

Pierce County EMS MPD Specific Reminders for ESE Renewal

As of September 2017

- 1) Utilize the Washington State DOH/EMS [BLS Practical Skills Evaluation Guidelines](https://www.doh.wa.gov/Portals/1/Documents/Pubs/530150.pdf) – The guidance document will assist Initial and OTEP training programs’ instructors and evaluators to conduct consistent, reliable and objective practical skill evaluations. It contains equipment lists for each skill. It provides essays to read to the candidate to ensure each candidate receives the same instructions. The essay age/gender/chief complaint information may be changed to fit the scenario and moulaged patient description. These guidelines were developed directly from similar NREMT skill evaluation guidelines. The guidelines are available at <https://www.doh.wa.gov/Portals/1/Documents/Pubs/530150.pdf>

- 2) The skills sheets **MUST** have the candidate’s name and date printed legibly.

Candidate Name _____ Date _____

- 3) The skills sheets **MUST** have the Evaluator’s printed name and signature.

Evaluator Name: _____
Printed Signature

- 4) Each skill sheet must have the type of **Scenario** annotated.
Each skill sheet must have the actual clock **Start Time:** and **Stop Time:** annotated (not ‘stopwatch’ time).

Here are some examples:

Nasopharyngeal Airway

Candidate Name Doe, Joe Date 9-3-2017

Scenario 23yo M OD. Start Time: 1305

	Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions	1	1
*Measures and selects appropriate size airway	1	1
*Verbalizes lubrication of the nasal airway	1	1
*Fully inserts the airway with the bevel facing toward the septum	1	1
*Demonstrates a patent airway by ventilating patient	1	1
Passing score is 5 (all Critical)	TOTAL: 5	5

Stop Time: 1309 Elapsed Time: 4 Max Time Allowed: 5 Pass / Fail

Joint Immobilization

Candidate Name Passo, James Date 9-3-2017

Scenario elbow 16yoF bike fall Start Time: 1405

	Points Possible	Points Awarded
*Takes or verbalizes appropriate standard precautions	1	1
*Directs application of manual stabilization of the injury (in position found)	1	1
*Assesses distal pulse, sensation, and movement in the injured extremity	1	1
<i>NOTE: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."</i>		
Selects proper splinting material (sizing to uninjured limb)	1	1
Immobilizes the site of the injury	1	1
*Immobilizes the bone above injured joint	1	1
*Immobilizes the bone below injured joint	1	1
Secures the entire injured extremity	1	1
*Reassesses distal pulse, sensation, and movement in the injured extremity	1	1
<i>NOTE: The evaluator acknowledges, "Distal pulse, sensation, and movement in the injured extremity are present and normal."</i>		
Passing score is 8 (at least 80%)	TOTAL:	9

Stop Time: 1409 Elapsed Time: 4 Max Time Allowed: 5 Pass / Fail

Epinephrine 1:1000- Administration from Vial or Ampule (experienced provider)

Candidate Name Smith, James Date 3 Sept 2017

Scenario 6yo barking 20kg Start Time: 1505

	Points Possible	Points Awarded
* Takes or verbalizes appropriate standard precautions	1	1
* Appropriately determines the need for Epinephrine <i>(Patient must exhibit anaphylactic reaction including shock and/or respiratory insufficiency)</i>	1	1
Contacts medical direction for authorization as indicated per protocol	1	1
* Selects correct medication (concentration)	1	1
* Checks medication for expiration date	1	1
* Checks medication for cloudiness or discoloration	1	1
* Selects proper needle and syringe	1	1
Opens vial or ampule correctly	1	1
* Draws up the correct amount of Epinephrine <u>0.15mg / 0.15ml</u>	1	1
* Selects and cleans the appropriate site	1	1
* Inserts needle at a 90 degree angle (Intramuscular)	1	1
* Injects medication	1	1
* Withdraws needle and applies pressure over injection site	1	1
Covers puncture site	1	0
* Properly discards needle in appropriate container	1	1
* Verbalizes reassessment of patient	1	1
Passing score is 13 (at least 80%)	Total:	15

Stop Time: 1510 Elapsed Time: 5 Max Time Allowed: 5 Pass / Fail

- 5) If you mark a Critical Criteria item, then in the 'Cons' section of the skill sheet, you must document what the candidate did, or did not do, to warrant the Critical Criteria mark. Do not simply rewrite the Critical Criteria statement, provide specific details.
- 6) Ensure you annotate in the 'Additional Comments' section the instructions given to the candidate regarding remediation and reevaluation of a failed attempt.
- 7) In case you did not know, these skill sheets were adapted directly from NREMT skill sheets...they were not randomly put together by the county or state EMS offices. The State DOH/EMS Office requires that only WA DOH/EMS Office approved skill sheets be used for evaluations during initial courses as well as OTEP. The NREMT is in the process of updating their evaluation forms and so the WA DOH/EMS Office along with the State EMS Education Workgroup will be updating our forms as well when the NREMT forms are made available.
- 8) Depending on the certification level, a full set of the EMR or EMT Practical Evaluation Skill Sheets must be completed for any EMR or EMT recertifying via the OTEP method; and can be accomplished over the certification cycle. A full set of the EMR or EMT Practical Evaluation Skill Sheets must be completed for any EMR or EMT recertifying via the Traditional CME method; but must be accomplished within a six month window prior to the certification expiration date. Anyone EMR or EMT seeking Reissuance of their certification must complete a full set at the time of the Reissuance application.
- 9) PLEASE, PLEASE, please remember to print off a copy of ANY online training you accomplish for YOUR personal records. Do not rely on computer systems to keep track of your training—they crash !!! Your certification and training is YOUR possession and responsibility.
- 10) Skill Sheets and other publications are available on the State website at: <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/EmergencyMedicalServicesEMSSystems/EMSandTrauma/Publications>
- 11) Other information and publications are available on the PCEMS website at: <http://www.piercecountywa.org/930/Emergency-Medical-Services-EMS>

12) Attestation of skills competency.

Refer to the DOH/EMS document titled:

TRAINING, CME AND SKILLS MAINTENANCE DOCUMENTATION,
adapted by the PCEMS Office specifically for ESE Renewal.

The *Skills Competency for ESE Renewal only form* can be found at

<http://www.piercecountywa.org/938/EMS-Forms>

You fill in your name.

Your MSO/CES/Training Officer must complete Section C, initialing on the lines up to and including the level of your certification. They then print their name, sign, and date the bottom of the form.

That form must accompany this attestation to the PCEMS Office to include with your recertification documents.

13) Attestation of 'PCEMS MPD Specifics' review:

I _____, attest that I have reviewed
Printed name of ESE seeking renewal

the *Pierce County EMS MPD Specific Reminders for ESE Renewal* and will comply with the guidance.

Printed Name

Signature

Date Reviewed

WA State DOH/EMS ESE credential number