PHECC National Qualification in Emergency Medical Technology (NQEMT)
Objective Structured Clinical Examination (OSCE) Assessment Sheets

Level 4 – Emergency Medical Technician (EMT)

This section of the NQEMT-EMT examination consists of eight (8) OSCE stations in total.

Primary stations
Four (4) OSCEs will be drawn from the skills objectives relating to PHECC's Education and Training Standards, 2014, Learning Outcome 1, Domain 1; and Learning Outcome 1, Domain 2.

AND

Secondary stations
Four (4) secondary OSCEs will be drawn randomly from the skills & objectives relating to PHECC's Education and Training Standards, 2014.

General notes
OSCE assessment sheets for inclusion in an NQEMT examination will be available on www.phecc.ie for a minimum of sixty (60) days prior to the examination.

White text on a black background indicates either an instruction to the examiner/candidate or separates two distinct skills on the assessment sheet.

Successful completion of each OSCE requires the candidate to score 80% of each station's elements. Critical elements, which the candidate must successfully achieve in order to successfully complete the station, are marked with an asterisk (*) on the assessment sheet. There are no critical elements on secondary assessment sheets.

Primary Assessment Sheets

September 2015

Patient Assessment

Assessment Name:	**Vital Signs**
Unique Identifier:	EMT_SSMA_P001
Level / Section:	EMT / Patient Assessment
Current Version:	Version 4 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	Carotid or Radial pulse (Examiner note: ask candidate to take a pulse)	
1	Locate the required artery with at least two fingers	
2	Count pulsations for at least 15 seconds	
3	Calculate and report rate (Within 4 beats/min)	*
4	Report quality (Strength) and rhythm (Regular/irregular)	
	CSM (Examiner note: ask candidate to assess CSMs)	
5	Palpate a peripheral pulse and count aloud	
6	Assess sensory function on a limb	
7	Assess motor function on a limb	
	Blood Pressure (auscultation) (Examiner note: ask candidate to take BP)	
8	Explains procedure to the patient	
9	Place BP cuff around the patient's upper arm	
10	Palpate pulse in ante-cubital area	
11	Place the diaphragm of the stethoscope over the area of the brachial artery	
12	Inflate the cuff to at least 30mmHg above point when pulse sounds disappear	
13	Deflate the cuff slowly	
14	Report the obtained measurement	
	Respiratory assessment (Examiner note: ask candidate to assess breathing)	
15	Place hand lightly over patient's diaphragm, observe chest rise, or uses another technique to identify a respiratory cycle	
16	Count respiratory cycle for at least 30 seconds	
17	Calculate and report the minute rate (Within +/-2)	
18	Report rate (Number), quality (Normal, shallow, laboured, noisy), and rhythm (Regular, irregular)	
	Communications	
19	Good communication with patient during assessments	
20	Seeks consent as appropriate during assessments	
	Stop station	
EXAMINER NOTE:		

Rule: Sum line 3

Assessment Name:	**Medical / Respiratory**
Unique Identifier:	EMT_SSMA_P002
Level / Section:	EMT / Patient Assessment
Current Version:	Version 5 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

1	State initial impression	
2	Assess responsiveness	
	Breathing Assessment	
3	Assess breathing effort (**Examiner Note:** Examiner to supply information)	
4	Appropriate oxygen therapy	*
	Circulation Assessment	
5	Assess pulse (Quality)	
6	Capillary refill	
7	Assessment of skin	
	Disability	
8	AVPU, PERRL as appropriate	
9	State clinical status (as per PCR)	
10	Request advanced life support attendance, as appropriate	
	Secondary Survey	
11	Vital signs (Verbalise) (**Examiner Note:** Examiner to supply information)	
	Focused Medical History – respiratory or cardiac	
12	Onset	
13	Provocation	
14	Quality	
15	Radiation	
16	Severity	
17	Time	
	Assess History	
18	Allergy	
19	Medications	
20	Pertinent medical history	
21	Last Meal	
22	Events	
	Interventions	
23	State treatment plan	
24	Initiate cardiac monitoring (Verbalise)	
25	Determine SpO_2 measurement	
26	Correct pharmacological intervention identified	
27	Identify correct route and dose	
28	Reassess patient's clinical status	
29	Candidate demonstrated good communication with patient during assessment	
	Stop station	
EXAMINER NOTE:		

Rule: Line 4 = 1

Assessment Name:	**Initial Patient Assessment, Trauma – Unresponsive**
Unique Identifier:	EMT_PSTA_P001
Level / Section:	EMT / Patient Assessment
Current Version:	Version 5 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	Candidate will be given a scenario regarding a trauma incident – The patient is unresponsive	
1	Check for catastrophic haemorrhage (Verbalise)	
2	State initial impression (Verbalise)	
3	Apply manual in-line immobilisation	
4	Assess responsiveness	
	Airway	
5	Trauma jaw thrust - does not compromise c-spine	*
6	Instruct assisting EMT to control C-Spine (**Examiner Note:** Assisting EMT now controls the head)	
7	Suction airway if appropriate (Verbalise)	
8	Inserts airway adjunct if appropriate (Verbalise)	
	Breathing	
9	Determine presence of adequate ventilation (**Examiner Note:** Examiner to supply rate)	
10	Observe for major chest injury	
11	Treat major injury, if found (Verbalise)	
12	Consider Oxygen therapy	
	Circulation	
13	Assess pulse (Quality)	
14	Control major bleeding, if appropriate	
15	Assess skin colour, temperature, condition	
16	Assess capillary refill	
	C-Spine	
17	Apply cervical collar correctly	
18	No unnecessary neck movement	*
	LOC	
19	AVPU Category correctly assessed	
20	Assess pupils	
	Clinical Status	
21	Expose and Examine	
22	Clinical status condition as per PCR (Verbalise)	
23	Request ALS attendance (Verbalise)	
24	Assess vital signs (Verbalise)	
25	Cover patient to minimise heat loss	
26	Perform secondary survey (Verbalise)	
	Stop station	
EXAMINER NOTE:		

Rule: Line 5 and 18= 2

Respiratory Emergencies

Assessment Name:	**Trauma airway**
Unique Identifier:	EMT_AAMA_P001
Level / Section:	EMT / Respiratory Emergencies
Current Version:	Version 4 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

Candidate is requested by examiner to demonstrate the following individual skills.

	Trauma Jaw Thrust	
1	Hand position on jaw	
2	Lift jaw and open mouth	*
3	Head movement minimised	
	Oral Suctioning	
4	Test suction device to ensure suction is being provided (back of gloved hand)	
5	Demonstrate correct method for measurement of suction catheter	
6	Advance suction tip into mouth under direct visualisation	
7	Apply suction	
8	Suction is provided for 15 seconds maximum	
9	Ensure ventilation or oxygenation as appropriate	
	Oropharyngeal Airway	
10	Measure OPA	
11	Select appropriate size OPA	
12	Open mouth	
13	Inserts OPA with tip towards roof of mouth	
14	Rotate OPA 180^{o}	
15	OPA flange rests on lips	
	Examiner states - "Patient begins to gag"	
16	Removes oropharyngeal airway	
	Supraglottic Airway	
17	Select correct size SGA	
18	Lubricate the SGA	
19	Insert the SGA correctly	
20	Confirm placement by adequate chest rise	*
21	Secure SGA in place	
	Stop station	
EXAMINER NOTE:		

Rule: Sum line 2 and 20 = 2

Assessment Name:	**Medical airway**
Unique Identifier:	EMT_AAMA_P002
Level / Section:	EMT / Respiratory Emergencies
Current Version:	Version 3 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

Candidate is requested by examiner to demonstrate the following individual skills.

	Head Tilt-Chin Lift	
1	Hand position forehead	
2	Hand position chin	
3	Perform head tilt / chin lift	*
4	Open mouth	
	Oral Suctioning	
5	Test suction device to ensure suction is being provided (back of gloved hand)	
6	Demonstrate correct method for measurement of suction catheter	
7	Advance suction tip into mouth under direct visualisation	
8	Apply suction	
9	Suction is provided for 15 seconds maximum	
10	Ensure ventilation or oxygenation as appropriate	
	Oropharyngeal Airway	
11	Measure OPA	
12	Select appropriate size OPA	
13	Open the mouth	
14	Inserts OPA with tip towards roof of mouth	
15	Rotate OPA 180^{o}	
16	OPA flange rests on lips	
	Examiner states - "Patient begins to gag"	
17	Removes oropharyngeal airway	
	Supraglottic Airway	
18	Select correct size SGA	
19	Lubricate the SGA	
20	Insert the SGA correctly	
21	Confirm placement by adequate chest rise	*
22	Secure SGA in place	
	Stop station	
EXAMINER NOTE:		

Rule: Sum line 3 and 21 = 2

Medical Emergencies

Assessment Name:	**AED / Shockable**
Unique Identifier:	EMT_BLSA_P001
Level / Section:	EMT / Medical Emergencies
Current Version:	Version 4 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	The candidate is read a scenario relating to a cardiac arrest he/she has witnessed	
1	Assemble equipment (Connect O_2 and reservoir to BVM)	
2	Check responsiveness	
3	Turn on defibrillator (Early in sequence)	
4	Open airway	
5	Assess breathing and pulse (5-10 seconds) (**Examiner Note:** No breathing, no pulse)	
6	Request ALS and additional personnel	
7	Prepare patient's chest (Appropriate checks)	
8	Place left defibrillation pad in correct location	
9	Place right defibrillation pad in correct location	
10	Press to analyse (Appropriate to AED) (**Examiner Note:** Shock advised)	
11	CPR while charging (Appropriate to AED)	
12	Defibrillate	
13	Commence CPR immediately	
14	2 minutes of CPR	
15	Consider OPA/advanced airway (Verbalise)	
16	Press to analyse (Appropriate to AED) (Shock advised)	
17	CPR while charging (Appropriate to AED)	
18	Defibrillate	
19	Resume CPR immediately	
20	2 minutes of CPR	
21	Press to analyse (**Examiner Note:** No Shock advised)	
22	Assess pulse (**Examiner Note:** Pulse Present)	
23	Support ventilation while delivering 100% O_2 (Verbalise)	
24	Monitor ECG and SpO_2 (Verbalise)	
25	Check with control re: the availability of appropriate practitioner (Verbalise)	
	Practitioner available / not available	
26	Candidate makes correct transport decision	
27	During assessment the candidate minimised "hands-off chest" time	*
28	During assessment of AED the candidate ensures safety of personnel and others	*
29	During assessment of CPR the compressions were effective (Rate 100 to 120 per min)	
30	During assessment of CPR the ventilations make chest rise (1 second duration)	
	Stop station	
EXAMINER NOTE:		

Rule: Sum line 27 and 28 = 2

Assessment Name:	**AED / Non Shockable**
Unique Identifier:	EMT_BLSA_P002
Level / Section:	EMT / Medical Emergencies
Current Version:	Version 4 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	The candidate is read a scenario relating to a cardiac arrest he/she has not witnessed	
1	Assemble equipment (Connect O_2 and reservoir to BVM)	
2	Check responsiveness	
3	Turn on defibrillator (Early in sequence)	
4	Open airway	
5	Assess breathing and pulse (5-10 seconds) (**Examiner Note:** No breathing, no pulse)	
6	Request ALS and additional personnel	
7	Prepare patient's chest (Appropriate checks)	
8	Place left defibrillation pad in correct location	
9	Place right defibrillation pad in correct location	
10	Press to analyse (Appropriate to AED) (**Examiner Note:** No shock advised)	
11	Resume CPR immediately	
12	2 minutes of CPR	
13	Consider OPA/advanced airway (Verbalise)	
14	Press to analyse (Appropriate to AED) (**Examiner Note:** No shock advised)	
15	Assess pulse (5 to 10 sec) (**Examiner Note:** No Pulse)	
	Candidate advised that "resuscitation is ongoing for 20 minutes"	
16	Check with control re: the availability of appropriate practitioner (Verbalise)	
	Practitioner available / not available	
17	Candidate makes correct transport decision	
18	During assessment the candidate minimised "hands-off chest" time	*
19	During assessment of AED the candidate ensures safety of personnel and others	*
20	During assessment of CPR the compressions were effective (Rate 100 to 120 per min)	
21	During assessment of CPR the ventilations make chest rise (1 second duration)	
	Stop station	
EXAMINER NOTE:		

Rule: Sum line 18 and 19 = 2

Assessment Name:	**Adult FBAO and Recovery Position**
Unique Identifier:	EMT_FBAOA_P001
Level / Section:	EMT / Medical Emergencies
Current Version:	Version 4 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	FBAO	
1	Confirm airway obstruction	*
2	Position and perform up to 5 back blows	
3	Correct hand position during back blows	
4	Perform up to 5 abdominal thrusts (or chest thrusts if obese/pregnant)	
5	Correct hand position during thrusts	
6	Continue until effective or patient collapse	
	Candidate is advised - "Patient becomes unresponsive"	
7	Patient lowered safely to the ground	
8	Request ALS	
9	Commence CPR with compressions	
10	Inspect airway before each ventilation	
	Candidate is advised - "The object has become visible" (after one cycle approx)	
11	Perform finger sweep	
12	Check breathing	
	Candidate is advised -" Patient is breathing"	
13	Ensure adequate ventilation and oxygenation	
14	Check circulation	
	Candidate is advised - "Adequate pulse present"	
15	CPR compressions were performed effectively	

	Candidate is read an appropriate scenario Recovery position	
16	Check responsiveness	
17	Open airway	*
18	Check breathing	
	Candidate is advised - "Patient is breathing adequately"	
19	Check pulse	
	Candidate is advised - "Pulse present"	
20	Inspect and prepare immediate area (safety)	
21	Physically assess patient for objects that may cause harm	
22	Remove unsafe objects for patient's safety	
23	Roll patient laterally	
24	Support the head as patient is turned	
25	Ensure the uppermost arm supports the body	
26	Ensure the uppermost leg supports the body	
27	Maintain an open airway	
28	Check breathing	
	Candidate is advised - "Patient is breathing adequately"	
29	Check pulse	
	Candidate is advised - "Pulse present" Stop Station	
Examiner Note:		

Rule: Sum line 1 and 17= 2

Assessment Name:	**Paediatric FBAO and Adult Recovery Position**
Unique Identifier:	EMT_FBAOP_P001
Level / Section:	EMT / Medical Emergencies
Current Version:	Version 5 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	**Assessment Date:**

Candidate is read an appropriate scenario and is advised of two separate skills Paediatric FBAO		
1	Confirm airway obstruction	*
2	Position and perform up to 5 back blows	
3	Correct hand position during back blows	
4	Perform up to 5 abdominal thrusts (or chest thrusts on infant)	
5	Correct hand position during thrusts	
6	Continue until effective or patient collapse	
	Candidate is advised - "Patient becomes unresponsive"	
7	Patient lowered safely to the ground	
8	Request ALS	
9	Inspect airway and remove if visualised	
10	Attempt up to 5 rescue breaths	
11	Commence CPR with compressions	
12	Inspect airway before each ventilation	
	Candidate is advised - "The object has become visible" (after one cycle approx.)	
13	Perform finger sweep	
14	Check breathing	
	Candidate is advised - "Patient is breathing "	
15	Ensure adequate ventilation and oxygenation	
16	Check circulation	
	Candidate is advised - "Adequate pulse present"	
17	CPR compressions were performed effectively	

Recovery position		
18	Check responsiveness	
19	Open airway	*
20	Check breathing	
	Candidate is advised - "Patient is breathing adequately"	
21	Check pulse	
	Candidate is advised - "Pulse present"	
22	Inspect and prepare immediate area (safety)	
23	Physically assess patient for objects that may cause harm	
24	Remove unsafe objects for patient's safety	
25	Roll patient laterally	
26	Support the head as patient is turned	
27	Ensure the uppermost arm supports the body	
28	Ensure the uppermost leg supports the body	
29	Maintain an open airway	
30	Check breathing	
	Candidate is advised - "Patient is breathing adequately"	
31	Check pulse	
	Candidate is advised - "Pulse present" STOP STATION	
EXAMINER NOTE:		

Rule: Sum line 1 and 19 = 2

Trauma

Assessment Name:	**Haemorrhage Control**
Unique Identifier:	EMT_EHA_P001
Level / Section:	EMT / Trauma
Current Version:	Version 3 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	Candidate is read an appropriate scenario	
1	Assess if Haemorrhage is catastrophic	
2	Position patient sitting/lying	
3	Elevate extremity	
4	Examine wound	
5	Apply direct pressure to the wound (pad and bandage)	*
6	Consider Haemostatic agent	
7	Explain procedure to patient	
8	Administer O_2	
	Candidate is advised – "wound is still bleeding"	
9	Apply additional dressing/bandages	
	Candidate is advised – "the patient is in compensatory shock"	
10	Properly position patient (supine with legs elevated)	
11	Prevent heat loss, cover patient appropriately	
12	Request ALS	
	Candidate is advised – "patient is in uncompensated shock "	
13	SpO_2 and ECG Monitor	
14	Advise "immediate transport"	*
15	Good communication with patient	
16	Seeks consent as appropriate during scenario	
17	Checks CSM as appropriate during scenario	
	Stop station	
EXAMINER NOTE:		

Rule: Sum line 5 and 14 = 2

Secondary Assessment Sheets

Introduction to Pre-Hospital Care

Patient Assessment

Assessment Name:	**Vital Signs**
Unique Identifier:	EMT_SSMA_S001
Level / Section:	EMT / Patient Assessment
Current Version:	Version 6 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	Candidate is asked to assess a patient for responsiveness. AVPU	
1	Assess responsiveness verbally	
2	Assess responsiveness by applying a low level of pain	
3	Assign the patient correct category on the AVPU scale	
	Pupil assessment (The patient will be responsive for the remainder of this assessment)	
4	Explain procedure to the patient	
5	Determine size of pupil 1	
6	Determine reaction of pupil 1 to light	
7	Determine reaction of pupil 2 to illumination of pupil 1	
8	Determine size of pupil 2	
9	Determine reaction of pupil 2 to light	
10	Determine reaction of pupil 1 to illumination of pupil 2	
11	State condition of pupils	
	Examiner will show candidate picture of pupils. Candidate to state common cause of pupil appearance	
12	Describe pupils as presented	
	Blood Pressure (auscultation) (Examiner note: ask candidate to take BP)	
13	Explains procedure to the patient	
14	Place BP cuff around the patient's upper arm	
15	Palpate pulse in ante-cubital area	
16	Place the diaphragm of the stethoscope over the area of the brachial artery	
17	Inflate the cuff to at least 30mmHg above point when pulse sounds disappear	
18	Deflate the cuff slowly	
19	Report the obtained measurement	
	Temperature	
20	Switch on tympanic thermometer	
21	Place disposable probe cover on earpiece	
22	Explain procedure to patient	
23	Insert thermometer into ear	
24	Remove thermometer at appropriate moment	
25	State patient's temperature	
26	Dispose of cover in appropriate bin	
	Communication	
27	Candidate displayed good communication with patient throughout assessment	
	Stop station	
EXAMINER NOTE:		

Medical Emergencies

Assessment Name:	**Altered Level of Consciousness (ALOC)**
Unique Identifier:	EMT_ALOCA_S001
Level / Section:	EMT /Medical Emergencies
Current Version:	Version 3 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

Candidate is read a scenario which relates to a medical case-the primary survey has been completed -the patient has an altered level of consciousness and is V, P or U on the AVPU scale.

	Initial Assessment completed - ABC intact	
1	Initial impression	
2	Maintain airway	
3	AVPU assessment	
4	Correct AVPU assessment	
	P or U - request ALS or V - consider Paramedic	
5	Correct assistance request made	
6	Place patient in recovery position (if appropriate)	
7	Obtain SAMPLE history from bystander (Examiner to provide)	
8	Apply ECG	
9	Apply SpO_2	
10	Assess temperature	
11	Assess pupils	
12	Assess for skin rash	
13	Assess for medication carried	
14	Assess for medical alert jewellery	
	Blood Glucose	
15	Prepare test site	
16	Confirm glucometer reading (**Examiner Note:** Examiner supply reading)	
	Candidate identifies provisional working diagnosis	
17	Correct working diagnosis identified	
18	Candidate demonstrated good communication with patient during assessment	
	Stop station	
EXAMINER NOTE:		

Assessment Name:	**Cardiac Chest Pain / Pharmacology**
Unique Identifier:	EMT_CCPACS_S001
Level / Section:	EMT / Medical Emergencies
Current Version:	Version 4 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	The candidate is read a scenario regarding a patient whose chief complaint is chest pain.	
1	Assess airway	
2	Assess breathing	
3	Consider O_2 Administration	
4	Correct dose (Verbalise)	
5	Assess circulation	
6	Initial clinical impression	
7	Request ALS attendance	
	Focussed History and Physical Examination	
8	Place patient in position of comfort	
9	Provide reassurance	
10	Assess skin colour, temperature and condition	
11	Apply 3 lead ECG monitoring	
12	Print strip and assess rhythm	
13	Gather OPQRST information (**Examiner Note:** Examiner supply information)	
14	Gather SAMPLE history (**Examiner Note:** Examiner supply information)	
15	Consider Aspirin administration	
16	Rule out contraindications (**Examiner Note:** Examiner supply information)	
17	Correct dose (Verbalised)	
18	Correct method of administration (Verbalised)	
19	Assess vital signs (**Examiner Note:** Examiner supply information)	
20	Consider GTN administration	
21	Rule out contraindications with patient (**Examiner Note:** Examiner supply information)	
22	Correct dose (Verbalised)	
23	Correct method of administration (Verbalised)	
24	Consider side effects (Verbalised)	
25	Repeat GTN dose indication (Verbalised)	
26	Maximum dose (Verbalised)	
27	Commence transport of patient (Verbalised)	
28	Monitor vital signs (**Examiner Note:** Examiner supply information)	
29	Candidate demonstrated good communication with the patient during the assessment	
	Stop station	

EXAMINER NOTE:

NB. No actual medication to be administered to patient during assessment.

If contraindication precludes the administration of medication, the candidate will be awarded all points relevant to that medication.

Assessment Name:	**Rhythm recognition**
Unique Identifier:	EMT_BLSA_S001
Level / Section:	EMT / Medical Emergencies
Current Version:	Version 3 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	Candidate is expected to identify specific ECG rhythms – The candidate will identify each rhythm twice. The seven (7) rhythms assessed in this OSCE are: Normal Sinus Rhythm, Sinus Bradycardia, Sinus Tachycardia, Sinus Rhythm with Premature Ventricular Contractions, Ventricular Fibrillation, Ventricular Tachycardia, Asystole.	
1	Rhythm 1 (print-out)	
2	Rhythm 2 (print-out)	
3	Rhythm 3 (print-out)	
4	Rhythm 4 (print-out)	
5	Rhythm 5 (print-out)	
6	Rhythm 6 (print-out)	
7	Rhythm 7 (print-out)	
8	Rhythm 8 (dynamic)	
9	Rhythm 9 (dynamic)	
10	Rhythm 10 (dynamic)	
11	Rhythm 11 (dynamic)	
12	Rhythm 12 (dynamic)	
13	Rhythm 13 (dynamic)	
14	Rhythm 14 (dynamic)	
	Stop station	
EXAMINER NOTE:		

Assessment Name:	**ECG Monitoring and Recognition**
Unique Identifier:	EMT_BLSA_S002
Level / Section:	EMT / Medical Emergencies
Current Version:	Version 3 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	The candidate is asked to obtain an ECG reading from a patient and asked to identify it correctly.	
1	Explain procedure to patient	
2	Turn on monitor	
3	Ensure AED is set to monitoring function	
4	Ensure monitoring cable connected to AED	
5	Ensure AED is on lead II	
6	Attach ECG electrodes to cables	
7	Attach RA Cable	
8	Attach LA Cable	
9	Attach LL Cable	
10	Attach earth cable (**Examiner Note:** Point awarded - if no earth cable)	
11	Electrodes connected in appropriate position	
12	Confirm screen display (Verbalise)	
	Examiner will show candidate rhythm to identify	
13	Identify rhythm	
14	Confirm mechanical output matches on-screen rhythm	
15	Print 6 sec ECG rhythm strip	
16	Ensure patient identity is entered on ECG rhythm strip	
17	Enter rhythm details on PCR (Verbalise)	
18	Maintains the modesty of the patient during process (Verbalise)	
	Stop station	
EXAMINER NOTE:		

Trauma

Assessment Name:	**Limb Fracture**
Unique Identifier:	EMT_LFA_S001
Level / Section:	EMT / Trauma
Current Version:	Version 4 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

Candidate is read a scenario which involves a possible limb fracture.

	initial assessment completed - the patient is stable	
1	Consider pain relief (Verbalise)	
2	Explain procedure to patient	
3	Direct assistant EMT to apply manual stabilisation to affected limb	
4	Expose and examine limb	
5	Dress Open Fracture (verbalise)	
6	Assess Circulation, Sensory and Motor function	
7	Select appropriate splinting device	
8	Splinting device applied correctly	
9	Necessary padding in place	
10	Immobilisation is adequate, in relation to joint below fracture	
11	Immobilisation is adequate, in relation to joint above fracture	
12	No unnecessary movement during procedure	
13	Reassess CSMs	
14	Position of function maintained	
15	Candidate demonstrated good communication with patient	
	Stop station	
EXAMINER NOTE:		

Assessment Name:	**Helmet Removal / Cervical Collar**
Unique Identifier:	EMT_SIA_S001
Level / Section:	EMT / Trauma
Current Version:	Version 3 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	Instruction to Examiner: Intact full face helmet to be used and there is an assisting EMT. Appropriate patient assessment completed – patient is stable	
1	Perform manual immobilisation of the head and neck	
2	Explain the procedure to the patient	
3	State contraindications to moving head into neutral alignment (Verbalise)	
4	Head brought into neutral position	
5	Direct assisting EMT to undo the chinstrap	
6	Direct assisting EMT to take over in-line immobilisation of the head from the side	
7	Reposition hands so the fingers are covered around the lowered edge of the helmet	
8	Advise assisting EMT on hand changes required	
9	Good communication with assisting EMT	
10	Remove the helmet in incremental stages	
11	Minimise head movement during procedure	
12	When the helmet is removed retake manual immobilisation	
13	Head brought into neutral alignment	
14	Assisting EMT is directed to fill in dead space between head and ground with suitable material (If applicable)	

	Candidate is read appropriate scenario. Cervical Collar application	
15	Requests assisting practitioner to maintain c-spine control	
16	Ensure head is in neutral position	
17	Explain procedure to patient	
18	Perform CSM assessment in all limbs (Verbalise)	
19	Measure patient for collar size	
20	Match key dimensions with collar	
21	Select collar	
22	Assemble collar	
23	Slide collar under neck	
24	Close Velcro® strap (Open and re-adjust if necessary)	
25	No unnecessary neck movement during application	
26	Perform CSM assessment in all limbs (Verbalise)	
27	Appropriately fitted collar (Correct size)	
	Stop station	
EXAMINER NOTE:		

Paediatric Emergencies

Assessment Name:	**Stridor - Paediatric**
Unique Identifier:	EMT_SP_S001
Level / Section:	EMT / Paediatric Emergencies
Current Version:	Version 4 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	Candidate will be read an appropriate scenario	
1	General impression	
2	Confirm absence of foreign body	
3	Assess and maintain airway	
4	Obtain SAMPLE History	
5	Assess temperature (**Examiner Note:** Temperature is normal)	
6	Consider presence of Croup or Epiglottitis (Verbalise) (**Examiner Note:** Confirm conditions are not present)	
7	State clinical impression	
8	Reassure patient and guardian	
9	Verbalise need for humidified O_2	
10	Select water to be nebulised	
11	Perform appropriate checks on container	
12	Select appropriate nebuliser mask	
13	Apply sterilised water to chamber	
14	Set appropriate flow rate	
15	Attach ECG monitor	
16	Attach SpO_2 device	
17	Verbalise transport in position of comfort	
18	Appropriate communication with patient and guardian	
	Stop station	
EXAMINER NOTE:		

Pre-Hospital Emergency Care Operations

Assessment Name:	**Radio Messages / Phonetic Alphabet**
Unique Identifier:	EMT_MEPPOS_S001
Level / Section:	EMT / Pre-Hospital Emergency Care Operations
Current Version:	Version 4 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	Candidate is given 1 minute to read a scenario card which can be referred to during the assessment	
1	Candidate requests to speak to control using proper radio communications	
2	Candidate informs control to standby for ASHICE Message	
3	Report **"A"** Age	
4	Report **"S"** Sex	
5	Report **"H"** History	
6	Report **"I"** Illness-Injury	
7	Report **"C"** Condition (Vital signs and reason for pre-alerting ED)	
8	Report **"E"** Estimated Time of Arrival	
9	Confirms message is understood	
	Control requests candidate to spell a word using phonetic alphabet	
10	Letter 1	
11	Letter 2	
12	Letter 3	
13	Letter 4	
14	Letter 5	
15	Letter 6	
16	Word related correctly	
17	Candidate confirms message received	
	Stop station	
EXAMINER NOTE:		

Assessment Name:	**Triage Sieve**
Unique Identifier:	EMT_TS_S001
Level / Section:	EMT / Pre-Hospital Emergency Care Operations
Current Version:	Version 2 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	Candidate is given a scenario to indicate that a major emergency is in place- Examiner will supply all relevant patient information as requested	
1	Establish presence of walking patients	
2	Attach Priority 3 label	
3	Identifies a safe location for victim to go to	
4	Patient instructed to remain at specified location	
	Patient	
5	Assess breathing	
6	Open airway (If appropriate)	
7	Assess respiratory rate	
8	Assess capillary refill or pulse rate (If appropriate)	
9	Attach priority category/label (**Examiner Note:** 1-Immediate, 2-Urgent, 3-Delayed, 4-Dead)	
	Patient	
10	Assess breathing	
11	Open airway (If appropriate)	
12	Assess respiratory rate	
13	Assess capillary refill or pulse rate (If appropriate)	
14	Attach priority category/label (**Examiner Note:** 1-Immediate, 2-Urgent, 3-Delayed, 4-Dead)	
	Patient	
15	Assess breathing	
16	Open airway (If appropriate)	
17	Assess respiratory rate	
18	Assess capillary refill or pulse rate (If appropriate)	
19	Attach priority category/label (**Examiner Note:** 1-Immediate, 2-Urgent, 3-Delayed, 4-Dead)	

Notes:

1 If the patient is Green the candidate will be awarded marks for the elements checking breathing, respiratory rate and capillary refill if they are not checked and conversely will not be awarded marks if they are checked.

2 If the patient is White the above will apply except for the element check breathing.

3 If the patient is Red the candidate is required to check the various elements until one of the elements indicates Red. If the candidate continues checking beyond this indication the marks will not be awarded for those elements and conversely will be awarded marks if the elements are not checked.

	Using a scenario card the candidate will deliver a radio report to ambulance control regarding the incident		
20	M – Major Incident	(declared or standby)	
21	E – Exact Location	(grid reference, landmark)	
22	T – Type of incident	(rail, air, road)	
23	H – Hazards	(present or potential)	
24	A – Access	(direction of approach)	
25	N – Number of casualties	(severity and or type)	
26	E – Emergency services	(present or required)	
	Stop station		

Clinical Procedures

Assessment Name:	**Healthcare risk waste management, glove removal, disposal and hand washing**
Unique Identifier:	EMT_PSMA_S001
Level / Section:	EMT / Clinical Procedures
Current Version:	Version 3 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	Candidate is read a scenario relating to a clinical incident having taken place. The candidate must "clean up/make safe" the area.	
1	Scene safety	
2	Candidate selects and puts gloves on	
3	Correct sized glove selected	
4	Place sharps in the sharps box	
5	Place healthcare risk waste material in appropriate waste container	
6	Place non-healthcare risk waste into the appropriate bin	
7	Wipe contaminated surfaces/disinfect area using an appropriate cleansing agent	
	Glove Removal	
8	Outside surface of the gloves not allowed to come in contact with skin during removal	
9	Glove gently removed to avoid pathogen spray	
10	Dispose of soiled gloves in the healthcare risk waste bin	
	Candidate demonstrates and verbalises hand washing technique	
11	Remove hand and wrist jewellery	
12	Wet hands under running water	
13	Apply soap/antiseptic soap (Press dispenser with heel of hand)	
14	Wet hands and rub palm to palm (5 times)	
15	Rub right palm over back of left hand (5 times)	
16	Rub left palm over back of right hand (5 times)	
17	Rub left fingers over back of right fingers (5 times)	
18	Rub right fingers over back of left fingers (5 times)	
19	Rub palm to palm with fingers interlaced (5 times)	
20	Rub left thumb (rotating movement) (5 times)	
21	Rub right thumb (rotating movement) (5 times)	
22	Rub tips of right fingers against opposite palm using circular movement (5 times)	
23	Rub tips of left fingers against opposite palm using circular movement (5 times)	
24	Rinse hands thoroughly	
25	Turn off taps without contaminating hands	
26	Dry hands using paper towel	
27	Discard paper towel in waste bin	
	Stop station	
EXAMINER NOTE: Reference- Handwashing information – HSE - Health Protection Surveillance Centre. http://www.ndsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/Posters/		

Assessment Name:	**Pharmacology Selection**
Unique Identifier:	EMT_CPG_S001
Level / Section:	EMT / Clinical Procedures
Current Version:	Version 3 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

The candidate is read a scenario directly relating to any relevant clinical situation. The candidate then selects the appropriate medication for the situation.

The candidate will be given two (2) separate clinical scenarios during this assessment.

Adrenaline (1:1 000) - *auto injector*
Aspirin
Entonox
Glucose gel
Glucagon
Glyceryl Trinitrate
Ibuprofen
Naloxone
Oxygen
Paracetamol
Salbutamol

All medications as per S.I. 300 - 2014

	Scenario 1	
1	Correct medication selection	
2	Check expiry date (Verbalise)	
3	Contraindications (Verbalise)	
4	Identify appropriate dose (Verbalise)	
5	Re-confirm correct selection	
6	Identify Route	
7	State potential adverse side effects (Verbalise)	
8	State repeat administration instructions (Verbalise)	
9	Record administration (Demonstrate)	

	Scenario 2	
10	Correct medication selection	
11	Check expiry date (Verbalise)	
12	Contraindications (Verbalise)	
13	Identify appropriate dose (Verbalise)	
14	Re-confirm correct selection	
15	Identify Route	
16	State potential adverse side effects (Verbalise)	
17	State repeat administration instructions (Verbalise)	
18	Record administration (Demonstrate)	
	Stop station	

Assessment Name:	**IM Injection (Ampoule)**
Unique Identifier:	EMT_CPG_S002
Level / Section:	EMT / Clinical Procedures
Current Version:	Version 2 (September 2015)

Pre-Hospital Emergency Care Council

Candidate Number:	Assessment Date:

	Candidate is read appropriate scenario. IM injection preparation	
1	Confirm correct medication against packet	
2	Confirm rights of medication administration	
3	Check expiry date (Verbalise)	
4	Contraindications (Verbalise)	
5	Confirm appropriate dose (Verbalise)	
6	Re-confirm correct selection	
7	State potential side effects (Verbalise)	
8	State repeat administration instructions (Verbalise)	
	Medication preparation	
9	Select appropriate needle	
10	Select appropriate syringe	
11	Select drawing up / blunt fill needle	
12	Assemble syringe and blunt fill needle	
13	Select appropriate medication	
14	Break tip of ampoule safely	
15	Dispose of tip in appropriate container	
16	Draws up appropriate quantity of medication	
17	Discard needle in appropriate container	
18	Assemble administration needle and syringe	
19	Expels excess air and medication from syringe	
	IM injection Procedure	
20	Explain procedure to patient/seek consent	
21	Identify three recognised sites for IM injection to examiner	
22	Uncover the selected injection site	
23	Cleanse site	
24	Stretch the skin over injection site	
	Examiner directs candidate to training aid	
25	Pierce skin/needle at 90^{o} angle	
26	Aspirate before injecting (demonstrate and verbalise)	
27	Administer required dose	
28	Withdraw the needle and syringe	
29	Discard in a sharps container	
30	Release the skin over injection site	
31	Massage the area	
32	Document medication administration on PCR	
	Stop station	
EXAMINER NOTE:		