

NAME	PRINT NAME	IDENTIFICATION #	DATE
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OBJECTIVE

Given: Given appropriate equipment (EMS PPE and germicidal wipes or spray)

Demonstrate:

- Proper Donning of 'Full' EMS PPE for patient who presents with signs of Febrile Respiratory Illness
- Proper Doffing of 'Full' EMS PPE for patient who presents with signs of Febrile Respiratory Illness
- Decontamination of EMS Equipment (Aid Kits, Vent Kit, Radio(s), Clipboard, etc.)

PPE DONNING

(must demonstrate in the following approved order...MEGG)

<p>Mask (Fit-Tested)</p> <input type="checkbox"/> Fit to bridge of nose <input type="checkbox"/> Check seal <input type="checkbox"/> Mask patient (if indicated)	<p>Eye / Face Protection</p> <input type="checkbox"/> In place	<p>Gown</p> <input type="checkbox"/> Secured	<p>Gloves</p> <input type="checkbox"/> Cover Gown sleeves
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PPE DOFFING (REMOVAL)

(must demonstrate in the following approved order)

<p>Gloves</p> <input type="checkbox"/> Grab cuff /remove <input type="checkbox"/> Insert finger in cuff and remove <input type="checkbox"/> Discard	<p>Gown</p> <input type="checkbox"/> Ties from back/neck <input type="checkbox"/> Fold dirty side in and bundle <input type="checkbox"/> Clean hands w/ waterless cleaner	<p>Eye / Face Protection</p> <input type="checkbox"/> Remove <input type="checkbox"/> Save glasses or discard shields	<p>Mask (Fit-Tested)</p> <input type="checkbox"/> Exit contaminated space <input type="checkbox"/> Remove by straps on back of head <input type="checkbox"/> Clean hands w/ waterless cleaner
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- Glove up and decontaminate equipment & glasses with germicidal cleaner (using approved technique)

CRITICAL FAIL CRITERIA All elements above are CRITICAL CRITERIA

ADDITIONAL CRITICAL FAIL CRITERIA

- Touches face or any unprotected area with gloved hands
- Touches dirty area with 'clean' hands during removal

MEETS STANDARDS (RECERT)

IF NO, EXPLAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO
EVALUATOR SIGNATURE	IDENTIFICATION # 2nd ATTEMPT <input type="checkbox"/> YES <input type="checkbox"/> NO

2012 CPR / Resuscitation Skills

EMERGENCY MEDICAL SERVICES (10/20/2011 MH)

SKILL CHECKLIST

Cardiac Arrest

NAME	PRINT NAME	EMS #	DATE
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Objective: Given a multi-person company, BLS/ALS equipment and manikin: demonstrate assessment and treatment for Cardiac Arrest as outlined in current **Standing Orders for the Treatment of Cardiac Arrest**.

PPE / SAFETY (must demonstrate)

- Gloves
 Eye Protection
 Respiratory Protection (as needed)
 AED Safety

(CAB APPROACH) COMPRESSION PERSON(S)

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Confirm: uncon./unresp. | <input type="checkbox"/> Pulse Check (no more than 10 sec.) | <input type="checkbox"/> Verbally <i>counts</i> compressions | <input type="checkbox"/> Airway/Breathing |
|--|---|--|---|

- Remove patient to open area
- Remove clothing to start
- Immediately begins** chest compressions with rate of **at least 100 per minute**
- Completes **30 compressions** of CPR **before first** analysis
- Resume CC **immediately** after Analysis / Shock

- Pulse Check (**only after 2nd No Shock**)
- Switches **w/o pause** every 2 minutes
- Proper hand placement
- Compress chest **at least 2 inches**
- Allow **complete recoil** between compressions

DEFIB TECHNICIAN

*****ANALYZE AS SOON AS AED APPLIED*** (minimum of 30 compressions)**

Shock Advised

- Shock** – (no pulse check)
- Changes compressor
- Analyze @ 2 mins. (post-shock)
- 2 Minutes of CPR

No Shock Advised

- 2 mins. of CPR**
- Changes compressor
- Pulse Check < 10 sec. (**only after 2nd No Shock**)
- 2 Minutes of CPR

*****FEMORAL PULSE CHECK WITH CPR*****

VENTILATION PERSON

- Give 2 breaths/30 comp. (*unsecured airway*) **AND** About 1 second/breath (*achieves chest rise*)
 Give 1 breath/8-10 sec. (*secured airway*) **AND** About 1 second/breath (*achieves chest rise*)

TIME KEEPER

- Tracks 2min. intervals
 Announces time at 1:45
 Eliminates **ALL** unnecessary interruptions

CRITICAL FAIL CRITERIA

All elements are CRITICAL FAIL CRITERIA

PASS	YES	NO	PRINT EVALUATOR NAME	EVALUATOR SIGNATURE	EMS #