

# APPENDIX H

## EMERGENCY MEDICAL RESPONDER

### FINAL PRACTICAL SKILLS EXAM

**Appendix H**  
**Final Practical Skills Examination**

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**GUIDELINES FOR  
OKLAHOMA  
EMERGENCY MEDICAL RESPONDER  
AND  
NATIONAL REGISTRY OF EMTS EXAMINATIONS**

Effective January 1, 2000 all individuals seeking initial First Responder certification, were to successfully complete the National Registry of EMTs examinations. This includes practical skill evaluations and the National Registry Computer Based Testing examination. This is a **certifying** examination. You must apply to the National Registry of EMTs on-line for this examination <[www.nremt.org](http://www.nremt.org)> Since that time an alternative Emergency Medical Responder State exam has been developed [See below]. Either of these exams will qualify candidates for Oklahoma recognition as an Emergency Medical Responder.

Effective August 1, 2007 a Technology Center examination was formed and approved by the Oklahoma State Department of Health, EMS Division. This examination is **not a certifying** examination, however, those candidates who pass this test will be recognized in the State of Oklahoma as Emergency Medical Responders provided they maintain an Emergency Medical Responder refresher course every two years thereafter. You may contact your local Technology Center for the **Careertech** information concerning appointments and requirements.

At this time the State of Oklahoma EM.S Division will not be issuing cards or certificates, however, we will maintain a list, or register, of those Emergency Medical Responders who submit the required documentation to the Division. This will be the original Technology Center application and test outcome when the test is passed.

**PRACTICAL SKILL EXAMINATION  
EMERGENCY MEDICAL RESPONDER**

The Practical Examination will be administered by the training program after completion of the Emergency Medical Responder course.

A Department of Transportation (DOT) skill evaluation sheet must be completed for each student and skill station. Each skill station should have a qualified examiner who has been given the proper orientation. These examiners should not be fellow employees, instructor or friends.

**Appendix H**  
**Final Practical Skills Examination**

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The training program coordinator must complete Practical Skills Exam Verification form for each student. The original must be maintained by the training program as part of the student records. A copy should be provided to the student. The student should take their copy to the Technology Center examination site if required.

The training program must prepare a Practical Skills Examination Site Summary Form. This form must be submitted to the State EMS Division with the final course roster.

**Appendix H**  
**Final Practical Skills Examination**

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Oklahoma State Department of Health  
Emergency Medical Services Division

Emergency Medical Responder  
Practical Skills Examination  
Verification Form

Please type or print all information. The candidate must successfully complete all listed skills to be eligible to take the National Registry First Responder written examination, or the Oklahoma State Department of Health **Careertech** examination. This form shall remain with the training institution candidate records. A copy should be given to the candidate.

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Candidate's Name \_\_\_\_\_ Date of Exam \_\_\_\_\_

Social Security Number \_\_\_\_\_ Exam Location \_\_\_\_\_

			<b>Retest Results</b>	
Patient Assessment/Management - Trauma	Pass ____	Fail ____	Pass ____	Fail ____
Bleeding Control/Shock Management	Pass ____	Fail ____	Pass ____	Fail ____
Upper Airway Adjuncts and Suction	Pass ____	Fail ____	Pass ____	Fail ____
Mouth-to-Mask Breathing	Pass ____	Fail ____	Pass ____	Fail ____
One Person CPR	Pass ____	Fail ____	Pass ____	Fail ____
Two Person CPR	Pass ____	Fail ____	Pass ____	Fail ____
Infant CPR	Pass ____	Fail ____	Pass ____	Fail ____
Unresponsive Adult Obstructed Airway	Pass ____	Fail ____	Pass ____	Fail ____

I attest the above named candidate has demonstrated an acceptable level of competency in each of the listing skill areas as measured by the skill evaluation instruments provided in the USDOT First Responder curriculum, Appendix H.

\_\_\_\_\_  
Training Director or coordinator

\_\_\_\_\_  
Date

## ORIGINAL DOT TEXT

### ORIENTATION TO THE PRACTICAL SKILLS EXAMINER

You should read and understand the following orientation information before entering the specific skill station you will be evaluating. If there is any information within this orientation that you do not understand, you should contact the examination coordinator for clarification.

On behalf of the training institute I would like to thank you for donating your valuable time to assist with the evaluation of candidates in the practical examination. Your role as a skill station examiner is critically important. You are to serve as an observer and recorder of the candidate's actions based on the criteria listed on the score sheet. There are a number of ways to successfully perform a skill. You should always remember that the way you were taught to perform a skill is not the only correct way to perform the skill. The ultimate criterion for successful completion of a skill is: "Was effective patient therapy rendered?"

This is a formal examination and not a teaching situation. We discourage excessive dialogue between the examiner and the candidate. Peripheral or "nice to know" areas of prehospital EMS should not be discussed. Situations or questions that require you to demonstrate a procedure should be avoided. You should not ask leading questions. Do not condemn or condone a candidate's actions by expression, gesture, tone of voice, or attitude. Often, candidates interpret a word or action delivered in jest as being indicative of pass or fail, a value judgment, or a non-caring attitude. Pay special attention to verbal and non-verbal language.

The reason you were asked to be an examiner for this station is that your expertise adds to the credibility of the examination and gives you the knowledge to ask the candidates related questions to substantiate or define an action. If qualifying questions are necessary, they should be asked at the end of the station. At no time should you discuss any phase of the candidate's performance with the candidate.

Candidates are allowed to perform each skill once. If they appear overly nervous when first starting the exam, you may stop them and allow them to collect themselves before starting again. However, once a candidate initiates a course of action the candidate must be evaluated on the merits of that singular performance, as would happen in the field. You must provide qualifying information in the comments section of the score sheet for any performance that is identified as a mandatory failure item.

## Appendix H

### Final Practical Skills Examination

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Visitors are not allowed in the station while testing is being conducted. The examination coordinator and the medical director may be in the station if they are not obstructive to the testing.

You should meet the candidate at the door and introduce yourself. Print the candidate's name, your name, and the date at the top of the score sheet. Next, you should read aloud the "Instructions to the Candidate" and ask if there are any questions. If there are no questions, start the time clock and observe the candidate as he/she progresses through the procedure.

The score sheets were designed to be generic so that the brand name of the particular equipment used in the skill station would have no effect on the scoring process. Points should be awarded on a full point increment basis and fractions of a point are not allowed. Each task is given a point value of one. If there are two tasks indicated in one step, one point should be awarded for each individual task. If a task is not completed or is completed improperly, place a zero in the "points awarded" column.

You must document in the comments section the reason you marked a mandatory failure item. Additional comments are welcome, but remember to be specific. Instead of writing "He did a poor job", write exactly what the candidate did right or wrong. At no time should you discuss the performance with the candidate. You should never condemn or condone the candidate's actions by verbal or nonverbal means.

If the candidate reaches the time limit indicated on the score sheet before completing the procedure, you must stop the candidate and direct him/her to return to the staging area and wait for instructions to report to the next station. All tasks not completed should be scored a zero in the "points awarded" column.

Be very aware of the importance of consistency in giving instructions, setting up scenarios, and making and recording observations. Every effort should be made to ensure that all details of the examination scenario are identical for each candidate. Be aware of your own fatigue and if necessary take a break after notifying the examination coordinator.

You should have received individual written instructions concerning the specific skill and/or skill station you will be evaluating. If you do not understand any part of these

**Appendix H**  
**Final Practical Skills Examination**

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instructions, do not start the evaluation process. Contact the examination coordinator for clarification.

Some of the skill stations require the presence of a simulated victim (i.e., - Trauma Assessment/Management). The simulated victim should be trained at the level of the First Responder or higher. He should be thoroughly briefed on the actions expected from him during the candidate's performance. This will help ensure that the scenario and skill station are identical for each candidate. Once a candidate has successfully passed a skill station, he/she may be used as a simulated victim in that skill station.

## Appendix H

### Final Practical Skills Examination

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#### INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER BLEEDING CONTROL/SHOCK MANAGEMENT

This station is designed to test the candidate's ability to treat a life threatening hemorrhage and subsequent hypoperfusion. This station will be scenario based and will require some dialogue between the candidate and the examiner. The candidate will be required to properly treat a life threatening hemorrhage.

The victim will present with an arterial bleed from a severe laceration of the extremity. The examiner will prompt the actions of the candidate at predetermined intervals as indicated on the skill sheet. The candidate will be required to provide the appropriate intervention at each interval when the patient's condition changes. It is essential, due to the purpose of this station, that the patient's condition not deteriorate to a point where CPR would be initiated. This station is not designed to test CPR.

The equipment and supplies needed at this station include field dressings and bandages and a blanket.

The scenario in the "Instructions to the Candidate" is an example of an acceptable scenario for this station. It is not intended to be the only possible scenario for this station. Variations of the scenario are possible and should be utilized in order to reduce the possibility of a candidate knowing the scenario before entering the test. If the scenario is to be changed, the following guidelines must be used:

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

It is essential that once a scenario is established for a specific test, it remain the same for all candidates being tested on that date. This will ensure a consistent examination for all candidates.

## Appendix H

### Final Practical Skills Examination

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Due to the scenario format of this station, you are required to prompt the student at various places during the exam. Controversy exists in the national EMS community concerning the removal of dressings by First Responders when controlling hemorrhage. This station does not require the First Responder to remove any dressing once applied. When the bleeding is initially managed with a pressure dressing and bandage, you should inform the student that the wound is still bleeding. If the candidate places a second pressure dressing over the first, you should again state that the wound continues to bleed. After the candidate uses an appropriate arterial pressure point to control the hemorrhage, you should say that the bleeding is controlled. If the candidate attempts to remove the initial dressing to apply direct finger tip pressure, you should inform him/her, that for the purposes of this station, this step is not required. Additionally, you should indicate to the candidate that the victim is in a hypoperfused state by indicating signs and symptoms appropriate for this level of shock (example: cool clammy skin, restlessness, P 118, R 30).

This skill station requires the presence of one examiner and a victim. The victim may be an appropriate mannequin or a live person. The mannequin must be a hard shell anatomically accurate mannequin.

**Appendix H**  
**Final Practical Skills Examination**

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**INSTRUCTIONS TO THE CANDIDATE**  
**BLEEDING CONTROL/SHOCK MANAGEMENT**

This station is designed to test your ability to control hemorrhage. This is a scenario based testing station. As you progress through the scenario, you will be offered various signs and symptoms appropriate for the patient's condition. You will be required to manage the patient based on these signs and symptoms. A scenario will be read aloud to you; and you will be given an opportunity to ask clarifying questions about the scenario; however, you will not receive answers to any questions about the actual steps of the procedures to be performed. You may use any of the supplies and equipment available in this room. You have 15 minutes to complete this skill station.

**SCENARIO (sample)**  
**BLEEDING CONTROL/SHOCK MANAGEMENT**

You respond to a stabbing and find a 25 year old male victim. Upon examination you find a 2-inch stab wound to the inside of the right arm at the anterior elbow crease (antecubital fascia). Bright red blood is spurting from the wound. The scene is safe and the patient is conscious and alert. His airway is open and he is breathing adequately. Do you have any questions?

**BLEEDING CONTROL/SHOCK MANAGEMENT**

Points

Points

Possible    Awarded

	Possible	Awarded
Takes or verbalizes body substance isolation precautions	1	
Applies direct pressure to the wound	1	
Elevates the extremity	1	
<b><i>Note: The examiner must now inform the candidate that the wound continues to bleed.</i></b>		
Applies an additional dressing to the wound	1	
<b><i>Note: The examiner must now inform the candidate that the wound still continues to bleed. The second dressing does not control the bleeding.</i></b>		
Locates and applies pressure to appropriate arterial pressure point	1	
<b><i>Note: The examiner must now inform the candidate that the bleeding is controlled</i></b>		
Applies a dressing to the wound	1	

**Appendix H**  
**Final Practical Skills Examination**

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Bandages the wound	1	
<b><i>Note: The examiner must now inform the candidate that the patient is showing signs and symptoms indicative of hypoperfusion.</i></b>		
Properly positions the patient	1	
Initiates steps to prevent heat loss from the patient	1	
Indicates need for immediate transportation	1	
<b>TOTAL:</b>	<b>10</b>	

**CRITICAL CRITERIA**

- \_\_\_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_\_\_ Applies tourniquet before attempting other methods of bleeding control
- \_\_\_\_\_ Did not control hemorrhage in a timely manner
- \_\_\_\_\_ Did not indicate a need for immediate transportation

## Appendix H Final Practical Skills Examination

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### INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER PATIENT ASSESSMENT/MANAGEMENT TRAUMA

This station is designed to test the candidate's ability to integrate patient assessment and intervention skills on a victim with multi-systems trauma. Since this is a scenario based station, it will require some dialogue between the examiner and the candidate. The candidate will be required to physically accomplish all assessment steps listed on the skill sheet. However, all interventions should be spoken instead of physically accomplished. Because of the limitations of moulage, you must establish a dialogue with the candidate throughout this station. If a candidate quickly inspects, assesses, or palpates the patient in a way that makes you uncertain of the areas or functions being assessed, you must immediately ask the candidate to explain the actions. For example, if the candidate stares at the patient's face, you must ask what he/she is assessing to precisely determine if he/she was checking the eyes, facial injuries, or skin color. Any information pertaining to sight, sound, touch, smell, or an injury that cannot be realistically moulaged but would be immediately evident in a real patient encounter, must be supplied by the examiner as soon as the candidate exposes or assesses that area of the patient.

The victim will present with a minimum of an airway, breathing, or circulatory problem and one associated injury or wound. The mechanism and location of the injury may vary, as long as the guidelines listed above are followed. It is essential that once a scenario is established for a specific test site, it remain the same for all candidates being tested at that site. This will ensure a consistent examination for all candidates.

This skill station requires the presence of one victim and one candidate. The victim should be briefed on his/her role in this station as well as on how to respond while being assessed by the candidate. Additionally, the victim should have read thoroughly the "Instructions to the Simulated Trauma Victim." Trauma moulage should be used as appropriate. Moulage may range from commercially prepared moulage kits to theatrical moulage. Excessive/dramatic use of moulage must not interfere with the candidate's ability to expose the victim for assessment.

Once the scene size-up and initial assessment are completed, the exact location of vital signs within a prehospital assessment is dependent upon the patient's condition. As an

## Appendix H

### Final Practical Skills Examination

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examiner, you should award one point for vital signs as long as they are accomplished according to the patient's condition.

The scenario format of a multi-trauma assessment/management testing station requires that the examiner provide the candidate with essential information throughout the examination process. Since this station uses a simulated patient, the examiner must supply all information pertaining sight, sound, smell, or touch. This information should be given to the candidate **when the area of the patient is exposed or assessed**.

The examiner must present assessment findings that are appropriate for the patient and the treatment that has been rendered. In other words, if a candidate has correctly treated for hypoperfusion, do not offer assessment findings that deteriorate the patient's condition. This may cause the candidate to assume he/she has rendered inadequate or inappropriate care. The examiner should not offer information that overly improves or deteriorates a patient. Overly improving a patient invites the candidate to discontinue treatment and may lead to the candidate failing the examination. Overly deteriorating the patient may lead to the candidate initiating C.P.R. This station was not designed to test C.P.R.

Due to the scenario format and voiced treatments, a candidate may forget what he/she has already done to the patient. This may result in the candidate attempting to do assessment/intervention steps on the patient that are physically impossible. As an examiner should remind the candidate that previous treatment prevents assessing the area. This same situation may occur with bandages.

Each candidate is required to complete a full patient assessment. The candidate must complete all components of the physical examination with the exception of those areas which are covered by dressings and bandages.

NOTE: You may choose to write the exact steps the candidate follows during this station as the sequence is performed. You may then use this documentation to fill out the score sheet after the candidate completes the station. This documentation may then be used to validate the score on the skill sheet if questions arise later.

## Appendix H Final Practical Skills Examination

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### INSTRUCTIONS TO THE SIMULATED TRAUMA VICTIM

The following should be reviewed by the skill station examiner with the person serving as victim.

When serving as a victim for the scenario today, make every attempt to be consistent with every candidate in presenting the symptoms. The level of respiratory distress acted out by you and the degree of pain you describe at injury sites must be consistent for all candidates. As the candidate progresses with the examination, be aware of any period in which the candidate touched a simulated injured area. If the scenario indicates that you are to respond with deep painful stimuli and the candidate only lightly touches the area, do not respond. Only respond in the situation as you feel a real victim would in a multiple trauma situation. Do not give the candidate any clues while you are acting as a victim. For example, it is inappropriate to moan that your wrist hurts after you become aware that the candidate has not found that injury. Please remember what areas have been assessed and treated because we may need to discuss the candidate's performance after the candidate leaves the room.

The skill station examiner may utilize information provided by the First Responder trained and well coached victim as data in determining the awarding of points for specific steps in the evaluation instrument.

**INSTRUCTIONS TO THE CANDIDATE  
PATIENT ASSESSMENT/MANAGEMENT  
TRAUMA**

This station is designed to test your ability to perform a patient assessment of a victim of multi-system trauma and "voice" treat all conditions and injuries discovered. You must conduct your assessment as you would in the field including communicating with your patient. As you approach the patient you should assume the scene is clear of safety hazards. You may remove the patient's clothing down to shorts or swimsuit if you feel it is necessary. As you conduct your assessment, you should state everything you are assessing. Clinical information not obtainable by visual or physical inspection, will be given to you after you demonstrate how you would normally gain that information. You may assume that you have two First Responders working with you and that they are correctly carrying out the verbal treatments you indicate. You have (10) ten minutes to complete this skill station. Do you have any questions?

**Appendix H**  
**Final Practical Skills Examination**

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**TRAUMA SITUATION #1 - PATIENT ASSESSMENT/MANAGEMENT**

**Mechanism of Injury.** You are called to the scene of a motor vehicle accident where you find a victim who was ejected from the car. You find severe damage to the front end of the car. The victim is found lying face down in a field 30 feet from the upright car.

**Injuries** All injuries will be moulaged. Each examiner should program the patient to respond appropriately throughout the assessment and should assure that the victim has read the "Instructions to the Simulated Trauma Victims". The patient will present with the following injuries.

1. Unresponsive
2. Left side flail chest
3. Decreased breath sounds, left side
4. Cool, clammy skin; no distal pulses
5. Distended abdomen
6. Pelvis stable
7. Open injury of the left femur with capillary bleeding

**Appendix H**  
**Final Practical Skills Examination**

**PATIENT ASSESSMENT/MANAGEMENT**  
**TRAUMA**

Points Possible  
 Points Awarded

Takes or verbalizes body substance isolation precautions		1	
<b>SCENE SIZE-UP</b>			
Determines the scene is safe		1	
Determines the mechanism of injury		1	
Determines the number of patients		1	
Requests additional help if necessary		1	
Considers stabilization of spine		1	
<b>INITIAL ASSESSMENT</b>			
Verbalizes general impression of patient		1	
Determines chief complaint/apparent life threats		1	
Determines responsiveness		1	
Assesses airway and breathing	Assessment	1	
	Assures adequate ventilation	1	
	Injury management	1	
Assesses circulation	Assesses for and controls major bleeding	1	
	Assesses pulse	1	
	Assesses skin (color, temperature and condition)	1	
Identifies priority patients/makes transport decision		1	
Obtains S.A.M.P.L.E. history		1	
<b>PHYSICAL EXAMINATION</b>			
Assesses the head	Inspects and palpates the head	1	
Assesses the neck	Inspects and palpates the neck	1	
Assesses the chest	Inspects	1	
	Palpates	1	
Assesses the abdomen/pelvis	Assesses the abdomen	1	
	Assesses the pelvis	1	
Assesses the extremities	1 point for each extremity	4	
Manages secondary injuries and wounds appropriately			

**Appendix H**  
**Final Practical Skills Examination**

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<b>1 point for appropriate management of the secondary injury/wound</b>	1	
Verbalizes on-going assessment	1	
<b>TOTAL:</b>	29	

**CRITICAL CRITERIA**

- Did not take or verbalize body substance isolation precautions
- Did not assess for spinal protection
- Did not provide for spinal protection when indicated
- Did not evaluate and find conditions of airway, breathing, circulation (hypoperfusion)
- Did not manage/provide airway, breathing, hemorrhage control or treatment for shock (hypoperfusion)

## INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER UPPER AIRWAY ADJUNCTS AND SUCTION

This station is comprised of three separate skills. The candidate will be required to measure, insert, and remove an oropharyngeal and a nasopharyngeal airway and to suction the patient's upper airway.

The oropharyngeal airway, nasopharyngeal airway, and suction are in one skill station for scoring purposes only. It should not be inferred, nor are we implying, that there is a sequential connection between the three skills. You should not test these as sequential skills but as three distinct, isolated skills.

The technique for opening a patient's mouth and inserting an oropharyngeal airway varies from text to text, i.e., - 90 degree rotation, 180 degree rotation, direct insertion. Since concern for spinal immobilization is not required at this station, the criteria for appropriately opening the patient's mouth and inserting the oropharyngeal airway should be that the tongue is not pushed posteriorly.

The equipment needed at this station includes various sizes of oropharyngeal nasopharyngeal airways and a suction device (manual or battery operated device). Additionally, this station requires the presence of a mannequin that can accept the insertion of an oropharyngeal and nasopharyngeal airway. The mannequin may be an intubation head; however, it should be life size and have anatomically correct airway structures.

Once the candidate has the oropharyngeal airway in place, advise the candidate that the patient is vomiting. If the candidate fails to immediately remove the oropharyngeal airway, place a zero in the "points awarded" column. Once the candidate has finished the procedure for oropharyngeal airway insertion and removal, direct him/her to demonstrate the proper procedure for suctioning a patient's upper airway. Finally the candidate instruct the candidate to insert a nasopharyngeal airway into the mannequin.

**Appendix H**  
**Final Practical Skills Examination**

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**INSTRUCTIONS TO THE CANDIDATE**  
**UPPER AIRWAY ADJUNCTS AND SUCTION**

This station is designed to test your ability to properly measure, insert, and remove an oropharyngeal and a nasopharyngeal airway as well as to suction a patient's upper airway. This is an isolated skills test comprised of three separate skills. You may use any equipment available in this room. Do you have any question?

**Appendix H**  
**Final Practical Skills Examination**

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**UPPER AIRWAY ADJUNCTS AND SUCTION**

**OROPHARYNGEAL AIRWAY**

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Selects appropriate size airway	1	
Measures airway	1	
Inserts airway without pushing the tongue posteriorly	1	
<b><i>NOTE: The examiner must advise the candidate that the patient is gagging and becoming conscious</i></b>		
Removes oropharyngeal airway	1	

**SUCTION**

<b><i>NOTE: The examiner must advise the candidate to suction the patient's oropharynx/nasopharynx</i></b>		
Turns on/prepares suction device	1	
Assures presence of mechanical suction	1	
Inserts suction tip without suction	1	
Applies suction to the oropharynx/nasopharynx	1	

**NASOPHARYNGEAL AIRWAY**

<b><i>NOTE: The examiner must advise the candidate to insert a nasopharyngeal airway</i></b>		
Selects appropriate size airway	1	
Measures airway	1	
Verbalizes lubrication of the nasal airway	1	
Fully inserts the airway with the bevel facing toward the septum	1	
<b>TOTAL:</b>	<b>13</b>	

**CRITICAL CRITERIA**

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not obtain a patent airway with the oropharyngeal airway
- \_\_\_ Did not obtain a patent airway with the nasopharyngeal airway

## Appendix H Final Practical Skills Examination

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### INSTRUCTIONS TO THE PRACTICAL SKILLS EXAMINER MOUTH-TO-MASK

This station is designed to test the candidate's ability to effectively ventilate a patient using a mouth-to-mask technique. This station is testing an isolated skill. The candidate will be advised that the patient is already being ventilated, mouth-to-mouth, by another first responder. Upon entering the skill station, the candidate will be required to ventilate the patient using a mouth-to-mask technique. The candidate may assume that the patient has a central pulse and that the only patient management required is ventilation.

When ventilating the patient, the candidate must provide a minimum of 800 ml volume per breath. This equals the current standards established for appropriate rescue breathing volumes during basic and advanced life support.

This station requires a mannequin capable of being ventilated with volumes of 800 ml or more. It must also be able to register successful lung inflations of 800 ml to 1200 ml per breath. This may be accomplished by using a system that lights up when successful volumes are reached or a system that graphs successful volumes. The mannequin must be life size, possess anatomically correct airway structures, and meet the criteria listed above.

Due to the nature of this station, infection control measures must be enforced. You should follow the current infection control measures established by the American Heart Association for mannequin disinfection.

You should observe the candidate ventilating the mannequin for a period of 30 seconds. During this time you should pay close attention to volumes. The volumes should be in the range of 800 ml - 1200 ml per breath. If you observe one ventilation error or less in 30 seconds (volume only), you should award 1 point. No point should be awarded if you observe two ventilation errors or more in 30 seconds.

**INSTRUCTIONS TO THE CANDIDATE  
MOUTH-TO-MASK**

This station is designed to test your ability to ventilate a patient using a mouth-to-mask technique. This is an isolated skills test. You may assume that mouth-to-mouth ventilation is in progress and that the patient has a central pulse. The only patient management required is ventilator support using a mouth-to-mask technique. You must ventilate the patient for at least 30 seconds. You will be evaluated on the appropriateness of ventilatory volumes. You may use any equipment available in this room. Do you have any questions?

**Appendix H**  
**Final Practical Skills Examination**

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**MOUTH-TO-MASK**

	Points Possible	Points Awarded
Takes or verbalizes body substance isolation precautions	1	
Connects one-way valve to mask	1	
Opens airway (manually or with adjunct)	1	
Establishes and maintains a proper mask to face seal	1	
Ventilates the patient at the proper volume and rate <i>(800-1200 ml per breath/10-20 breaths per minute)</i>	1	
<b>NOTE: the examiner must witness ventilations for at least 30 seconds</b>		
<b>TOTAL:</b>	<b>5</b>	

**CRITICAL CRITERIA**

- \_\_\_ Did not take or verbalize body substance isolation precautions
- \_\_\_ Did not provide proper volume per breath  
*(more than 2 ventilations per minute are below 800 ml)*
- \_\_\_ Did not ventilate the patient at 10-20 breaths per minute
- \_\_\_ Did not allow for complete exhalation

**Appendix H**  
**Final Practical Skills Examination**

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BLS for Healthcare Providers

**CPR Critical Skills Testing Checklists**

Name: \_\_\_\_\_ Date of Test: \_\_\_\_\_

<b>Test Summary</b>		
PASS = Steps all checked (done correctly) NR = needs remediation Indicate PASS or NR:		
1R CPR	2R CPR + AED	Infant 1R + 2R CPR
PASS   NR	PASS   NR	PASS   NR

<b>Instructor's signature affirms that skills tests were done according to AHA guidelines</b>
Instructor's Sig _____
Print Instructor Name: _____
Date: _____