Emergency Medical Technician

Event Category: Emergency Preparedness

Eligible Divisions: Secondary & Postsecondary / Collegiate	**Round One:** 50 Q test (60 minutes)	**Digital Upload:** NO
Team Event: 2 competitors per team	**Round Two:** Skill(s) assessment	

New for 2026-2027

Skills have been updated to the new AHA Guidelines released February, 2026. The 13th edition of Emergency Care and Transportation of the Sick and Injured has been released. Editorial changes have been made.

TEXAS HOSA

Make sure to read TEXAS General Rules and Regulations for updated "Electronic Device Policies" and "Extended Stay Preparation".

Area Spring Leadership Conference

Round one online test for Area will be given in December. The top ten (10) teams will advance to round two (2) in person at the Area Spring Leadership Conference. The top three (3) scores in each Area will advance to State.

Texas State Leadership Conference

A Round 1 written exam will be used to slate the top ten (10) teams for Round 2. Both Round 1 and Round 2 for State will be in person in Irving. The top three (3) scores from State will advance to ILC.

Event Summary

Emergency Medical Technician allows HOSA members to gain the knowledge and skills required for emergency medical care. This competitive event consists of two rounds, and each team consists of two (2) people. Round One is a written, 50-question multiple-choice test, and the top-scoring teams will advance to Round Two for the skills assessment. The primary goal of this event is to motivate members to pursue careers as proactive healthcare professionals, equipping them with resilience, physical strength, and adept problem-solving abilities necessary for delivering immediate emergency care.

Sponsorship

HOSA-Future Health Professionals appreciates the sponsorship of this event by the National Association of Emergency Medical Technicians Foundation.	

General Event Information

General Rules	Competitors must be familiar with and adhere to the General Rules and Regulations.
Dress Code	Proper business attire or official HOSA uniform. Bonus points will be awarded for proper dress. • Round One: Proper business attire, official HOSA uniform, or attire appropriate to the occupational area. • Round Two: Attire appropriate to the occupational area. All team members must be properly dressed to receive bonus points.
Competitors Must Provide	• Photo ID for both rounds

The expectation is that competitors read and are aware of all the content within these guidelines and associated links. Successful competitors will study all links for the detailed information.

	● Two #2 lead pencils (not mechanical) with an eraser for test ● Neon colored foam earplugs, NOT earbuds, for noise control (Rd1-optional) ● Manual watch with second hand required for Round 2 for Vital Signs (no iWatches) ● ***RESPONDER BAG - * Teams have the option of bringing one responder bag per person or one responder bag per team (ONLY materials listed should be included)*** ○ Barrier supplies for each competitor ○ 5 pairs of **non-latex** gloves AND 2 masks AND 2 gowns ○ 1 set of goggles or safety glasses per person ○ 6 - 10 "4x4" dressings (team's choice). ○ Self-adhering or roller gauze bandages (team's choice). ○ Adhesive tape ○ Bandage scissors ○ Penlight ○ 2 occlusive dressing supplies ○ 4 abdominal / trauma dressings. ○ 4 cravats (used to anchor splints in place - team's choice) ○ Stethoscope/BP cuff ○ Oral airway kit (sizes 0-6) ○ BVM with oxygen tubing ○ Cell phone for simulating call for EMS assistance ○ Tourniquet - HOSA will provide a tourniquet, OR the competitor can provide their own Tourniquet. ○ Non-rebreather mask ○ Pocket mask and/or other appropriate barrier (face shield, mouth-to-mask device) HOSA Conference Staff will provide equipment and supplies listed in Appendix I.
Official References	The references below are used in the development of the test questions and skill rating sheets: ● *Emergency Care and Transportation of the Sick and Injured.* Series Editor: Andrew N. Pollak, MD, FAAOS. Published by Jones & Bartlett Learning. Latest edition. ● American Heart Association. *BLS Provider Manual.* Latest edition. ● Limmer, Daniel and Michael F. O'Keefe. *Emergency Care.* Published by Prentice Hall, a "Brady" book, Latest edition.

ROUND ONE- Test

Test Instructions	The written test will consist of 50 multiple-choice items in a maximum of 60 minutes. See test instructions here.
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.
Written Test Plan	The test plan for Emergency Medical Technician is: ● Patient Assessment - 20% ● Basic Life Support - 20% ● Trauma - 16% ● Medical Emergencies - 14% ● Pediatrics and Childbirth - 16% ● Environmental Emergencies - 10% ● Special Situations - 4%
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 artery

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- Skill Assessment

1. The top teams from Round One will advance to Round Two. The number of advancing competitors will be determined by the scores obtained in Round One and the space and time available for Round Two. Round Two finalists will be announced on-site at ILC per the conference agenda.

2. Round Two is a selected skill(s) assessment. The 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	**Skill VIII: Administer Auto-inject EpiPen**
Skill IX: Administer Naloxone (Nasal Spray NARCAN)	

3. For all skills, body fluids will be a simulated product.

4. A **twelve (12) minute maximum time limit** has been set for reading the scenario and caring for the patient (skill performance 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. Some scenarios may involve the combination of multiple skills. In the event rating sheets are combined it is not necessary to repeat a task a second time. An example would be competitors would not need to identify the patient twice. A sample scenario can be found here.

5. Timing will begin when the scenario is presented to the competitors and will be stopped at the end of the time allowed. 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.

6. *Oxygen Administration*: The HOSA EMT event does not include oxygen tank assembly. 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 the team's performance, including oxygen therapy.
7. Judges will provide competitors with information as directed on the rating sheets. If the questions relate to the patient's condition and are included in the scenario or judge script/rating sheet, competitors may ask the judges questions while performing skills. For example: a. What are the vital signs? - Do I hear breath sounds? b. Do I have a distal pulse? - Is the patient breathing?' c. Are the patient's lips blue?
8. Competitors must use all equipment correctly and safely. Judges will stop a student and not award points for a step if they see a competitor is about to cause a risk of harm or about to damage equipment or other supplies.

Final Scoring

1. Teams must earn a score of 70% or higher on the combined skill(s) in Round Two-Skills Assessment in order to be recognized as an award winner at the ILC.

2. The final rank is determined by adding the round one test score plus the round two skill score. In the event of a tie, the highest test score will be used to determine the final placement.

Future Opportunities

The HOSA Scholarship program has funding available for HOSA members who have an interest in various health careers! The application process begins January 1, 2027, and can be found here: https://hosa.org/scholarships/.

Graduating from high school or completing your postsecondary/collegiate program does not mean your HOSA journey has to end. As a HOSA member, you are eligible to become a HOSA Lifetime Alumni Member- a free and valuable opportunity to remain connected, give back, and help to shape the future of the organization. Learn more and sign up at hosa.org/alumni.

Emergency Medical Technician
Skill I: Patient Assessment - Trauma

TEAM #:_____ **Division:**_____SS _____PS/C **Judge's Signature:**_____

Skill I: Patient Assessment - Trauma		Possible		Awarded
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 the airway.	**2**	**0**	
	b. Maintained airway.	**2**	**0**	
5.	**Breathing** a. Assessed breathing (rate, rhythm, and volume).	**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 *and oxygen*).	**2**	**0**	
7.	Identified patient priority and made treatment/transport decisions.	**2**	**0**	
8.	**Rapid Trauma Assessment** 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 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**	

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	g. Neck: Checked for wounds, tenderness, and deformities, plus jugular Vein distention and crepitation.	1 0	
Skill I: Continued...		**Possible**	**Awarded**
	h. After neck examined, applied a cervical collar before backboarding.	2 0	
	i. Chest: Inspected and palpated for wounds, tenderness, and deformities, plus crepitation and paradoxical motion, retractions, work of breathing, etc.	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	
9.	**History Taking** 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	
10.	Obtained baseline vital signs (must include BP, P and R).	2 0	
11.	Managed secondary injuries and wounds appropriately.	2 0	
12.	Demonstrated how and when to reassess the patient.	2 0	
13.	Interventions (verbalized proper intervention/treatment and destination)	2 0	
14.	Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2 0	
15.	**Provided report to Emergency Department (judge) including:** a. Unit identification	2 0	
	b. Patient's age and sex	2 0	
	c. Chief complaint	2 0	
	d. Brief history of current problem	2 0	
	e. Treatment in progress	2 0	
	f. Brief description of response to treatment	2 0	
	g. Estimated time of arrival	2 0	
16.	Used alcohol-based hand-rub for hand hygiene.	2 0	
17.	Practiced body substance isolation precautions throughout skill.	2 0	
	Total Points- Skill I 70% Mastery for Skill I: 71.4	**102**	

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Emergency Medical Technician
Skill II: Patient Assessment - Medical

TEAM #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

Skill II: Patient Assessment - Medical		Possible	Awarded
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.	**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. Assessed breathing (rate, rhythm, and volume).	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 and made treatment/transport decision.	2 0	
6.	**HISTORY TAKING: History of present illness** a. Onset	2 0	
	b. Provokes	2 0	
	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** a. Signs and Symptoms	2 0	
	b. Allergies	2 0	
	c. Medications	2 0	

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Skill II: Continued...		Possible		Awarded
	d. Pertinent Medical History	2	0	
	e. Last Oral Intake	2	0	
	f. Events Leading to Present Illness	2	0	
8.	**Secondary Assessment (Assessed *affected* body part/system)** a. Cardiovascular b. Neurological c. Integumentary d. Reproductive e. Pulmonary f. Musculoskeletal g. GI/GU h. Psychological/Social	8	0	
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 and destination)	2	0	
13.	Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2	0	
14.	**Provided report to Emergency Department (judge) including** a. Unit identification	2	0	
	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	
	Total Points - Skill II 70% Mastery for Skill II: 64.4	92		

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Emergency Medical Technician
Skill III: BVM Apneic Adult Patient

TEAM #:_____ **Division:**_____SS _____PS/C **Judge's Signature:**_____

Skill III: BVM Apneic Adult Patient		**Possible**		**Awarded**
1.	Checked and verbalized the scene is safe	**2**	**0**	
2.	Checked responsiveness and level of consciousness.	**2**	**0**	
3.	Assessed breathing and checked pulse simultaneously for no more than 10 seconds and not less than 5 seconds.	**2**	**0**	
Judge states "The patient is unresponsive and apneic. You palpate a weak pulse of 60." The mouth is full of secretions and vomitus and after turning to the side, suctioning is indicated."				
4.	Requested additional EMS assistance.	**2**	**0**	
5.	Turned on suction unit and tested the suction (more than 300mm Hg)	**2**	**0**	
6.	Measured the catheter from the corner of mouth to the earlobe or the angle of the jaw.	**2**	**0**	
7.	Turned head to side (unless suspect cervical spine injury) or verbalized reason to not turn.	**2**	**0**	
8.	Opened mouth using the cross-finger technique.	**2**	**0**	
9	Inserted catheter to the pre-measured depth without applying suction as inserted.	**2**	**0**	
10.	Applied suction in a circular motion as withdrew the catheter.	**2**	**0**	
Judge states, "The mouth and oropharynx are clear."				
11.	Opened the airway using the head tilt-chin lift or jaw-thrust maneuver.	**2**	**0**	
12.	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**	
Judge states, "No gag reflex is present and the patient accepts the airway adjunct."				
13.	Verbalized inserted correct size oropharyngeal airway with proper technique a. Used the crossed-fingers technique to open the patient's mouth.	**2**	**0**	
	b. Inserted the airway with the tip pointing to the roof of the patient's mouth.	**2**	**0**	
	c. Rotated oropharyngeal device 180 degrees into position noted the flange rests against the patient's mouth.	**2**	**0**	
14.	Ventilated the patient immediately using a BVM device unattached to oxygen* **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.*	**2**	**0**	
Judge states, "Ventilation is being properly performed without difficulty."				
15.	Rechecked pulse for no more than 10 seconds.	**2**	**0**	
16.	Attached the BVM assembly to oxygen @ 15L/min.	**2**	**0**	
17.	Ventilated the patient adequately: a. Proper volume to make chest rise.	**2**	**0**	
	b. Squeezed the bag once every 6 seconds for adult patient.	**2**	**0**	

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18.	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	
Skill III: Continued...		**Possible**	**Awarded**
19.	Used alcohol-based hand-rub for hand hygiene.	2 0	
20.	Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2 0	
21.	Practiced body substance isolation precautions throughout skill.	2 0	
	Total Points- Skill III: 70% Mastery for Skill III: 33.6	**48**	

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Emergency Medical Technician
Skill IV: Long Bone OR Joint Immobilization

TEAM #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

Skill IV: Long Bone OR Joint Immobilization		**Possible**		**Awarded**
1.	Checked and verbalized the scene is safe.	**2**	**0**	
2.	Removed clothing from the area of suspected injury.	**2**	**0**	
3.	Inspected the area for DCAP-BTLS (deformity, contusion, abrasions, punctures/penetrations, burns, tenderness, lacerations, swelling).	**8**	**0**	
4.	Noted patient's neurovascular status distal to the injury, including pulse, sensation, and movement.	**2**	**0**	
	***Judge states, "Motor, sensory and circulatory functions are present and normal.**			
5.	Stabilized the bone(s) and joint(s) above and below the injury.	**2**	**0**	
6.	Maintained manual stabilization to minimize movement of the limb and to support injury site.	**2**	**0**	
7.	Placed splint under or alongside the limb.	**2**	**0**	
8.	Placed padding between the limb and splint to make sure even pressure and even contact. If arm is involved, then placed hand in position of function.	**2**	**0**	
9.	Reassessed distal nervous & circulatory functions in the injured extremity.	**2**	**0**	
	***Judge states, "Motor, sensory and circulatory functions are present and normal.**			
10.	Used alcohol-based hand-rub for hand hygiene.	**2**	**0**	
11.	Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	**2**	**0**	
12.	Practiced body substance isolation precautions throughout skill.	**2**	**0**	
	Total Points- Skill IV: 70% Mastery for Skill IV: 21	**30**		

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Emergency Medical Technician

Skill V: Bleeding Control / Shock Management

TEAM #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

Skill V: Bleeding Control / Shock Management		**Possible**	**Awarded**
1.	Checked and verbalized the scene is safe.	**2 0**	
2.	Applied direct pressure to the wound.	**2 0**	
	***Judge states "The wound continues to bleed."**		
3.	Applied pressure dressing.	**2 0**	
	***Judge states "The wound continues to bleed with direct pressure with a pressure dressing."**		
4.	Applied tourniquet. 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.	**2 0**	
	***Judge states "Bleeding is controlled. The patient is exhibiting signs and symptoms of hypo-perfusion."**		
5.	Comforted, calmed and reassured patient.	**2 0**	
6.	Properly positioned the patient in supine position.	**2 0**	
7.	Administered high concentration oxygen.	**2 0**	
8.	Initiated steps to prevent heat loss from the patient by providing blankets to place under and over the patient.	**2 0**	
9.	Indicated need for immediate transportation.	**2 0**	
10.	Used alcohol-based hand-rub for hand hygiene.	**2 0**	
11.	Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	**2 0**	
12.	Practiced body substance isolation precautions throughout skill.	**2 0**	
	TOTAL POINTS - SKILL V 70% Mastery for Skill V – 19.6	**28**	

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Emergency Medical Technician
Skill VI: Cardiac Arrest Management / AED

TEAM #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____
Partner □ 1 □ 2

Skill VI: Cardiac Arrest Management / AED		Possible	Awarded
1.	Checked and verbalized the scene is safe.	2 0	
2.	Questioned bystanders if present.	2 0	
3.	**Partner 1 initiated CPR** Determined unresponsiveness: tapped shoulder, shouted "Are you OK?"	2 0	
	***Judge states "Patient is not responsive.**		
4.	Shouted to Partner 2 to initiate AED / defibrillator use.	2 0	
5.	Requested additional EMS assistance if needed.	2 0	
6.	**BREATHING:** a. 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	
	b. Checked for breathing by scanning the patient's chest for rise and fall.	2 0	
	c. 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).	2 0	
	***Judge states "The patient is unresponsive, apneic and pulseless."**		
7.	**Initial Chest Compressions (30) Partner 1:** 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 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	
8.	Partner 2: Turned on AED power.	2 0	
9.	Followed prompts and correctly attached AED to patient.	2 0	
10.	Directed partner 1 to stop CPR and ensured all individuals are clear of the patient during analysis of the rhythm.	2 0	
	a. Verbalized "All clear."	2 0	
	b. Delivered shock from AED.	2 0	

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Skill VI: Continued...		Possible	Awarded
11.	Immediately directed partner to resume chest compressions.	2 0	
12.	**BREATHS – Partner 2** a. Positioned self directly above patient's head.	2 0	
	b. Opened the airway using the head tilt-chin lift or jaw-thrust maneuver.	2 0	
	c. Opened the patient's mouth, suctioned if needed, and inserted an oral or nasal airway. (Verbalized, if scenario indicates, whether or not manikin will accept airway).	2 0	
	d. Placed the mask on the face with the narrow portion at the bridge of the nose.	2 0	
	e. 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	
	f. Positioned thumbs along the sides of the mask to press mask downward to face.	2 0	
	g. Placed mask over the patient's face (over nose and lower to the chin).	2 0	
	h. Used the remaining three fingers to lift the angles of the jaw (3 fingers form "E") up to the mask.	2 0	
	i. Opened the airway and pressed the face to the mask.	2 0	
	j. Squeezed the bag with other hand until adequate chest rise is seen.	2 0	
13.	Partner 1 performed chest compressions, counting aloud, using a compression to breaths ratio of 30:2.	2 0	
14.	Minimal interruption of no more than 5 seconds throughout. ***NOTE: After approx. 2 minutes or 5 cycles, assessed patient and switched roles.***	2 0	
15.	Used alcohol-based hand-rub for hand hygiene.	2 0	
16.	Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2 0	
17.	Practiced body substance isolation precautions throughout skill.	2 0	
18.	Verbalized transportation of patient when one of the following are met: 6-9 shocks delivered, 3 consecutive 'No Shock Advised' or patient regains pulse.	2 0	
	TOTAL POINTS - SKILL VI 70% Mastery for Skill VI – 56	**80**	

The expectation is that competitors read and are aware of all the content within these guidelines and associated links. Successful competitors will study all links for the detailed information.

Emergency Medical Technician

Skill VII: Oxygen Administration by Non-Rebreather Mask

TEAM #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

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

Skill VII: Oxygen Administration by Non-Rebreather Mask		Possible		Awarded
1.	Checked and verbalized the scene is safe.	**2**	**0**	
2.	Gathered appropriate equipment.	**1**	**0**	
3.	Verbalized: Use an oxygen wrench to turn the valve counterclockwise to slowly crack the valve on the oxygen tank	**2**	**0**	
4.	Gently retightened valve to stop oxygen flow.	**2**	**0**	
5.	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**	
6	Verbalized and simulated checking the oxygen tank pressure.	**2**	**0**	
7.	Verbalized and simulated checking for leaks.	**2**	**0**	
8.	Attached non-rebreather mask to correct port of regulator.	**2**	**0**	
9.	Verbalized and simulated turning on oxygen flow to pre-fill reservoir bag.	**2**	**0**	
10.	Verbalized and simulated adjusting regulator to assure oxygen flow rate of at least 10L per minute.	**2**	**0**	
11.	Attached mask to patient's face and adjusted to fit snugly.	**2**	**0**	
12.	Used alcohol based hand-rub for hand hygiene.	**2**	**0**	
13.	Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	**2**	**0**	
14.	Practiced body substance isolation precautions throughout skill.	**2**	**0**	
	Total Points- Skill VII: 70% Mastery for Skill VII: 21.7	**31**		

The expectation is that competitors read and are aware of all the content within these guidelines and associated links. Successful competitors will study all links for the detailed information.

Emergency Medical Technician

Skill VIII: Administer Auto-Inject EpiPen

TEAM #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

Skill VIII: Administer Auto-Inject EpiPen		Possible		Awarded
1.	Checked and verbalized the scene is safe.	2	0	
2.	Opened first aid kit and put on PPE.	2	0	
3.	Checked for responsiveness and breathing.	2	0	
4.	Introduced self and asked for permission to help. **** Patient consents to treatment.***	2	0	
5.	Quickly assessed the situation. (Asked what happened.)	2	0	
	****Judge states, the patient has been exposed to an allergen and has an epinephrine pen with them and requires help with administration.***			
6.	Looked for medical information jewelry.	2	0	
7.	Obtained auto-inject EpiPen from patient.	2	0	
8.	Verified medication and expiration date.	2	0	
9.	Read instructions on EpiPen to determine how long the injector is held in place.	2	0	
10.	Held the EpiPen in fist.	2	0	
11.	Removed safety cap.	2	0	
12.	Held leg firmly in place.	2	0	
13.	Pressed the tip of the injector hard against the side of the patient's thigh, about halfway between the hip and the knee.	2	0	
14.	Held the injector in place for recommended time per manufacturer's instructions (found on side of the ejector).	2	0	
15.	Pulled the EpiPen straight out, making sure not to touch the end that was pressed to the skin.	2	0	
16.	Instructed patient to rub for 10 seconds; OR rubbed site for 10 seconds if patient is unable to.	2	0	
17.	Verbalized the time of the injection.	2	0	
18.	Assessed any change in patient status.	2	0	
	****Judge states, "symptoms have improved" OR "condition has worsened".***			
19.	Properly disposed of autoinjector.	2	0	
20.	Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2	0	
21.	Gave information about patient to Emergency Department (judge) including time of injection.	4	0	
22.	Practiced Body Substance Isolation precautions throughout skill.	2	0	
23.	Placed disposable PPE in a biohazard receptacle.	2	0	
24.	Used alcohol based hand-rub for hand hygiene.	2	0	
	Total Points- Skill VIII: 70% Mastery for Skill VIII: 30.8	**50**		

The expectation is that competitors read and are aware of all the content within these guidelines and associated links. Successful competitors will study all links for the detailed information.

TEAM ID # _____

EMS Prehospital Report

EMS MEDICATIONS					
Medication:	**Time:**	**Dosage:**	**Route:**	**Staff ID:**	**Comments/Response:**

The expectation is that competitors read and are aware of all the content within these guidelines and associated links. Successful competitors will study all links for the detailed information.

Emergency Medical Technician

Skill IX: Administer Naloxone (Nasal Spray NARCAN)

TEAM #:_____ **Division:** _____SS _____PS/C **Judge's Signature:**_____

Skill IX: Administer Naloxone (Nasal Spray NARCAN)		Possible		Awarded
1.	Checked and verbalized the scene is safe.	2	0	
2.	Opened first aid kit and put on PPE.	2	0	
3.	Checked for responsiveness and breathing.	2	0	
	Judge states, "patient has agonal respirations or is unresponsive."			
4.	a. Quickly assessed the situation. (Asked what happened to any others present.)	2	0	
	b. Choking or gurgling sounds.	2	0	
	Judge states, "There is evidence of opioid usage," Judge provides competitor with Naloxone. (Nasal Spray NARCAN trainer).			
5.	Verbalized patient assessment looking for signs of opioid overdose: a. Responsive but experiencing altered state of consciousness or drowsiness.	2	0	
	b. Choking or gurgling sounds.	2	0	
	c. Small, constricted pupils.	2	0	
	d. Blue skin, lips or nails.	2	0	
6.	Administered Naloxone: a. Inspected nostril for obstruction.	2	0	
	b. Peeled the package back to remove the device and checked the medication name and expiration date.	2	0	
	c. Held the device with thumb on the bottom of the plunger and two fingers on either side of the nozzle.	2	0	
	d. Placed and held the tip of the nozzle in either nostril until fingers touched the bottom of the patient's nose.	2	0	
	e. Pressed the plunger firmly to release the dose into the patient's nose.	2	0	
7.	Recorded the name, dose, route, and time of administration.	2	0	
8.	Continued to assess responsiveness and breathing: if change in status initiated rescue breathing or CPR as needed.	2	0	
	Judge states, "change in status with further instructions (further instructions will be included in the scenario)."			
9.	Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2	0	
10.	Gave information about patient to Emergency Department (judge).	4	0	
11.	Removed gloves properly without touching the outside of the gloves with bare hands.	2	0	
12.	Maintained BSI throughout. Placed disposable PPE in a biohazard receptacle.	2	0	
13.	Used alcohol based hand-rub for hand hygiene.	2	0	
	Total Points- Skill IX: 70% Mastery for Skill IX: 30.8	**44**		

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