



Last updated: October 17th, 2022

## Emergency Medical Technician

***PLEASE NOTE THE FOLLOWING DIFFERENCES IN HOW THIS EVENT WILL BE RUN AT HOSA CANADA'S FALL LEADERSHIP CONFERENCE (FLC):***

1. Written test time shortened to 40 minutes (still 50 questions) at FLC only.
2. Written test will take place online and be open book at FLC only.
3. Only the written test portion of the event will be evaluated at FLC.

***PLEASE NOTE HOSA CANADA'S SPRING LEADERSHIP CONFERENCE (SLC) WILL BE IN-PERSON AND THIS EVENT WILL BE RUN ACCORDING TO THE GUIDELINES IN THE FOLLOWING PAGES, EXCEPT FOR THE FOLLOWING DIFFERENCE:***

1. There will be a verbal announcement when there are 30 minutes and 5 minutes remaining to complete the written test at SLC.  
*\*Please note that NO verbal announcements will be made at the International Leadership Conference (ILC).*

# Emergency Medical Technician



## New for 2022 – 2023

Breaths will continue to be simulated for ILC 2023 per AHA COVID protocols.  
Skills have been aligned to the texts as the NREMT Psychomotor Skill Sheets have been retired.  
Joint Immobilization and Long Bone Immobilization skills have been combined.  
Test plan percentages have been updated.  
There will be NO verbal announcements during testing.

## Event Summary

Emergency Medical Technician provides HOSA members with the opportunity to gain knowledge and skills required for emergency medical care. This competitive event consists of 2 rounds and each team consists of two (2) people. Round One is a written, multiple-choice test and the top scoring teams will advance to Round Two for the skills assessment. This event aims to inspire members to be proactive future health professionals and be equipped with resilience, physical strength and problem-solving skills to provide immediate treatment in emergencies.

## Sponsorship

This competitive Event is sponsored by the [National Association of Emergency Medical Technicians Foundation](#)



## Dress Code

Competitors shall wear proper business attire or official HOSA uniform, or attire appropriate to the occupational area, during both rounds. Bonus points will be awarded for [proper dress](#)

### Competitor Must Provide:

- [Photo ID](#)
- Two #2 pencils (not mechanical) with eraser
- \* Teams have the option of bringing one kit per person or one kit per team**
- Barrier supplies for each competitor:
  - o 5 pairs of non-latex gloves AND 2 masks AND 2 gowns
  - o 1 set of goggles or safety glasses per person
- 6 - 10 "4x4" dressings (team's choice).
- Adhesive tape
- Penlight
- 4 abdominal / trauma dressings.
- Oral airway kit (sizes 0-6)
- Commercial Tourniquet
- Pocket mask and/or other appropriate barrier (face shield, mouth-to-mask device)
- 4 cravats (used to tie or anchor splints in place – team's choice.)
- Cell phone for simulating call for EMS assistance
- Self-adhering or roller gauze bandages (team's choice.)
- Scissors
- 2 occlusive dressing supplies
- Stethoscope/B/P cuff
- BVM
- Non-rebreather mask

## General Rules

1. Competitors in this event must be active members of HOSA and in good standing.
2. **Eligible Divisions:** Secondary and Postsecondary/Collegiate divisions are eligible to compete in this event.
3. Competitors must be familiar with and adhere to the "[General Rules and Regulations of the HOSA Competitive Events Program \(GRR\)](#)."
  - Per the [GRRs #11](#) and [Appendix H](#), HOSA members may request accommodation in any competitive event. To learn the definition of an accommodation, please read [Appendix H](#). To request accommodation for the International Leadership Conference, [submit the request form here](#) by May 15 at midnight EST.
  - To request accommodation for any regional/state level conferences, please work with your local and state advisor directly. Accommodations must first be done at state in order to be considered for ILC.
4. All competitors shall report to the site of the event at the time designated for each round of competition. At ILC, competitor's [photo ID](#) must be presented prior to ALL competition rounds.
5. Competitors should compete in skill events at the highest level of training. An example would be students enrolled in an Emergency Medical Technician course should compete in the Emergency Medical Technician event and NOT in the CERT or CPR/First Aid event.

## Official References

6. All official references are used in the development of the written test and skill rating sheets.
7. [Emergency Care and Transportation of the Sick and Injured. Series Editor: Andrew N. Pollak, MD, FAAOS. Published by Jones & Bartlett Learning. Latest edition.](#)
8. [American Heart Association. BLS Provider Manual. Latest edition.](#)
9. [Limmer, Daniel. Emergency Care. Published by Prentice Hall, a "Brady" book. Latest edition.](#)

## Round One Test

10. [Test Instructions:](#) The written test will consist of 50 multiple choice items in a maximum of 60 minutes.
11. **Time Remaining Announcements:** There will be NO verbal announcements for time remaining during ILC testing. All ILC testing will be completed in the Testing Center, and competitors are responsible for monitoring their own time.
12. **Written Test Plan**
  - Patient Assessment..... 20%
  - Basic Life Support..... 20%
  - Trauma..... 16%
  - Medical Emergencies..... 14%
  - Pediatrics and Childbirth..... 16%
  - Environmental Emergencies..... 10%
  - Special Situations..... 4%
13. The average test score from Round One will be used to qualify the team for Round Two.

14. **Sample Test Questions**

1. Which of the following statements best describes the systolic blood pressure? (Limmer pp 350/Pollak pp 388)
  - A. An amount that is double the diastolic pressure
  - B. The difference between the resting pressure and the pumping pressure
  - C. The pressure when the heart is relaxing and allowing blood into the atria
  - D. The pressure created when the heart contracts and forces blood into the arte**
  
2. If an adult patient is not breathing but has a pulse, the patient should be ventilated at a rate of how many breaths per minute? (AHA BLS Page 15)
  - A. 6
  - B. 10**
  - C. 14
  - D. 18
  
3. What is the term for a fracture of the distal radius? (Pollak pp 1121)
  - A. Rotation Fracture
  - B. Supracondylar
  - C. Colles' Fracture**
  - D. Tommy John

**Round Two Skills**

15. Round Two is the performance of a selected skill(s). The Round Two skills approved for this event are:
  - Skill I: Patient Assessment - Trauma
  - Skill II: Patient Assessment - Medical
  - Skill III: BVM Ventilation: Apneic Adult Patient
  - Skill IV: Joint Immobilization/ Long Bone Immobilization
  - Skill V: Bleeding Control/Shock Management
  - Skill VI: Cardiac Arrest Management/AED
  - Skill VII: Oxygen Administration by Non-Rebreather Mask
  
16. A **twelve (12) minute maximum time limit** has been set for the team demonstration. The selected skill(s) will be presented to competitors as a written scenario at the beginning of the round. The scenario will be the same for each team and will include a challenging component that will require the competitors to apply critical thinking skills. A sample scenario can be found [here](#).
  
17. Timing will begin when the scenario is presented to the team and competitors will be stopped at the end of the time allowed.
  
18. The scenario is a secret topic. Competitors MAY NOT discuss or reveal the secret topic until after the event has concluded or will face penalties per [the GRRs](#).
  
19. *Oxygen Administration*: Oxygen tank assembly is not included in the HOSA EMT event. HOWEVER, an oxygen tank that is ready to use may be available. If the application of oxygen is indicated by the scenario and condition of the patient(s) the competitors should follow proper EMS protocol in initiating and maintaining oxygen therapy.

If a tank is NOT available and oxygen is indicated, the competitors should verbalize the necessary steps that involve the application of oxygen. Points will be awarded as indicated on the rating sheet used to evaluate all aspects of team's performance, including the use of oxygen therapy.
  
20. Judges will provide information to competitors as directed by the rating sheets. Competitors may ask questions of the judges while performing skills if the questions relate to patient's condition and will be included in the scenario or the judge script.

For example:

  - What are the vital signs?

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

**Final Scoring**

21. Teams must earn a score of 70% or higher on the combined skill(s) of the event (excluding the test) in order to be recognized as an award winner at the ILC.
22. Final rank is determined by adding the averaged round one test score plus round two skill score. In case of a tie, the highest averaged test score will be used to determine final placement.

# EMERGENCY MEDICAL TECHNICIAN

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

<b>Skill I: Patient Assessment – Trauma</b>		<b>Possible</b>	<b>Awarded</b>
1.	Scene Size-up		
	a. Determined the scene/situation is safe.	2	0
	b. Determined the mechanism of injury/nature of illness.	2	0
	c. Determined the number of patients.	2	0
	d. Requested additional EMS assistance if needed.	2	0
2.	If trauma suspected, competitor verbalized/simulated, "Spinal Motion Restriction performed at this time".	2	0
3.	Primary Survey/Resuscitation		
	a. Verbalized general impression of patient.	2	0
	b. Determined responsiveness/level of consciousness (AVPU).	2	0
	c. Determined chief complaint/apparent life threats.	2	0
4.	Airway		
	a. Opened and assessed airway.	2	0
	b. Inserted adjunct as indicated.	2	0
5.	Breathing		
	a. Assessed breathing.	2	0
	b. Assured adequate ventilation.	2	0
	c. Initiated appropriate oxygen therapy.	2	0
	d. Managed any injury which may compromise breathing/ventilation.	2	0
6.	Circulation		
	a. Checked pulse.	2	0
	b. Assessed skin (either color, temperature or condition).	2	0
	c. Assessed for and controlled major bleeding (if present).	2	0
	d. Initiated shock management (positioned patient properly, conserved body heat).	2	0

<b>Skill I: Patient Assessment – Trauma (con't) – Items Evaluated</b>		<b>Possible</b>		<b>Awarded</b>
7.	Rapid Trauma Assessment	1	0	
	a. Head: Checked for wounds, tenderness, and deformities plus crepitation.	1	0	
	b. Face: Checked for wounds, tenderness, and deformities.	1	0	
	c. Ears: Checked for wounds, tenderness, and deformities, plus drainage of blood or clear fluid.	1	0	
	d. Eyes: Checked for wounds, tenderness, and deformities, plus discoloration, unequal pupils, foreign bodies, and blood in the anterior chamber.	1	0	
	e. Nose: Checked for wounds, tenderness, and deformities, plus drainage of blood or clear fluid.	1	0	
	f. Mouth: Checked for wounds, tenderness, and deformities, plus loose or broken teeth; objects that could cause obstruction, swelling, or laceration of the tongue; unusual breath odor; or discoloration.	1	0	
	g. Neck: Checked for wounds, tenderness, and deformities, plus jugular vein distention and crepitation.	1	0	
	h. After neck examined, applied a cervical collar.	2	0	
	i. Chest: Inspected and palpated for wounds, tenderness, and deformities, plus crepitation and paradoxical motion.	1	0	
	j. Chest: Auscultated for breath sounds (presence, absence, and equality).	2	0	
	k. Abdomen: Checked for wounds, tenderness, and deformities, plus firm, soft, and distended areas.	1	0	
	l. Pelvis: Checked for wounds, tenderness, and deformities using gentle compression for tenderness and gentle motion.	1	0	
	m. Upper Extremities: Checked for wounds, tenderness, and deformities.	2	0	
	n. Upper Extremities: Checked for circulation, sensation, and motor function.	2	0	
	o. Lower Extremities: Checked for wounds, tenderness, and deformities.	2	0	
	p. Lower Extremities: Checked for circulation, sensation, and motor function.	2	0	
	q. Posterior: Rolled patient using spinal precautions and checked for wounds, tenderness, and deformities	2	0	
8.	History Taking	2	0	
	a. Signs and Symptoms	2	0	
	b. Allergies	2	0	
	c. Medications	2	0	
	d. Pertinent Medical History	2	0	
	e. Last Oral Intake	2	0	
	f. Events Leading to Present Illness	2	0	

<b>Skill I: Patient Assessment – Trauma (con't) – Items Evaluated</b>		<b>Possible</b>		<b>Awarded</b>
10.	Managed secondary injuries and wounds appropriately.	2	0	
11.	Demonstrated how and when to reassess the patient.	2	0	
12.	Interventions (verbalized proper intervention/treatment.)	2	0	
13.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2	0	
14.	Provided report to Emergency Department including:	2	0	
	a. Unit identification			
	b. Patient's age and sex	2	0	
	c. Chief complaint	2	0	
	d. Brief history of current problem	2	0	
	e. Physical findings including: general appearance, vital signs & level of consciousness	2	0	
	f. Treatment in progress	2	0	
	g. Brief description of response to treatment	2	0	
	h. Estimated time of arrival	2	0	
15.	Used alcohol based hand-rub for hand hygiene.	2	0	
16.	Practiced body substance isolation precautions throughout skill.	2	0	
<b>TOTAL POINTS -- SKILL I</b>		<b>100</b>		
<b>70% Mastery for Skill I = 70</b>				



# EMERGENCY MEDICAL TECHNICIAN

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

<b>Skill II: Patient Assessment – Medical</b>	<b>Possible</b>	<b>Awarded</b>
1. Scene Size-up		
a. Determined the scene/situation is safe.	2	0
b. Determined the mechanism of injury/nature of illness.	2	0
c. Requested additional EMS assistance if necessary.	2	0
d. Determined the number of patients.	2	0
2. Primary Survey/Resuscitation		
a. Verbalized general impression of patient.	2	0
b. Determined responsiveness/level of consciousness (AVPU).	2	0
c. Determined chief complaint/apparent life threats.	2	0
3. Assessed airway and breathing		
a. Assessment.	2	0
b. Assured adequate ventilation.	2	0
c. Initiated appropriate oxygen therapy.	2	0
4. Assessed Circulation		
a. Assessed for and controls major bleeding.	2	0
b. Checked pulse.	2	0
c. Assessed skin (either color, temperature, or condition).	2	0
5. Identified patient priority/makes treatment/ transport decision.	2	0
6. HISTORY TAKING: History of the present illness		
a. Onset	2	0
b. Provokes	2	0

Skill II: Patient Assessment – Medical (con't) - Items Evaluated	Possible		Awarded
c. Quality	2	0	
d. Radiation	2	0	
e. Severity	2	0	
f. Time	2	0	
g. Clarifying questions of associated signs and symptoms related to OPQRST	2	0	
7. History Taking: Past Medical History	2	0	
a. Signs and Symptoms			
b. Allergies	2	0	
c. Medications	2	0	
d. Pertinent Medical History	2	0	
e. Last Oral Intake	2	0	
f. Events Leading to Present Illness	2	0	
8. Secondary Assessment ( <i>Assessed <b>affected</b> body part/system</i> )			
a. Cardiovascular			
b. Neurological			
c. Integumentary			
d. Reproductive	8	0	
e. Pulmonary			
f. Musculoskeletal			
g. GI/GU			
h. Psychological/Social			
9. Obtained baseline vital signs (must include BP, P and R).	2	0	
10. Managed secondary injuries and wounds appropriately.	2	0	
11. Demonstrated how and when to reassess the patient.	2	0	
12. Interventions (verbalized proper intervention/treatment.)	2	0	
13. Used appropriate verbal and nonverbal communication with patient and other personnel.	2	0	
14. Provided report to Emergency Department including:	2	0	
a. Unit identification			
b. Patient's age and sex	2	0	
c. Chief complaint	2	0	

Skill II: Patient Assessment – Medical (con't) - Items Evaluated	Possible		Awarded
d. Brief history of current problem	2	0	
e. Physical findings including: general appearance, vital signs & level of consciousness	2	0	
f. Treatment in progress	2	0	
g. Brief description of response to treatment	2	0	
h. Estimated time of arrival	2	0	
15. Used alcohol based hand-rub for hand hygiene.	2	0	
16. Practiced body substance isolation precautions throughout skill.	2	0	
<b>TOTAL POINTS -- SKILL II</b> <b>70% Mastery for Skill II = 64.4</b>	<b>92</b>		

# EMERGENCY MEDICAL TECHNICIAN

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

<b>Skill III: BVM Ventilation: Apneic Adult Patient</b>	<b>Possible</b>	<b>Awarded</b>
1. Checked responsiveness and level of consciousness.	2 0	
2. Assessed breathing. <i>Judge states "The patient is unresponsive and apneic."</i>	2 0	
3. Requested additional EMS assistance.	2 0	
4. Checked pulse simultaneously for no more than 10 seconds not less than 5 seconds. <i>Judge states, "You palpate a weak pulse of 60."</i>	2 0	
<i>Judge states, "The mouth is full of secretions and vomitus and after turning to side, suctioning is indicated".</i>		
6. Turned on suction unit and tested the suction (more than 300mm Hg)	2 0	
7. Measured the catheter from the corner of mouth to the earlobe or the angle of the jaw.	2 0	
8. Turned head to side (unless suspect cervical spine injury) or verbalized reason to not turn.	2 0	
9. Opened mouth using the cross-finger technique.	2 0	
10. Inserted catheter to the premeasured depth without applying suction as inserted.	2 0	
11. Applied suction in a circular motion as withdrew the catheter. <i>Judge states, "The mouth and oropharynx are clear."</i>	2 0	
12. Opened the airway using the head tilt-chin lift or jaw-thrust maneuver.	2 0	
13. Verbalized measured oropharyngeal device from corner of patient's mouth to the tip of earlobe on the same side of patient's face. inserted oropharyngeal airway.	2 0	
14. Verbalized inserted correct size oropharyngeal airway. <i>Judge states, "No gag reflex is present and the patient accepts the airway adjunct."</i>	2 0	
15. Ventilated the patient immediately using a BVM device unattached to oxygen* <i>*Award this point if competitor elects to ventilate initially with BVM attached to reservoir and oxygen, as long as first ventilation is delivered within 30 seconds.</i> <i>Judge states, "Ventilation is being properly performed without difficulty."</i>	2 0	
16. Rechecked pulse for no more than 10 seconds.	2 0	
17. Attached the BVM assembly to oxygen @ 15L/min.	2 0	
18. Ventilated the patient adequately: a. Proper volume to make chest rise.	2 0	

<b>Skill III: BVM Ventilation: Apneic Adult Patient (con't) – Items Evaluated</b>	<b>Possible</b>	<b>Awarded</b>
b. Squeezed the bag once every 6 seconds for adult patient.	2 0	
19. Initiated ventilation within 30 seconds after taking body substance isolation precautions and does not interrupt ventilations for greater than 30 seconds at any time.	2 0	
20. Used alcohol based hand-rub for hand hygiene.	2 0	
21. Used appropriate verbal and nonverbal communication with patient and other personnel.	2 0	
22. Practiced body substance isolation precautions throughout skill.	2 0	
<b>TOTAL POINTS – SKILL III</b> <b>70% Mastery for Skill III = 30.8</b>	<b>44</b>	

# EMERGENCY MEDICAL TECHNICIAN

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

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

## EMERGENCY MEDICAL TECHNICIAN

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

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

# EMERGENCY MEDICAL TECHNICIAN

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

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



Skill VI Cardiac Arrest Management/AED (con't) - Items Evaluated		Possible		Awarded
8.	Initial Breaths			
a.	Placed the mouth-to-mask device on the patient's face, using the bridge of the nose as a guide for correct position.	2	0	
b.	Sealed the mask on the patient's face. <ul style="list-style-type: none"> <li>Used the hand that is closer to the top of the patient's head &amp; placed index finger and thumb along the top edge of the mask.</li> </ul>	2	0	
c.	Placed the remaining fingers of the second hand along the bony margin of the jaw and lifted the jaw.	2	0	
d.	Pushed with the hand on the patient's forehead (the palm of the hand) and placed other hand under the bony part of the lower jaw lifting it to bring the chin forward.	2	0	
e.	Performed a head tilt-chin lift to open the airway.	2	0	
f.	While lifting the jaw, pressed firmly and completely around the outside edge of the mask (with the fingers) to seal the mask against the face.	2	0	
g.	Simulated breath by stating "Breath, Breath".	2	0	
9.	Continued cycles of 30 compressions and 2 simulated breaths with minimal interruptions until Partner arrives.	2	0	
10.	When Partner arrives instructed to perform chest compressions.	2	0	
11.	Using bag mask positioned self directly above the patient's head.	2	0	
12.	Used the E-C clamp technique			
a.	Performed a head tilt.	2	0	
b.	Placed the mask on the patient's face, using the bridge of the nose as a guide for correct position.	2	0	
c.	Used the thumb and index finger of one hand to make a "C" on the side of the mask, pressing the edges of the mask to the face.	2	0	
d.	Used the remaining fingers to lift the angles of the jaw (3 fingers form an "E"), opened the airway, and pressed the face to the mask.	2	0	
13.	Squeezed the bag to give each breath for 1 second each after every 30 compressions watching for chest rise.	2	0	
14.	Performed chest compressions, counting aloud, using a compressions to breaths ratio of 30:2.	2	0	
15.	Minimal interruption of no more than 10 seconds throughout. <b>NOTE: After approx. 2 minutes or 5 cycles, assess patient and the partner resumes compressions, first rescuer operates the AED.</b>	2	0	
16.	Turned on AED power.	2	0	
17.	Followed prompts and correctly attached AED to patient.	2	0	
18.	Directed rescuer to stop CPR and ensured all individuals are clear of the patient during analysis of the rhythm.	2	0	

<b>Skill VI Cardiac Arrest Management/AED (con't) - Items Evaluated</b>		<b>Possible</b>		<b>Awarded</b>
19.	a. Ensured that all individuals are clear of the patient and verbalizes "All clear."	2	0	
	b. Delivered shock from AED.	2	0	
20.	Immediately directed partner to resume chest compressions.	2	0	
21.	Used alcohol based hand-rub for hand hygiene.	2	0	
22.	Used appropriate verbal and nonverbal communication with patient and other personnel.	2	0	
23.	Practiced body substance isolation precautions throughout skill.	2	0	
24.	Verbalized transportation of patient when one of the following are met: 6-9 shocks delivered, 3 consecutive No Shock Advised or regains pulse.	2	0	
<b>TOTAL POINTS -- SKILL VI</b>		<b>90</b>		
<b>70% Mastery for Skill VI – 63</b>				

# EMERGENCY MEDICAL TECHNICIAN

Section # \_\_\_\_\_ Division: \_\_\_\_\_ SS \_\_\_\_\_ PS/Collegiate

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

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

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