



EMERGENCY MEDICAL TECHNICIAN

- Purpose:** To provide Health Science students with an opportunity to develop and demonstrate knowledge and skills as a team in emergency medical care.
- Description of Event:** This event will consist of two rounds of competition for a 2-person team. Round One is a written, multiple choice test of knowledge and understanding. The top scoring teams will advance to Round Two for the performance of selected skill procedure(s) identified in a written scenario. The scenario will require the use of critical thinking skills. The performance will be timed and evaluated according to the event guidelines.
- Dress Code:** Competitors shall wear proper business attire or official HOSA uniform, or attire appropriate to the occupational area, during the orientation and written test. Competitors will wear attire appropriate to the occupational area during the skill procedure(s). School identification or name pins must be removed or covered during competition. Bonus points will be awarded for proper dress.
- Rules and Procedures**
- Competitors in this event must be active members of HOSA in good standing in the category in which they are registered to compete (Secondary or Postsecondary/Collegiate). Competitors should compete in skill events at the highest level of their training.
 - The test shall be developed from the National HOSA test item bank. The written test will consist of fifty (50) multiple choice items. Competitors will be given one hour to complete the test. The scores of the two team members will be added together for one composite score.

Round One:	Written Test Plan	
	Patient Assessment.....	20%
	Basic Life Support	20%
	Trauma	15%
	Medical Emergencies	15%
	Pediatrics and Childbirth.....	15%
	Environmental Emergencies.....	10%
	Special Situations	5%
 - All competitors shall report to the site of the event orientation at the time designated. The Round One test will immediately follow the orientation. **No proxies will be allowed for the orientation.** No study materials are allowed in the room.
 - All official references are used in the development of the written test. The specific references selected for each procedure are the National Registry EMT skill sheets.
 - Beebe and Funk, *Fundamentals of Basic Emergency Care*, Delmar, Latest edition.
 - American Heart Association, *Basic Life Support for Healthcare Providers*, Latest edition. Distributed by Channing L. Bete Co., Inc. – 1-800-611-6083.
 - Limmer, Daniel. *Emergency Care*. published by Prentice Hall, a “Brady” book, Latest edition.
 - NREMT Basic Level Skill Sheets
http://www.nremt.org/nremt/about/exam_coord_man.asp

5. Each team must consist of two members. The composite test score from Round One will be used to qualify the team for the Round Two skill procedures. The skill procedures approved for this event are:
- | | |
|----------------|--|
| Procedure I: | Patient Assessment - Trauma |
| Procedure II: | Patient Assessment - Medical |
| Procedure III: | Airway, Oxygen and Ventilation Skills |
| | A. Bag-Valve-Mask: Apneic Patient |
| | B. Upper Airway Adjuncts and Suction |
| Procedure IV: | Immobilization/Splinting |
| | A. Spinal Immobilization: Seated Patient |
| | B. Spinal Immobilization: Supine Patient |
| | C. Traction Splinting |
| | D. Joint Injury |
| | E. Long Bone Injury |
| Procedure V: | Bleeding Control/Shock Management |
| Procedure VI: | Cardiac Arrest Management/AED |
6. The selected procedure(s) for Round Two, in the form of a written scenario, will be presented to the competitors at the start of the skill to be performed. The timing for the skill will begin when the scenario is presented. 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. Each scenario will include patient assessment and additional skill(s) unless cardiac arrest management is involved, in which case secondary assessment will not be performed.
7. The scenario is a secret topic. Professional ethics demand that competitors DO NOT discuss or reveal the secret topic until after the event has concluded. Competitors who violate this ethical standard will be disqualified.
8. Competitors must complete all steps of the procedure listed in the guidelines even if the steps must be simulated/verbalized. (If the equipment is available, the competitors would complete all steps of the procedure as the scenario warrants. If the equipment is NOT available, the competitors would simulate/verbalize the steps.)
9. A **twelve (12) minute maximum time limit** has been set for the team demonstration. Timing will begin when the team receives the scenario outside the demonstration room. Competitors will be stopped at the end of the time allowed.
10. Judges will provide information to competitors as directed by the rating sheets. Competitors may ask questions of the judges while performing procedures if the questions relate to victim physiology. 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?
11. The teams must earn a score of 70% or higher on the combined skill procedure(s) of the event (excluding the test) in order to be recognized as an award winner at the NLC.
12. In case of a tie, the highest test score will be used to determine the rank.
13. Competitors must bring all items noted with *** in the materials section of these guidelines to the event.

14. Competitors must be familiar with and adhere to the "**General Rules and Regulations of the National HOSA Competitive Events Program.**"

Required Personnel

1. One Event Manager per event
2. One Section Leader per section
3. Two-three judges per section holding current EMT credentials
4. Proctors for testing
5. One-two Courtesy Corps per section
6. One-two patients as required by the scenario (per section)
7. Holding room attendants(s)
8. Timekeepers (if necessary)

Facilities, Equipment and Materials (Per Section)

1. Clinical and/or laboratory stations for selected procedures
2. Holding rooms or areas for competitors
3. Written scenario (one copy per team and judge)
4. Calculators, note pads, pencils for judges
5. Stopwatch
6. Two blankets and a pillow
7. Certificates for each competitor who completes Round One.
8. Event evaluations
- *** 9. Pens and pencils
10. Non-working cell phones

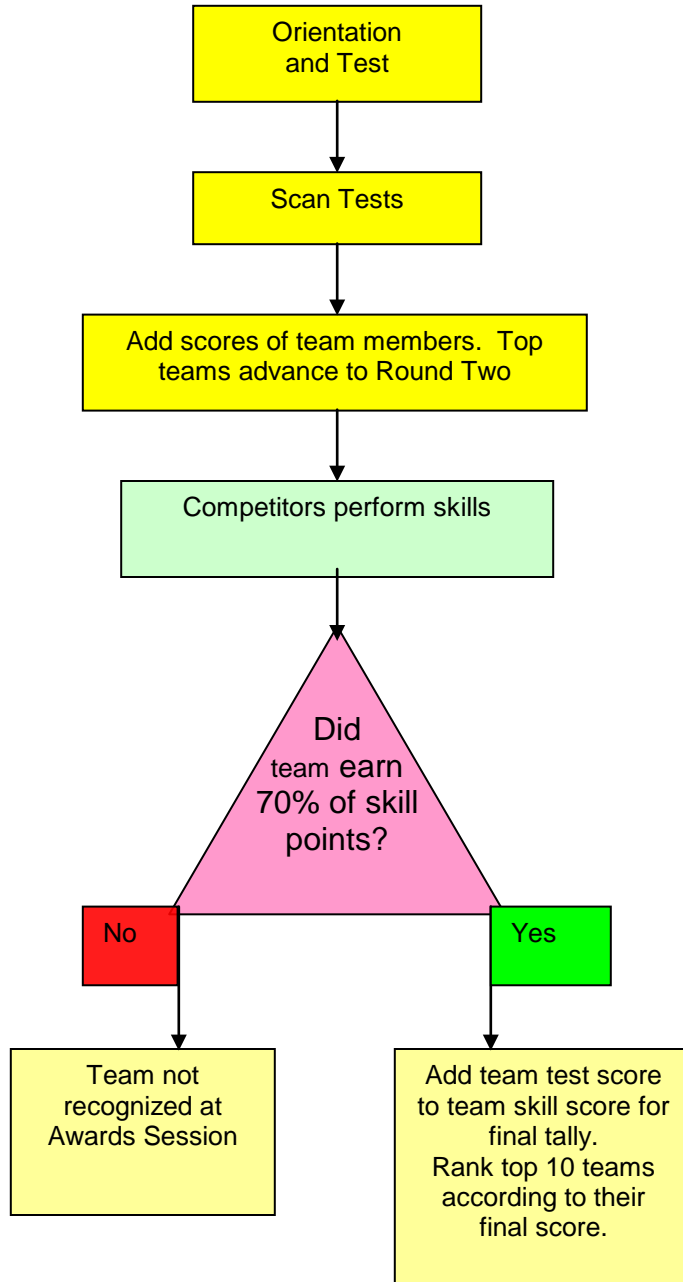
Equipment/Supplies to be Brought by Team

- *** 1. Number 2 lead pencils and pens
- *** 2. Barrier supplies for each competitor:
10 pairs of gloves
1 set of goggles or safety glasses per person
2 mask
2 gown
- *** 3. Watch with a second hand
- *** 4. 10 "4x4" (package any way)
- *** 5. 10 any size self-adhering roller bandages (i.e. Kling)
- *** 6. 6 cravats (Defined as strips of cloth, triangular bandages folded into strips, roller gauze, or other similar material to tie or anchor splints in place.)
- *** 7. Adhesive tape
- *** 8. Scissors
- *** 9. Penlight
- *** 10. 3 occlusive dressing supplies
- *** 11. 3 abdominal dressings
- *** 12. Stethoscope/B/P cuff
- *** 13. Trauma dressing (ABD)
- *** 14. Oral airway kit (sizes 0-6)
- *** 15. BVM
- *** 16. Pocket mask and/or other appropriate barrier (face shield, mouth-to-mask device)

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

- Round One:** **Written Test** (Reference: all resources)
1. One pre-numbered test copy per competitor
 2. Scantron forms for each competitor.
- Round Two Skills:**
- Procedure I** **Patient Assessment – Trauma** (National Registry EMT Skill Sheets)
- Procedure II** **Patient Assessment – Medical** (National Registry EMT Skill Sheets)
- Procedure III** **Airway, Oxygen and Ventilation Skills** (National Registry EMT Skill Sheets)
1. Oxygen cylinder (tank)
 2. O₂ regulator and wrench
 3. O₂ masks (nasal cannula, simple face mask, non-rebreather)
 4. Airway management manikin
 5. Oropharyngeal airways (multiple sizes)
 6. Suction device
 7. Suction catheter
 8. Nasopharyngeal airways (multiple sizes)
- Procedure IV-A** **Spinal Immobilization: Seated Patient** (National Registry EMT Skill Sheets)
1. KED
 2. 1 set - Extrication collars
- Procedure IV-B** **Spinal Immobilization: Supine Patient** (National Registry EMT Skill Sheets)
1. Long spinal immobilization board
 2. 1 set - Extrication collars
 3. Head immobilizer
 4. Straps
- Procedure IV-C** **Traction Splinting** (National Registry EMT Skill Sheets)
1. Traction splint (Hare type)
- Procedures IV-D & E** **Joint Injury and Long Bone Injury** (National Registry EMT Skill Sheets)
1. Board splints (2 each size)
- Procedure V** **Bleeding Control/Shock Management** (National Registry EMT Skill Sheets)
- Procedure VI** **Cardiac Arrest Management/AED** (National Registry EMT Skill Sheets)
1. AED
 2. Cardiac manikin/airway manikin
 3. Oxygen cylinder (tank)
 4. O₂ regulator and wrench

Event Flow Chart



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Team #: _____ Section #: _____

Judge's Signature: _____

Procedure I: Patient Assessment - Trauma		Possible	Allocated
1.	Practiced body substance isolation precautions throughout procedure	1	
2.	Scene safety <ul style="list-style-type: none"> a. Determines the scene is safe b. Determines the mechanism of injury c. Determines the number of patients 	1 1 1	
3.	If trauma suspected, competitor verbalizes/simulates, "Spinal Immobilization performed at this time"	1	
4.	Initial Assessment <ul style="list-style-type: none"> a. Verbalizes general impression of patient b. Determines responsiveness/level of consciousness c. Determines chief complaint/apparent life threats 	1 1 1	
5.	Assesses airway and breathing <ul style="list-style-type: none"> a. Assessment b. Initiates appropriate oxygen therapy c. Assures adequate ventilation d. Injury management 	1 2 1 1	
6.	Assesses circulation <ul style="list-style-type: none"> a. Assesses for and controls major bleeding b. Assesses pulse c. Assesses skin (color, temperature and condition) 	1 1 1	
7.	Identifies priority patients/makes transport decision	1	
8.	Focused Physical Exam and History/Rapid Trauma Assessment <ul style="list-style-type: none"> a. Selects appropriate assessment (focused or rapid assessment) b. Obtains baseline vital signs c. Obtains S.A.M.P.L.E. history 	1 1 1	

Items Evaluated	Possible	Allocated
DETAILED PHYSICAL EXAM		
9. Assesses the head		
a. Inspects and palpates the scalp and ears	1	
b. Assesses the eyes	1	
c. Assesses the facial area including oral and nasal area	1	
10. Assesses the neck		
a. Inspects and palpates the neck	1	
b. Assesses for JVD	1	
c. Assesses for tracheal deviation	1	
11. Assesses the chest		
a. Inspects	1	
b. Palpates	1	
c. Auscultates the chest	1	
12. Assesses the abdomen/pelvis		
a. Assesses the abdomen	1	
b. Assesses the pelvis	1	
c. Verbalizes assessment of genitalia/perineum as needed	1	
13. Assesses the extremities		
One (1) point for each extremity includes inspection, palpation, and assessment of motor, sensory and circulatory function	4	
14. Assesses the posterior		
a. Assesses thorax	1	
b. Assesses lumbar	1	
15. Manages secondary injuries and wounds appropriately. <i>One (1) point for appropriate management of each injury/wound up to a maximum of two (2) points.</i>	2	
16. Verbalizes reassessment of the vital signs.	1	
TOTAL POINTS -- PROCEDURE I	40	

****If a competitor jeopardizes the patient's or his/her own safety or fails to perform a critical technique and does not take immediate action to rectify the error, the total points for the procedure or specific subpart(s) will be deducted.**

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Team #: _____ Section #: _____

Judge's Signature: _____

Procedure II – Patient Assessment - Medical	Possible	Allocated
1. Practiced body substance isolation precautions throughout procedure	1	
2. Scene Safety		
a. Determines the scene is safe	1	
b. Determines the mechanism of injury/nature of illness	1	
c. Determines the number of patients	1	
3. If trauma suspected, competitor verbalizes/simulates, "Spinal immobilization performed at this time"	1	
4. Initial Assessment		
a. Verbalizes general impression of patient	1	
b. Determines responsiveness/level of consciousness	1	
c. Determines chief complaint/apparent life threats	1	
5. Assesses airway of breathing		
a. Assessment	1	
b. Initiates appropriate oxygen therapy	2	
c. Assures adequate ventilation	1	
6. Assesses Circulation		
a. Assesses for and controls major bleeding	1	
b. Assesses pulse	1	
c. Assesses skin (color, temperature, and condition)	1	
7. Identifies priority patients/makes transport decision	1	
NOTE TO EVENT MANAGER AND/OR JUDGES: <i>Before the event begins, determine which sections of Rapid Assessment pertain to the scenario. Calculate the maximum possible score for this procedure based on the sections to be evaluated. Cross out or delete those sections that will NOT be evaluated.</i>	-	
Focused History and Physical Exam//Rapid Assessment <i>Signs and symptoms. (Assess history of present illness)</i>		
8. Respiratory		
• Onset?	1	
• Quality?	1	
• Severity?	1	
• Provokes?	1	
• Radiates?	1	
• Time?	1	
• Interventions?	1	
9. Cardiac		
• Onset?	1	
• Quality?	1	
• Severity?	1	
• Provokes?	1	
• Radiates?	1	
• Time?	1	
• Interventions?	1	

Items Evaluated	Possible	Allocated
10. Altered Mental Status <ul style="list-style-type: none"> • Onset? • Duration? • Evidence of trauma? • Interventions? • Fever? • Description of the episode? • Associated symptoms? • Seizures? 	1 1 1 1 1 1 1 1	
11. Allergic Reaction <ul style="list-style-type: none"> • History of allergies? • How were you exposed? • Progressions? • What were you exposed to? • Effects? • Interventions? 	1 1 1 1 1 1	
12. Poisoning/Overdose <ul style="list-style-type: none"> • Substance? • When did you ingest/become exposed? • How much did you ingest? • Over what time period? • Estimated weight? • Interventions? 	1 1 1 1 1 1	
13. Environmental Emergency <ul style="list-style-type: none"> • Source? • Environment? • Duration? • Loss of consciousness? • Effects – General or local? 	1 1 1 1 1	
14. Obstetrics <ul style="list-style-type: none"> • Are you pregnant? • How long have you been pregnant? • Pain or contractions? • Bleeding or discharge? • Last menstrual period? • Do you feel the need to push? 	1 1 1 1 1 1	
15. Behavioral <ul style="list-style-type: none"> • How do you feel? • Determine suicidal tendencies? • Is the patient a threat to self or others? • Is there a medical problem? • Interventions? 	1 1 1 1 1	
16. Allergies	1	
17. Medications	1	
18. Past pertinent history	1	
19. Last oral intake	1	
20. Events leading to present illness (rule out trauma)	1	
21. Performs focused physical examination. Assesses affected body part/system or, if indicated, completes rapid assessment	1	
22. Vitals (obtains baseline vital signs)	1	
23. Intervention (Obtains medical direction or verbalizes standing order for medication interventions and verbalizes proper additional intervention/treatment.)	1	

Items Evaluated	Possible	Allocated
24. Transport (Re-evaluates transport decision)	1	
25. Verbalizes the consideration for completing a detailed physical exam	1	
26. Ongoing assessment (verbalized) a. Repeats initial assessment b. Repeats vital signs c. Repeats focused assessment regarding patient complaint or injuries	1 1 1	
TOTAL POINTS -- PROCEDURE II	*	

** Event Manager and/or Judges must calculate the maximum possible score for this procedure based on the sections to be evaluated.*

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Procedure IIIA: Oxygen Administration, which required oxygen tank assembly, has been deleted from 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 victim(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 the team's performance, including the use of oxygen therapy. (For example, step 5b in Procedures I and II requires that the team "Initiates appropriate oxygen therapy.")

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Team #: _____ Section #: _____

Judge's Signature: _____

Procedure III-A Bag-Valve-Mask: Apneic Patient		Possible	Allocated
1.	Practiced body substance isolation precautions throughout procedure	2	
2.	Verbalizes opening the airway	2	
3.	Verbalizes Inserting an airway adjunct	2	
4.	Selects appropriately sized mask	2	
5.	Creates a proper mask-to-face seal	2	
6.	Ventilates patient at proper rate and adequate volume for at least 30 seconds.	2	
7.	Connects reservoir and oxygen	2	
8.	Adjusts liter flow to 15 liters/min or greater.	2	
<i>Upon arrival of the second EMT, the second EMT is instructed by the judge to ventilate the patient while the first EMT controls the mask and the airway.</i>			
9.	Voices re-opening the airway	2	
10.	Creates a proper mask-to-face seal	2	
11.	Instructs assistant to resume ventilation at proper rate and adequate volume for at least 30 seconds.	2	
TOTAL POINTS – PROCEDURE III-A		22	

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Team #: _____ Section #: _____

Judge's Signature: _____

Procedure III-B Upper Airway Adjuncts and Suction	Possible	Allocated
OROPHARYNGEAL AIRWAY		
1. Practiced body substance isolation precautions throughout procedure	2	
2. Selects appropriately sized airway	2	
3. Measures airway	2	
4. Inserts airway without pushing the tongue posteriorly	2	
<i>Judge advises the competitor that the patient is gagging and becoming conscious.</i>		
5. Removes the oropharyngeal airway	2	
SUCTION		
<i>Judge advises the competitor to suction the patient's airway.</i>		
6. Turns on/prepares suction device.	2	
7. Assures presence of mechanical suction	2	
8. Inserts the suction tip without suction	2	
9. Applies suction to the oropharynx/nasopharynx	2	
NASOPHARYNGEAL AIRWAY		
<i>Judge advises the competitor to insert a nasopharyngeal airway.</i>		
10. Selects appropriately sized airway	2	
11. Measures airway	2	
12. Verbalizes lubrication of nasal airway	1	
13. Full inserts the airway with the bevel facing toward the septum	2	
TOTAL POINTS – PROCEDURE III-B	25	

*****If a competitor jeopardizes the patient's or his/her own safety or fails to perform a critical technique and does not take immediate action to rectify the error, the total points for the procedure or specific subpart(s) will be deducted.***

EMERGENCY MEDICAL TECHNICIAN

Team #: _____ Section #: _____

Judge's Signature: _____

Procedure IV-A Spinal Immobilization: Seated Patient	Possible	Allocated
1. Practiced body substance isolation precautions throughout procedure	2	
2. Directs assistant to place/maintain head in neutral in-line position	2	
3. Directs assistant to maintain manual immobilization of the head	2	
4. Reassesses motor, sensory and circulatory function in each extremity	2	
5. Applies appropriately sized extrication collar	2	
6. Positions the immobilization device behind the patient	2	
7. Secures the device to the patient's torso	2	
8. Evaluates torso fixation and adjusts as necessary	2	
9. Evaluates and pads behind the patient's head as necessary	2	
10. Secures the patient's head to the device	2	
11. Verbalizes moving the patient to a long board	2	
12. Reassesses motor, sensory and circulatory function in each extremity	2	
TOTAL POINTS -- PROCEDURE IV-A	24	

Note: The assistant in this procedure is the other competitor.

***If a competitor jeopardizes the patient's or his/her own safety or fails to perform a critical technique and does not take immediate action to rectify the error, the total points for the procedure or specific subpart(s) will be deducted.*

EMERGENCY MEDICAL TECHNICIAN

Team #: _____ Section #: _____

Judge's Signature: _____

Procedure IV-B Spinal Immobilization: Supine Patient	Possible	Allocated
1. Practiced body substance isolation precautions throughout procedure	2	
2. Directs assistant to place/maintain head in neutral in-line position	2	
3. Directs assistant to maintain manual immobilization of the head	2	
4. Reassesses motor, sensory and circulatory function in each extremity	2	
5. Applies appropriately sized extrication collar	2	
6. Positions the immobilization device appropriately	2	
7. Directs movement of the patient onto the device without compromising the integrity of the spine	2	
8. Applies padding to voids between the torso and the board as necessary	2	
9. Immobilizes the patient's torso to the device	2	
10. Evaluates and pads behind the patient's head as necessary	2	
11. Immobilizes the patient's head to the device	2	
12. Secures the patient's legs to the device	2	
13. Secures the patient's arms to the device	2	
14. Reassesses motor, sensory and distal circulation in extremities	2	
TOTAL POINTS -- PROCEDURE IV-B	28	

***If a competitor jeopardizes the patient's or his/her own safety or fails to perform a critical technique and does not take immediate action to rectify the error, the total points for the procedure or specific subpart(s) will be deducted.*

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Team #: _____ Section #: _____ Judge's Signature: _____

Procedure IV-C Traction Splinting	Possible	Allocated
1. Practiced body substance isolation precautions throughout procedure	2	
2. Directs application of manual stabilization of the injured leg	2	
3. Directs the application of manual traction	2	
4. Assesses motor, sensory and circulatory function in the injured extremity	2	
<i>NOTE: The judge acknowledges "motor, sensory and circulatory function are present and normal."</i>		
5. Prepares/adjusts splint to the proper length	2	
6. Positions the splint at the injured leg	2	
7. Applies the proximal securing device (e.g. ischial strap)	2	
8. Applies the distal securing device (e.g. ankle hitch)	2	
9. Applies mechanical traction	2	
10. Positions/secures the support straps	2	
11. Re-evaluates the proximal/distal securing devices	2	
12. Reassesses motor, sensory and circulatory function in the injured extremity	2	
<i>NOTE: The judge acknowledges "motor, sensory and circulatory function are present and normal."</i>		
<i>NOTE: The judge must ask the competitor how he/she would prepare the patient for transportation.</i>		
13. Verbalizes securing the torso to the long board to immobilize the hip	2	
14. Verbalizes securing the splint to the long board to prevent movement of the splint	2	
TOTAL POINTS -- PROCEDURE IV-C	28	

Note: If the Sagar splint or the Kendricks Traction Device is used without elevating the patient's leg, application of manual traction is not necessary. The competitor should be awarded the points as if manual traction were applied.

Note: If the leg is elevated at all, manual traction must be applied before elevating the leg. The ankle hitch may be applied before elevating the leg and used to provide manual traction.

*****If a competitor jeopardizes the patient's or his/her own safety or fails to perform a critical technique and does not take immediate action to rectify the error, the total points for the procedure or specific subpart(s) will be deducted.***

EMERGENCY MEDICAL TECHNICIAN

Team #: _____ Section #: _____

Judge's Signature: _____

Procedure IV-D Joint Injury	Possible	Allocated
1. Practiced body substance isolation precautions throughout procedure	2	
2. Directs application of manual stabilization of the shoulder injury	2	
3. Assesses motor, sensory and circulatory function to the injured extremity	2	
<i>NOTE: The judge acknowledges "motor, sensory and circulatory function are present and normal."</i>		
4. Selects proper splinting material	2	
5. Immobilizes the site of the injury	2	
6. Immobilizes the bone above the injured joint	2	
7. Immobilizes the bone below the injured joint	2	
8. Reassesses motor, sensory and circulatory function to the injured extremity	2	
<i>NOTE: The judge acknowledges "motor, sensory and circulatory function are present and normal."</i>		
TOTAL POINTS -- PROCEDURE IV-D	16	

*****If a competitor jeopardizes the patient's or his/her own safety or fails to perform a critical technique and does not take immediate action to rectify the error, the total points for the procedure or specific subpart(s) will be deducted.***

EMERGENCY MEDICAL TECHNICIAN

Team #: _____ Section #: _____

Judge's Signature: _____

Procedure IV-E Long Bone Injury	Possible	Allocated
1. Practiced body substance isolation precautions throughout procedure	2	
2. Directs application of manual stabilization of the injury	2	
3. Assesses motor, sensory and circulatory function to the injured extremity	2	
<i>NOTE: The judge acknowledges "motor, sensory and circulatory function are present and normal."</i>		
4. Measures the splint	2	
5. Applies the splint	2	
6. Immobilizes the joint above the injury site	2	
7. Immobilizes the joint below the injury site	2	
8. Secures the entire injured extremity	2	
9. Immobilizes hand/foot in the position of function.	2	
10. Reassesses motor, sensory and circulatory function to the injured extremity	2	
<i>NOTE: The judge acknowledges "motor, sensory and circulatory function are present and normal."</i>		
TOTAL POINTS -- PROCEDURE IV-E	20	

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Team #: _____ Section #: _____

Judge's Signature: _____

Procedure V Bleeding Control/Shock Management	Possible	Allocated
1. Practiced body substance isolation precautions throughout procedure	2	
2. Applies direct pressure to the wound	2	
<i>Note: The judge must now inform the competitor that the wound continues to bleed.</i>		
3. Applies tourniquet.	2	
<i>Note: The judge must now inform the competitor that the patient is now showing signs and symptoms indicative of hypoperfusion</i>		
4. Properly positions the patient	2	
5. Applies high concentration oxygen	2	
6. Initiates steps to prevent heat loss from the patient	2	
7. Indicates need for immediate transportation	2	
TOTAL POINTS -- PROCEDURE V	14	

*****If a competitor jeopardizes the patient's or his/her own safety or fails to perform a critical technique and does not take immediate action to rectify the error, the total points for the procedure or specific subpart(s) will be deducted.***

EMERGENCY MEDICAL TECHNICIAN

Team #: _____ Section #: _____ Judge's Signature: _____

Procedure VI Cardiac Arrest Management/AED	Possible	Allocated
ASSESSMENT		
1. Practiced body substance isolation precautions throughout procedure	2	
2. Briefly questions rescuer (judge) about arrest events	2	
NOTE: Acting as the rescuer, judge must now inform competitors about arrest event.		
NOTE: Assumption is made that the rescuer is performing CPR.		
3. Turns on AED power	2	
4. Attaches AED to patient	2	
5. Directs rescuer to stop CPR and ensures all individuals are clear of the patient	2	
6. Initiates analysis of the rhythm	2	
7. Delivers shock	2	
8. Directs resumption of CPR	2	
TRANSITION		
9. Gathers additional information about arrest event	2	
10. Confirms effectiveness of CPR (ventilation and compressions)	2	
INTEGRATION		
11. Verbalizes insertion of a simple airway adjunct (oral/nasal airway)	2	
12. Ventilates, or directs ventilation of the patient	2	
13. Assures high concentration of oxygen is delivered to the patient	2	
14. Assures adequate CPR continues without unnecessary/prolonged interruption	2	
15. Continues CPR for two minutes (verbalized)	2	
16. Directs rescuer to stop CPR and ensures all individuals are clear of the patient.	2	
17. Initiates analysis of the rhythm	2	
18. Delivers shock	2	
19. Directs resumption of CPR	2	
20. Verbalizes transportation of patient	2	
TOTAL POINTS -- PROCEDURE VI	40	

***If a competitor jeopardizes the patient's or his/her own safety or fails to perform a critical technique and does not take immediate action to rectify the error, the total points for the procedure or specific subpart(s) will be deducted.*