusted IV within 3 attempts during the 6 minute time limit
- ___ Failure to take or verbalize appropriate PPE precautions prior to performing venipuncture
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Performs any improper technique resulting in the potential for uncontrolled hemorrhage, catheter shear, or air embolism
- ___ Failure to dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

JOINT IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."		
Selects the proper splinting material	1	
Immobilizes the site of the injury	1	
Immobilizes the bone above the injury site	1	
Immobilizes the bone below the injury site	1	
Secures the entire injured extremity	1	
Reassesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	9

Critical Criteria

- ___ Did not immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Did not immobilize the bone above and below the injury site
- ___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

LONG BONE IMMOBILIZATION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs application of manual stabilization of the injury	1	
Assesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."		
Measures the splint	1	
Applies the splint	1	
Immobilizes the joint above the injury site	1	
Immobilizes the joint below the injury site	1	
Secures the entire injured extremity	1	
Immobilizes the hand/foot in the position of function	1	
Reassesses distal motor, sensory, and circulatory functions in the injured extremity	1	
NOTE: The examiner acknowledges, "Motor, sensory, and circulatory functions are present and normal."		
Actual Time Ended: _____	TOTAL	10

Critical Criteria

- ___ Did not immediately stabilize the extremity manually
- ___ Grossly moves the injured extremity
- ___ Did not immobilize the joint above and the joint below the injury site
- ___ Did not immobilize the hand or foot in a position of function
- ___ Did not reassess distal motor, sensory, and circulatory functions in the injured extremity before and after splinting
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

PATIENT ASSESSMENT - MEDICAL

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
SCENE SIZE-UP		
Determines the scene/situation is safe	1	
Determines the mechanism of injury/nature of illness	1	
Determines the number of patients	1	
Requests additional help if necessary	1	
Considers stabilization of spine	1	
PRIMARY SURVEY		
Verbalizes general impression of the patient	1	
Determines responsiveness/level of consciousness	1	
Determines chief complaint/apparent life-threats	1	
Assesses airway and breathing -Assessment (1 point) -Assures adequate ventilation (1 point) -Initiates appropriate oxygen therapy (1 point)	3	
Assesses circulation -Assesses/controls major bleeding (1 point) -Assesses skin [either skin color, temperature, or condition] (1 point) -Assesses pulse (1 point)	3	
Identifies priority patients/makes transport decision	1	
HISTORY TAKING AND SECONDARY ASSESSMENT		
History of present illness -Onset (1 point) -Severity (1 point) -Provocation (1 point) -Time (1 point) -Quality (1 point) -Clarifying questions of associated signs and symptoms as related to OPQRST (2 points) -Radiation (1 point)	8	
Past medical history -Allergies (1 point) -Past pertinent history (1 point) -Events leading to present illness (1 point) -Medications (1 point) -Last oral intake (1 point)	5	
Performs secondary assessment [assess affected body part/system or, if indicated, completes rapid assessment] -Cardiovascular -Neurological -Integumentary -Reproductive -Pulmonary -Musculoskeletal -GI/GU -Psychological/Social	5	
Vital signs -Pulse (1 point) -Respiratory rate and quality (1 point each) -Blood pressure (1 point) -AVPU (1 point)	5	
Diagnostics [blood glucose test, pulse oximetry, etc] as indicated	2	
States field impression of patient	1	
Verbalizes treatment plan for patient and calls for appropriate intervention(s)	1	
Transport decision re-evaluated	1	
REASSESSMENT		
Repeats primary survey	1	
Repeats vital signs	1	
Evaluates response to treatments	1	
Repeats secondary assessment regarding patient complaint or injuries	1	
Actual Time Ended: _____		
CRITICAL CRITERIA		
☐ Failure to initiate or call for transport of the patient within 15 minute time limit ☐ Failure to take or verbalize appropriate PPE precautions ☐ Failure to determine scene safety before approaching patient ☐ Failure to voice and ultimately provide appropriate oxygen therapy ☐ Failure to assess/provide adequate ventilation ☐ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion] ☐ Failure to differentiate patient's need for immediate transportation versus continued assessment and treatment at the scene ☐ Does other detailed history or physical examination before assessing and treating threats to airway, breathing, and circulation ☐ Failure to determine the patient's primary problem ☐ Orders a dangerous or inappropriate intervention ☐ Failure to provide for spinal protection when indicated		
TOTAL	48	

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

PEDIATRIC INTRAOSSEOUS INFUSION

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Checks selected IV fluid for: -Proper fluid (1 point) -Clarity (1 point) -Expiration date (1 point)	3	
Selects appropriate equipment to include: -IO needle (1 point) -Syringe (1 point) -Saline (1 point) -Extension set or 3-way stopcock (1 point)	4	
Selects proper administration set	1	
Connects administration set to bag	1	
Prepares administration set [fills drip chamber and flushes tubing]	1	
Prepares syringe and extension tubing or 3-way stopcock	1	
Cuts or tears tape [at any time before IO puncture]	1	
Takes or verbalizes appropriate PPE precautions [prior to IO puncture]	1	
Identifies proper anatomical site for IO puncture	1	
Cleanses site appropriately	1	
Performs IO puncture: -Stabilizes tibia without placing hand under puncture site and "cupping" leg (1 point) -Inserts needle at proper angle (1 point) -Advances needle with twisting motion until "pop" is felt or notices sudden lack of resistance (1 point) -Removes stylette (1 point)	4	
Disposes/verbalizes proper disposal of needle in proper container	1	
Attaches syringe and extension set to IO needle and aspirates; or attaches 3-way stopcock between administration set and IO needle and aspirates; or attaches extension set to IO needle [aspiration is not required for any of these as many IO sticks are "dry" sticks]	1	
Slowly injects saline to assure proper placement of needle	1	
Adjusts flow rate/bolus as appropriate	1	
Secures needle and supports with bulky dressing [tapes securely or verbalizes]	1	
Actual Time Ended: _____	TOTAL	24

Critical Criteria

- ___ Failure to establish a patent and properly adjusted IO line within 6 minute time limit
- ___ Failure to take or verbalize appropriate PPE precautions prior to performing IO puncture
- ___ Contaminates equipment or site without appropriately correcting the situation
- ___ Performs any improper technique resulting in the potential for air embolism
- ___ Failure to assure correct needle placement [must aspirate or watch closely for early signs of infiltration]
- ___ Failure to successfully establish IO infusion within 2 attempts during 6 minute time limit
- ___ Performs IO puncture in an unacceptable manner [improper site, incorrect needle angle, holds leg in palm and performs IO puncture directly above hand, etc.]
- ___ Failure to properly dispose/verbalize disposal of blood-contaminated sharps immediately in proper container at the point of use
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Emergency Medical Technician Psychomotor Examination

PEDIATRIC RESPIRATORY COMPROMISE

Candidate: _____ Examiner: _____
Date: _____ Signature: _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Verbalizes general impression of patient from a distance before approaching or touching the patient	1	
Determines level of consciousness	1	
Assesses the airway [looks for secretions and signs of foreign body airway obstruction; listens for audible noises and voice sounds]	1	
Assesses breathing [checks rate, rhythm, chest excursion, audible noises]	1	
Attaches pulse oximeter and evaluates SpO ₂ reading	1	
NOTE: Examiner now informs candidate, "Pulse oximeter shows a saturation of 82%."		
Selects proper delivery device and attaches to oxygen	1	
Administers oxygen at proper flow rate [blow-by oxygen, non-rebreather mask]	1	
Checks pulse	1	
Evaluates perfusion [skin color, temperature, condition; capillary refill]	1	
Obtains baseline vital signs	1	
NOTE: Examiner now advises candidate that patient begins to develop decreasing SpO₂, decreasing pulse rate, see-saw respirations, head bobbing, drowsiness, etc.)		
Places patient supine and pads appropriately to maintain a sniffing position	1	
Manually opens airway	1	
Considers airway adjunct insertion based upon patient presentation [oropharyngeal or nasopharyngeal airway]	1	
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts airway adjunct. The patient's respiratory rate is now 20/minute.		
Inserts airway adjunct properly and positions head and neck for ventilation	1	
Selects appropriate BVM and attaches reservoir to oxygen flowing at 12 – 15 L/minute	1	
Assures tight mask seal to face	1	
Assists ventilations at a rate of 12 – 20/minute (1 ventilation every 3 – 5 seconds) and with sufficient volume to cause visible chest rise	1	
Ventilates at proper rate and volume while observing changes in capnometry/capnography, pulse oximeter, pulse rate, level of responsiveness	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are ventilating the patient properly?"		
Calls for immediate transport of patient	1	
Actual Time Ended: _____	TOTAL	20

Critical Criteria

- ___ Failure to initiate oxygenation within 30 seconds of identifying respiratory compromise
- ___ Interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize appropriate PPE precautions within 30 seconds after identifying respiratory failure
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of 12 – 20/minute (1 ventilation every 3 – 5 seconds)
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Failure to recognize and treat respiratory failure in a timely manner
- ___ Insertion or use of any airway adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination
SPINAL IMMOBILIZATION (SEATED PATIENT)

Candidate: _____ **Examiner:** _____

Date: _____ **Signature:** _____

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory, and circulatory functions in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device behind the patient	1	
Secures the device to the patient's torso	1	
Evaluates torso fixation and adjusts as necessary	1	
Evaluates and pads behind the patient's head as necessary	1	
Secures the patient's head to the device	1	
Verbalizes moving the patient to a long backboard	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL 12	

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual immobilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- _____ Released or ordered release of manual immobilization before it was maintained mechanically
- _____ Manipulated or moved patient excessively causing potential spinal compromise
- _____ Head immobilized to the device before device sufficiently secured to torso
- _____ Device moves excessively up, down, left, or right on the patient's torso
- _____ Head immobilization allows for excessive movement
- _____ Torso fixation inhibits chest rise, resulting in respiratory compromise
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory, and circulatory functions in each extremity after voicing immobilization to the long backboard
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

SPINAL IMMOBILIZATION (SUPINE PATIENT)

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Actual Time Started: _____	Possible Point	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Directs assistant to place/maintain head in the neutral, in-line position	1	
Directs assistant to maintain manual immobilization of the head	1	
Assesses motor, sensory, and circulatory function in each extremity	1	
Applies appropriately sized extrication collar	1	
Positions the immobilization device appropriately	1	
Directs movement of the patient onto the device without compromising the integrity of the spine	1	
Applies padding to voids between the torso and the device as necessary	1	
Immobilizes the patient's torso to the device	1	
Evaluates and pads behind the patient's head as necessary	1	
Immobilizes the patient's head to the device	1	
Secures the patient's legs to the device	1	
Secures the patient's arms to the device	1	
Reassesses motor, sensory, and circulatory function in each extremity	1	
Actual Time Ended: _____	TOTAL	14

CRITICAL CRITERIA

- _____ Did not immediately direct or take manual immobilization of the head
- _____ Did not properly apply appropriately sized cervical collar before ordering release of manual immobilization
- _____ Released or ordered release of manual immobilization before it was maintained mechanically
- _____ Manipulated or moved patient excessively causing potential spinal compromise
- _____ Head immobilized to the device **before** device sufficiently secured to torso
- _____ Patient moves excessively up, down, left, or right on the device
- _____ Head immobilization allows for excessive movement
- _____ Upon completion of immobilization, head is not in a neutral, in-line position
- _____ Did not reassess motor, sensory, and circulatory functions in each extremity after immobilizing patient to the device
- _____ Failure to manage the patient as a competent EMT
- _____ Exhibits unacceptable affect with patient or other personnel
- _____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

SUPRAGLOTTIC AIRWAY DEVICE

Candidate: _____ Examiner: _____
 Date: _____ Signature: _____
 Device: _____

NOTE: If candidate elects to initially ventilate with BVM attached to reservoir and oxygen, full credit must be awarded for steps denoted by "***" so long as first ventilation is delivered within 30 seconds.

Actual Time Started: _____	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions	1	
Opens the airway manually	1	
Elevates tongue, inserts simple adjunct [oropharyngeal or nasopharyngeal airway]	1	
NOTE: Examiner now informs candidate no gag reflex is present and patient accepts adjunct		
**Ventilates patient immediately with bag-valve-mask device unattached to oxygen	1	
**Ventilates patient with room air	1	
NOTE: Examiner now informs candidate that ventilation is being performed without difficulty and that pulse oximetry indicates the patient's blood oxygen saturation is 85%		
Attaches oxygen reservoir to bag-valve-mask device and connects to high-flow oxygen regulator [12 – 15 L/minute]	1	
Ventilates patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds) with appropriate volumes	1	
NOTE: After 30 seconds, examiner auscultates and reports breath sounds are present and equal bilaterally and medical direction has ordered insertion of a supraglottic airway. The examiner must now take over ventilation.		
Checks/prepares supraglottic airway device	1	
Lubricates distal tip of the device [may be verbalized]	1	
NOTE: Examiner to remove OPA and move out of the way when candidate is prepared to insert device.		
Positions head properly	1	
Performs a tongue-jaw lift	1	
Inserts device to proper depth	1	
Secures device in patient [inflates cuffs with proper volumes and immediately removes syringe or secures strap]	1	
Ventilates patient and confirms proper ventilation [correct lumen and proper insertion depth] by auscultation bilaterally over lungs and over the epigastrium	1	
Adjusts ventilation as necessary [ventilates through additional lumen or slightly withdraws tube until ventilation is optimized]	1	
Verifies proper tube placement by secondary confirmation such as capnography, capnometry, EDD or colorimetric device	1	
NOTE: The examiner must now ask the candidate, "How would you know if you are delivering appropriate volumes with each ventilation?"		
Secures device or confirms that the device remains properly secured	1	
Ventilates patient at proper rate and volume while observing capnography/capnometry and pulse oximeter	1	
Actual Time Ended: _____	TOTAL	18

Critical Criteria

- ___ Failure to initiate ventilations within 30 seconds after taking body substance isolation precautions or interrupts ventilations for greater than 30 seconds at any time
- ___ Failure to take or verbalize appropriate PPE precautions
- ___ Failure to voice and ultimately provide high oxygen concentration [at least 85%]
- ___ Failure to ventilate the patient at a rate of 10 – 12/minute (1 ventilation every 5 – 6 seconds)
- ___ Failure to provide adequate volumes per breath [maximum 2 errors/minute permissible]
- ___ Failure to pre-oxygenate patient prior to insertion of the supraglottic airway device
- ___ Failure to insert the supraglottic airway device at a proper depth or location within 3 attempts
- ___ Failure to inflate cuffs properly and immediately remove the syringe
- ___ Failure to secure the strap (if present) prior to cuff inflation
- ___ Failure to confirm that patient is being ventilated properly (correct lumen and proper insertion depth) by auscultation bilaterally over lungs and over the epigastrium
- ___ Insertion or use of any adjunct in a manner dangerous to the patient
- ___ Failure to manage the patient as a competent EMT
- ___ Exhibits unacceptable affect with patient or other personnel
- ___ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Advanced Level Psychomotor Examination

PATIENT ASSESSMENT - TRAUMA

Candidate: _____ Examiner: _____

Date: _____ Signature: _____

Scenario # _____

Actual Time Started: _____	NOTE: Areas denoted by "****" may be integrated within sequence of primary survey	Possible Points	Points Awarded
Takes or verbalizes appropriate PPE precautions		1	
SCENE SIZE-UP			
Determines the scene/situation is safe		1	
Determines the mechanism of injury/nature of illness		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
PRIMARY SURVEY/RESUSCITATION			
Verbalizes general impression of the patient		1	
Determines responsiveness/level of consciousness		1	
Determines chief complaint/apparent life-threats		1	
Airway		2	
-Opens and assesses airway (1 point)	-Inserts adjunct as indicated (1 point)		
Breathing			
-Assess breathing (1 point)		4	
-Assures adequate ventilation (1 point)			
-Initiates appropriate oxygen therapy (1 point)			
-Manages any injury which may compromise breathing/ventilation (1 point)			
Circulation			
-Checks pulse (1 point)		4	
-Assess skin [either skin color, temperature, or condition] (1 point)			
-Assesses for and controls major bleeding if present (1 point)			
-Initiates shock management (1 point)			
Identifies priority patients/makes transport decision based upon calculated GCS		1	
HISTORY TAKING			
Obtains, or directs assistant to obtain, baseline vital signs		1	
Attempts to obtain SAMPLE history		1	
SECONDARY ASSESSMENT			
Head			
-Inspects mouth**, nose**, and assesses facial area (1 point)		3	
-Inspects and palpates scalp and ears (1 point)			
-Assesses eyes for PERRL** (1 point)			
Neck**			
-Checks position of trachea (1 point)		3	
-Checks jugular veins (1 point)			
-Palpates cervical spine (1 point)			
Chest**			
-Inspects chest (1 point)		3	
-Palpates chest (1 point)			
-Auscultates chest (1 point)			
Abdomen/pelvis**			
-Inspects and palpates abdomen (1 point)		3	
-Assesses pelvis (1 point)			
-Verbalizes assessment of genitalia/perineum as needed (1 point)			
Lower extremities**			
-Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/leg)		2	
Upper extremities			
-Inspects, palpates, and assesses motor, sensory, and distal circulatory functions (1 point/arm)		2	
Posterior thorax, lumbar, and buttocks**			
-Inspects and palpates posterior thorax (1 point)		2	
-Inspects and palpates lumbar and buttocks area (1 point)			
Manages secondary injuries and wounds appropriately		1	
Reassesses patient		1	
Actual Time Ended: _____		TOTAL	42

CRITICAL CRITERIA

- ____ Failure to initiate or call for transport of the patient within 10 minute time limit
- ____ Failure to take or verbalize appropriate PPE precautions
- ____ Failure to determine scene safety
- ____ Failure to assess for and provide spinal protection when indicated
- ____ Failure to voice and ultimately provide high concentration of oxygen
- ____ Failure to assess/provide adequate ventilation
- ____ Failure to find or appropriately manage problems associated with airway, breathing, hemorrhage or shock [hypoperfusion]
- ____ Failure to differentiate patient's need for immediate transportation versus continued assessment/treatment at the scene
- ____ Does other detailed history or physical exam before assessing/treating threats to airway, breathing, and circulation
- ____ Failure to manage the patient as a competent EMT
- ____ Exhibits unacceptable affect with patient or other personnel
- ____ Uses or orders a dangerous or inappropriate intervention

You must factually document your rationale for checking any of the above critical items on the reverse side of this form.

Section 6: Instructor Assessment Exam

- 1) In lieu of the scenario - based exam, an Instructor Assessment may suffice for the Arkansas Emergency Medical Technician Psychomotor Exam. Each of the skills listed in the above sections for each level must be evaluated by the instructor.

Section 7: Validity of Psychomotor Examination Results

- 1) New graduates seeking initial Arkansas licensure have no more than two (2) years from their date of course completion to successfully complete all components of the Arkansas licensure process (cognitive and psychomotor examinations). Grading of the psychomotor examination is on a Pass/Retest/Fail basis.
 - Examination results are valid for two (2) years from the date of the examination, provided all other “Entry Requirements” are met.
 - Candidates who fail the entire psychomotor examination must submit official documentation of remedial education to the Department before attempting the entire psychomotor examination (Both Scenarios) on their next full attempt of the psychomotor examination, provided all other “Entry Requirements” of are met. This official documentation must be signed by the Training Site Program Director or Instructor which verifies remedial training over all skills has occurred since the last unsuccessful attempt and the candidate has demonstrated competence in all skills.

Section 8: Reporting Psychomotor Examination Results

The Exam Coordinator should enter all results of the Psychomotor Examination, regardless of the method used to evaluate the student, on the roster as required by the Department. All applicable fields must be completed. The final pass/fail results for each participant will be uploaded by the Training Site Representative to the NREMT website under Practical Skills Verification.

If the Instructor Assessment is chosen, a letter indicating competency of students evaluated on all National Registry Skills is required by the Department. The letter must be signed by the Program Director and co-signed by the Medical Director. All official records of the psychomotor examination should be retained by the Exam Coordinator in accordance with the Department recommendations.

All documentation must be kept on file for five (5) years.

APPENDIX G

SITE VISIT CHECKLIST

<u>1</u>	<u>Full Curriculum outline following 2021 NHTSA EMS Education Standards</u>	<u>This may be from a publisher that follows the education guidelines, or other form of evidence Must include student contact hours for both didactic and lab</u>
<u>2</u>	<u>Skills sheet for each student taught with validation of both formative and summative. (minimum of one per skill for both formative and summative) This is for each class taught since last site visit. Site visitors will select which student/s data they want to review.</u>	<u>Can use skill sheets from accreditation manual, electronic skill sheets that contain same information, or use other material so long as it contains all of the information on the state skill sheets</u>
<u>3</u>	<u>Credentialing psychomotor skills exam for NREMT. Skills competencies exit exams (scenario type) for both Medical and Trauma scenario. These are for each student taught since your last site visit.</u>	<u>Can use the evaluations contained in the accreditation manual, electronic, or other material so long as it contains the same information.</u>
<u>4</u>	<u>Provide assessment that measures, as a minimum, entry-level competency in all domains. This must include several methods of assessing achievement.</u>	<u>Student must be evaluated in the psychomotor, cognitive, and affective (skill, knowledge, and professional behavior domain during the program. Evidence of this may include evaluations, student counseling forms etc.</u>
<u>5</u>	<u>Student Competency Exams for each student since last site visit.</u>	<u>Exams given to students to show progression in the program and competency upon completion of the program. Can be paper or electronic but must show questions student missed and succeeded at.</u>
<u>6</u>	<u>Textbooks and other reference required for students</u>	<u>Include all textbooks and other material that the student has available to make them successful</u>
<u>7</u>	<u>Completed Clinical Forms for each student. This should be the clinical time they spent in the hospital rotation. Must include minimum student contact hours</u>	<u>This is the hospital clinical form. May use the one provided in the Accreditation manual or of your own choosing so long as it contains the same information to be evaluated</u>
<u>8</u>	<u>Completed Field internship Forms: must include minimum EMS calls, criteria for what counts as a call, and who can fill out the evaluation sheet for the student.</u>	<u>May use the one provided in the Accreditation manual or of your own choosing so long as it contains the same information to be evaluated</u>

APPENDIX H

Program Accreditation Appeal Letter

[Your Name]
[Your Title]
[Program Name]
[Address]
[City, State ZIP]
[Phone Number]
[Email Address]

[Date]

[Recipient Name]
[Title]
[Accrediting Body]
[Address]
[City, State ZIP]

RE: Appeal to Maintain Accreditation for [Program Name] EMT Program

Dear [Recipient Name]:

I am writing to formally appeal the decision regarding the accreditation status of our Emergency Medical Technician program at [Program Name]. We acknowledge receipt of your notification dated [date of notification] citing concerns about our program's low pass rates on the National Registry of Emergency Medical Technicians (NREMT) examination.

We fully understand the importance of maintaining high standards in EMT education and take this matter very seriously. After careful review of the concerns raised, we have developed a comprehensive improvement plan that we believe will effectively address the pass rate issues while maintaining the integrity and quality of our program.

Analysis of Current Pass Rates

Our program's current NREMT examination pass rate stands at [specific percentage %], which falls below the required threshold of [required percentage %]. We have conducted a thorough analysis of our performance data over the past [timeframe, e.g., two years] and have identified several key factors contributing to this outcome:

1. **Curriculum alignment gaps:** Our review revealed some discrepancies between our curriculum content and the current NREMT examination focus areas.
2. **Testing preparation resources:** Student feedback indicated insufficient practice with computer-based testing formats similar to the NREMT exam.

3. **Clinical experience quality:** We identified opportunities to strengthen the connection between classroom learning and practical field experience.
4. **Student selection and support:** Our analysis showed that certain student demographics may benefit from additional academic support services.

Comprehensive Improvement Plan

In response to these findings, we have implemented the following corrective measures:

Immediate Actions (Already Implemented)

1. **Curriculum Enhancement**
 - Complete revision of course materials to align with the latest NREMT exam blueprints
 - Integration of additional scenario-based learning modules focusing on critical thinking skills
 - Implementation of weekly quizzes that mirror NREMT question styles and formats
2. **Faculty Development**
 - All instructors have completed refresher training on current NREMT standards and testing methodology
 - Established monthly faculty meetings to review student performance data and adjust teaching strategies
 - Partnered with high-performing EMT programs for best practice sharing and mentorship
3. **Student Support Services**
 - Implemented mandatory NREMT exam preparation workshops for all students
 - Created an early intervention program to identify and support struggling students
 - Established a peer tutoring program utilizing successful program graduates

Long-Term Strategies (In Progress)

1. **Enhanced Clinical Experiences**
 - Restructured clinical rotations to ensure broader exposure to diverse emergency scenarios
 - Implemented detailed clinical evaluation tools aligned with NREMT performance standards
 - Established additional partnerships with local EMS agencies to expand clinical opportunities
2. **Program Admission and Progression Policies**
 - Revised admission criteria to better identify candidates with strong potential for success
 - Implemented mid-program assessment points with remediation pathways
 - Created a comprehensive student success prediction model based on historical data
3. **Data-Driven Quality Improvement**

- Established a dedicated program assessment committee to review outcomes quarterly
- Developed a detailed dashboard to track key performance indicators
- Implemented graduate and employer surveys to gather feedback on program effectiveness

Initial Results and Projected Outcomes

Although our comprehensive improvement plan has only recently been implemented, we are already seeing promising indicators:

1. Internal assessment scores have improved by [percentage]% in the most recent cohort
2. Student satisfaction surveys show a [percentage]% increase in confidence regarding NREMT preparation
3. Preliminary data from our most recent graduates shows a [percentage]% improvement in first-attempt pass rates

Based on these early indicators and comparable interventions at similar institutions, we project reaching the required NREMT pass rate threshold of [required percentage% within [timeframe, e.g., two academic terms].

Request for Probationary Accreditation

We respectfully request that our program be granted probationary accreditation status while we implement our improvement plan and demonstrate its effectiveness. We are committed to:

1. Providing quarterly progress reports on our pass rates and quality improvement initiatives
2. Submitting detailed documentation of all implemented changes
3. Participating in any additional monitoring activities deemed necessary by the accrediting body
4. Hosting site visits to demonstrate our improvements in action

Conclusion

Our EMT program has a [number]-year history of serving our community and producing qualified emergency medical professionals. We remain deeply committed to educational excellence and continuous quality improvement. The outlined measures represent our unwavering dedication to addressing the identified deficiencies and exceeding accreditation standards.

We appreciate your consideration of this appeal and welcome any additional guidance you can provide as we work to strengthen our program. I can discuss our improvement plan in greater detail at your convenience.

Sincerely,

[Your Name]
[Your Title]
[Program Name]

Enclosures:

- Detailed Improvement Plan with Timeline
- Current Student Performance Data
- Faculty Qualification Documentation
- Student Support Resources
- Letters of Support from Clinical Partners