

**ADVANCED EMERGENCY MEDICAL TECHNICIAN  
REFRESHER TRAINING PROGRAM  
Ohio Approved Curriculum**



**Instructor Course Guide**



## **EMS EDUCATION STANDARDS**

The EMS education standards are divided into three categories: Knowledge, Psychomotor and Clinical Behavior/Judgment. Some standards may be repeated in more than one unit. All standards refer to all patient age groups (pediatric, adult and geriatric) unless otherwise specified or appropriate. Patient assessment standards are grouped together in the curriculum for organization. It is expected that these standards will be covered in each section as appropriate.

## **PERSONNEL**

Each course offered through an EMS training program or continuing education program shall be taught by a person who holds a certificate to teach issued under section 4765.23 of the Revised Code.

An EMS Instructor must hold a current and valid certificate to practice and a certificate to teach issued by the State Board of EMS. An EMS Instructor may teach courses for initial certification and continuing education that are at or below the level of the instructor's certificate to practice.

An Assistant EMS Instructor holds a current and valid certificate to practice and a certificate to teach issued by the State Board of EMS. All course instruction and preparation must occur under the mentorship of a certified EMS Instructor. An Assistant EMS Instructor may teach courses for initial certification and continuing education that are at or below the level of the instructor's certificate to practice.

A Continuing Education Instructor may teach an EMS continuing education program at or below the level of the instructor's certificate to practice.

A Guest Lecturer may be used to bring a specific area of expertise to the classroom. Whenever a guest lecturer is used, a certified instructor must be present in the classroom.

## **LESSON PREPARATION**

The instructor should be familiar with the subject area and the specific objectives of the subject area. Each instructor will incorporate their own personality and style into the lesson, but the goal of all instructors is to design an organized lesson that maximizes the students' opportunity to achieve the stated standards. A lesson plan that outlines the goals, objectives, content, instructional materials and evaluation methods should be developed for each class session. The lesson plan may also provide a timeline for the appropriate flow of information.

Presentation of lesson objectives may be accomplished by various methods, including lectures, small group discussion, and the use of audio-visual materials. EMS equipment is as an integral part of the classroom presentation and laboratory instruction. The instructor should assure that the necessary types of equipment, in appropriate amounts, are accessible to the students. The instructor should perform demonstrations prior to asking the student perform the skill. The instructor should supervise the students while they practice the psychomotor skills and should reinforce the progress of the student in all areas. The instructor: student ratio should be no more than 1:10 during these practice sessions. If there is difficulty understanding the content or performing the skills, the instructor should remediate as needed.

## **NEEDS ASSESSMENT**

The first step in course planning is the performance of a comprehensive analysis of the many factors which influence the pre-hospital emergency care delivery system in the area. Factors which should be included in this analysis are:

- Recertification requirements (local and state)
- System structure
- Call characteristics (i.e., volume, type)

- Community demographics
- Community hazard assessment

The second step of the needs assessment is an analysis of the education needs of the potential course participants. Information obtained through the assessment process should be used as a guide to selection of specific material to be presented in the classroom, within the limitations imposed by local and state standards. The assessment results should also be used in determining course format, schedule, and methods.

### **COURSE DESIGN**

Once the needs assessment has been performed, the following steps should be accomplished to design and implement the course:

- Course and sponsoring agency approval
- Hours, content, faculty requirements or restrictions in compliance with state requirements
- Identify and orient program staff (medical director and program coordinator)
- Identify and provide equipment sufficient for needs
- Determine class size
- Appropriate physical facilities based on class size
- Presentation can be individual lessons/units, or lessons/units can be combined in a variety of formats

### **INSTRUCTIONAL APPROACH**

Given the repetitive nature of refresher education, it is easy for participants to become bored quickly and to lack enthusiasm about the program. In order to improve the quality of the educational experience for instructors and participants, creative and innovative instructional activities are strongly suggested.

- Cognitive: Participants in refresher programs have a wealth of experience to draw on and enjoy sharing it.
- Affective: A significant concern in EMS today is stress caused by a variety of factors including indifference to quality of education, poor community support, excessive demands on personal time and energy, too many or too few runs, or feelings of inadequacy when dealing with critical patients. Be aware of this and be prepared to provide additional assistance as needed.
- Psychomotor: Students rapidly lose interest in repetitive entry-level skills drills. Be creative and try new ideas.

### **RECORDS MANAGEMENT**

The AEMT Refresher Training Program must maintain program and student records which demonstrate compliance with rule 4765-7-09 of the Administrative Code. All class records are to be given to the program coordinator of the sponsoring institution, which will include the following:

- Program records
  - Syllabus
  - Course schedule
  - Advertising materials
  - Master attendance records
  - Copies of exams, lesson plans, handout materials
  - Records required by the local training institution and program coordinator
- Student records
  - Attendance records
  - Exam scores

- Copies of exams
- Psychomotor skill evaluations

### **EVALUATION OF STUDENT ACHIEVEMENT**

The primary purpose of refresher training is to assure that Advanced EMTs maintain the knowledge and psychomotor competency which are pertinent to their scope of practice. The program standards identify these knowledge and psychomotor skill areas. Training programs must provide for regular evaluation of student performance and achievement through written and practical testing prior to issuance of a Certificate of Completion.

In order to assure that each student has met the knowledge and psychomotor standards, it is necessary for the training program to use a variety of methods for testing and evaluation. If the devices used to measure student performance are faulty, then an accurate appraisal of student performance will be impossible. Written exams should be designed to measure critical components within the Advanced EMTs knowledge base. The psychomotor skills examination should assess both component skills and the student's ability to apply necessary and appropriate skills to simulated patient care situations. Psychomotor skills proficiency should be measured at several points in the refresher program.

The Certificate of Completion shall be issued to a student who has met the required program training hours and demonstrated competency as measured by formal and documented effective written and psychomotor skills evaluations. Students must attend all refresher training sessions for successful course completion. The certificate must be signed by the program coordinator of the sponsoring institution.

### **PROGRAM EVALUATION**

Process evaluation will help identify specific causes of instructional failure (i.e., the reason why students fail to achieve satisfactory performance during the course). Some possible causes of such failure may include:

- Instructional activities do not conform to the lesson plans
- Resources, facilities, or materials are inadequate
- Instructor is not well qualified to teach a particular lesson
- Lack of student attendance and/or participation

Students must be provided the opportunity to evaluate the class. These evaluations should be reviewed by the instructor(s) and program coordinator and used to develop a quality program. The on-going review of the course is part of the program coordinator's responsibilities. The review process will include the student evaluations, an evaluation by the instructional staff and an evaluation of the class by the program coordinator. If deficiencies are found, corrective measures must be taken. All documentation for the class must be submitted to and maintained by the program coordinator of the sponsoring institution.

## AEMT REFRESHER STANDARDS

### AIRWAY MANAGEMENT, RESPIRATION AND ARTIFICIAL VENTILATION 2 HOURS

**Applies (fundamental depth, foundational breadth) knowledge of additional upper airway anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.**

#### **COGNITIVE:**

##### Airway Management

Fundamental depth, foundational breadth-

Within the scope of practice of the AEMT:

- Airway anatomy
- Airway assessment
- Techniques of assuring a patent airway

##### Respiration

Complex depth, foundational breadth-

- Anatomy of the respiratory system
- Physiology and pathophysiology of respiration
- Assessment and management of adequate and inadequate ventilation
- Supplemental oxygen therapy

##### Artificial Ventilation

Complex depth, foundational breadth-

Assessment and management of adequate and inadequate ventilation:

- Artificial ventilation
- Minute ventilation
- Alveolar ventilation
- Effect of artificial ventilation on cardiac output

#### **PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Manual airway maneuvers
- Upper airway suctioning
- BVM ventilation of an apneic patient
- Measure and insert an oropharyngeal airway device
- Measure and insert a nasopharyngeal airway device
- Oxygen administration by non-rebreather mask and nasal cannula
- Artificial ventilation of a patient with a flow restricted, oxygen-powered ventilation device
- Orotracheal intubation of apneic patient using extraglottic device
- Orotracheal intubation of apneic patient using dual-lumen device
- Orotracheal intubation of apneic patient using endotracheal device

## CARDIOLOGY 5 HOURS

**Medicine- Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely ill patient.**

### **COGNITIVE:**

#### Cardiovascular

Complex depth, foundational breadth-

Anatomy, physiology, pathophysiology, assessment and management of:

- Chest pain
- Cardiac arrest
- Acute coronary syndrome
  - Angina pectoris
  - Myocardial infarction
  - Pharmacological agents within the AEMT scope of practice
- Cardiac rhythm disturbances
  - Sinus rhythm
  - Sinus bradycardia
  - Sinus tachycardia
  - Ventricular tachycardia
  - Ventricular fibrillation
  - Asystole
  - Artifact
- Cardiopulmonary resuscitation (CPR)
- Automated external defibrillator (AED)
- Manual defibrillator
- Documentation
- Quality Assurance

Fundamental depth, simple breadth-

- Heart failure
- Hypertensive emergencies
- Chest compression assist devices

### **PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Manual CPR on an adult, pediatric and infant manikin
- Use of the manual defibrillator and automated external defibrillator
- Cardiac monitor strip interpretation of the following rhythms:
  - Sinus rhythm
  - Sinus bradycardia
  - Sinus tachycardia
  - Ventricular tachycardia
  - Ventricular fibrillation
  - Asystole

- Artifact
- Assessment and management of a patient exhibiting signs and symptoms of cardiac emergency. • Complete prehospital report

## MEDICAL EMERGENCIES 9 HOURS

**Patient Assessment- Applies scene information and patient assessment findings (scene size-up, primary and secondary assessment, patient history and reassessment) to guide emergency management.**

### **COGNITIVE:**

#### Scene Size Up

Fundamental depth, foundational breadth-

- Scene safety:
  - Standard precautions
  - Impact of the environment on patient care
  - Addressing hazards and potential hazards
  - Violence
  - Need for additional or specialized resources
  - Multiple patient situations

#### Primary Assessment

Fundamental depth, foundational breadth-

- Primary assessment for all patient situations:
  - Initial general impression
  - Level of consciousness
  - ABCs
  - Identifying life threats
  - Assessment of vital functions
- Integration of treatment/procedures to preserve life

#### History Taking

Fundamental depth, foundational breadth-

- Investigation of chief complaint
- Mechanism of injury/nature of illness
- Past medical history
- Associated signs and symptoms
- Pertinent negatives

#### Secondary Assessment

Complex depth, foundational breadth-

- Techniques of physical examination
- Respiratory system
- Cardiovascular system
- Neurological system
- Musculoskeletal system
- Anatomical regions

### Monitoring Devices

Simple depth, simple breadth-

Within the scope of practice of the AEMT:

- Obtaining and using information from patient monitoring devices including (but not limited to)
  - Pulse oximeter and capnography equipment
  - Non-invasive blood pressure
  - End tidal carbon dioxide monitoring and detection
  - Glucose monitoring system

### Reassessment

Fundamental depth, foundational breadth-

- How and when to perform reassessment for all patient situations
- Lung sounds

**Pharmacology – Applies fundamental knowledge of the medications that the AEMT may self-administer or administer to a patient during an emergency.**

### **COGNITIVE:**

#### Medication Administration

Fundamental depth, foundational breadth-

- Classifications
- Naming
- Mechanism of action
- Medication response relationships
- Medication interactions
- Toxicity

#### Medication Administration

Fundamental depth, foundational breadth-

Within the scope of practice of the AEMT administer medication to a patient

#### Emergency Medications

Fundamental depth, foundational breadth-

Within the scope of practice of the AEMT:

- Names
- Actions
- Indications
- Contraindications
- Complications
- Routes of administration
- Side effects
- Dosages for the medications administered

**Medicine- Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for the acutely ill patient.**

**COGNITIVE:**

Neurology

Fundamental depth, foundational breadth-

Anatomy, physiology, pathophysiology, assessment and management of:

- Headache
- Decreased level of responsiveness
- Seizure
- Stroke/transient ischemic attack

Abdominal and Gastrointestinal Disorders

Fundamental depth, foundational breadth-

Anatomy, physiology, pathophysiology, assessment and management of:

- Acute and chronic gastrointestinal hemorrhage

Simple depth, simple breadth-

- Peritonitis
- Ulcerative diseases

Immunology

Fundamental depth, foundational breadth-

Anatomy, physiology, pathophysiology, assessment and management of hypersensitivity disorders and/or emergencies:

- Allergic reactions
- Anaphylactic reactions
- Risk factors and common allergens
- Medical direction

Endocrine Disorders

Fundamental depth, foundational breadth-

Anatomy, physiology, pathophysiology, assessment and management of:

- Acute diabetic emergencies
- Altered mental status and history of diabetes
- Medical direction

Psychiatric

Fundamental depth, foundational breadth-

Assessment and management of:

- Behaviors that pose a risk to the EMR, patient or others
- Acute psychosis
- Suicidal/risk
- Agitated delirium

Toxicology

Fundamental depth, foundational breadth-

Anatomy, physiology, pathophysiology, assessment and management of:

- Carbon monoxide poisoning
- Nerve agent poisoning

- Inhaled poisons
- Ingested poisons
- Injected poisons
- Absorbed poisons
- Alcohol intoxication and withdrawal
- How and when to contact a poison control center

### Respiratory

Fundamental depth, foundational breadth-

Anatomy, physiology, pathophysiology, assessment and management of:

- Upper airway
- Lower airway

### **PSYCHOMOTOR**

Safely and effectively perform the following psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Scene size up.
- Patient assessment and management of a patient with signs and symptoms of an allergic reaction or anaphylaxis
- Patient assessment and management of a patient with signs and symptoms of a toxic exposure
- Patient assessment and management of a patient with signs and symptoms of a diabetic emergency
- Patient assessment and management of a patient with signs and symptoms of a patient with a non-traumatic neurological emergency
- Universal precautions and body substance isolation procedures during medication administration
- Aseptic technique during medication administration
- Intravenous bolus medication administration
- Blood glucose system use
- Obtain pulse oximetry value

## TRAUMA ISSUES 8 HOURS

**Trauma – Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely injured patient.**

### **COGNITIVE:**

#### Shock and Resuscitation

Applies fundamental knowledge to provide basic and selected advanced emergency care and transportation based on the assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.

#### Trauma Overview

Fundamental depth, foundational breadth-

Pathophysiology, assessment and management of the trauma patient:

- Rapid transport and destination issues
- Mechanism of injury
- Manual stabilization
- Airway management
- Rapid extrication
- Trauma Triage determination per OAC 4765-14-02

#### Bleeding

Complex depth, comprehensive breadth-

Pathophysiology, assessment and management of:

- Bleeding
- Fluid retention

#### Chest Trauma

Fundamental depth, foundational breadth-

Pathophysiology, assessment and management of:

- Flail chest
- Blunt versus penetrating mechanisms
- Open chest wound
- Impaled object
- Hemothorax
- Pneumothorax
  - Open
  - Simple
  - Tension
- Cardiac tamponade
- Aortic, tracheal and bronchial rupture
- Traumatic asphyxia
- Rapid intervention and transportation

#### Abdominal and Genitourinary Trauma

Fundamental depth, foundational breadth-

Pathophysiology, assessment and management of:

- Blunt versus penetrating mechanisms
- Impaled object
- Evisceration
- Impaled object
- Vaginal bleeding due to trauma
- Sexual assault
- Rapid intervention and transportation

#### Orthopedic Trauma

Complex depth, foundational breadth-

Pathophysiology, assessment and management of:

- Open fractures
- Closed fractures
- Dislocations
- Amputations

#### Soft Tissue Trauma

Fundamental depth, foundational breadth-

Pathophysiology, assessment and management of:

- Wounds
- Burns
  - Electrical
  - Chemical
  - Thermal
- Chemicals in the eye and on the skin
- Rapid extrication

Fundamental depth, simple breadth-

- Crush Syndrome

#### Head, Facial, Neck, and Spine Trauma

Complex depth, foundational breadth-

Pathophysiology, assessment and management of:

- Facial fractures
- Laryngeotracheal injuries

Fundamental depth, foundational breadth-

Pathophysiology, assessment and management of:

- Head and spine trauma
- Life threats
- Mechanism of injury of spine trauma
- Indications of spine trauma injury
- Mechanism of injury head trauma
- Indications of hyperventilation in head injury patient
- Rapid intervention and transportation

#### Nervous System Trauma

Complex depth, foundational breadth-

Pathophysiology, assessment and management of:

- Traumatic brain injury

### Special Considerations in Trauma

Complex depth, foundational breadth-

Pathophysiology, assessment and management of trauma in the:

- Pregnant patient
- Pediatric patient
- Geriatric patient
- Cognitively impaired patient

### Environmental Emergencies

Fundamental depth, foundational breadth-

Pathophysiology, assessment and management of:

- Near drowning
- Temperature-related illness
- Electrical injury

### Multi-System Trauma

Complex depth, foundational breadth-

Pathophysiology, assessment and management of:

- Multi-system trauma

### **PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Patient assessment and management of a patient with signs and symptoms of hemorrhage or shock patient in accordance with triage transportation protocols approved by the State Board of EMS (or regional triage transportation protocols approved by the State Board of EMS).
- Patient assessment and management of a trauma patient
- Patient assessment and management of a patient with signs and symptoms of compensated hemorrhagic shock
- Patient assessment and management of a patient with signs and symptoms of decompensated hemorrhagic shock
- Patient assessment and management of a patient with a suspected traumatic spinal injury
- Patient assessment and management of a patient with a suspected non-traumatic spinal injury
- Patient assessment and management of a patient with suspected abdominal trauma
- Immobilization of the urgent and non-urgent patient with assessment finding of spinal injury
- Management of extremity fractures
- Stabilization of a helmet from a potentially spine injured patient
- Management of patients with open and closed chest injuries
- Airway management of a patient with suspected spinal cord injury
- Procedure for rapid extrication

**SPECIAL POPULATIONS –OBSTETRICS & GYNECOLOGY  
2 HOURS**

**Special Patient Populations – Applies a fundamental knowledge of growth, development and aging and assessment finds to provide basic and selected advanced emergency care and transportation for a patient with special needs.**

**COGNITIVE:**

Obstetrics

Fundamental depth, foundational breadth-

- Anatomy and physiology of normal pregnancy
- Pathophysiology of complications of pregnancy
- Assessment of the pregnant patient
- Management of normal delivery
- Management of abnormal delivery
- Vaginal bleeding in the pregnant patient
- Placenta previa
- Spontaneous abortion/miscarriage

Neonatal care

Fundamental depth, foundational breadth-

- Newborn care
- Neonatal resuscitation

**PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Assessment of the pregnant patient
- Prepare obstetric patient for delivery
- Assist in a normal delivery
- Management of abnormal delivery
- Post-delivery care of mother
- Assessment and care of newborn
- Delivery of placenta previa
- Care of patient with an abnormal delivery
- Assessment of a patient with a gynecological complaint
- Care of patient with excessive vaginal bleeding
- Care of patient with abdominal pain
- Care of patient with hypertensive crisis
- Care of patient of sexual assault

## SPECIAL POPULATIONS -PEDIATRIC ISSUES 8 HOURS

**Special Patient Populations – Applies a fundamental knowledge of growth, development and aging and assessment finds to provide basic and selected advanced emergency care and transportation for a patient with special needs.**

### **COGNITIVE:**

#### Neonatal care

Fundamental depth, foundational breadth-

- Newborn care
- Neonatal resuscitation

#### Pediatrics

Fundamental depth, foundational breadth-

Age-related assessment findings and age-related assessment and treatment modifications for pediatric specific major diseases and/or emergencies:

- Vital signs
- Upper airway obstruction
- Lower airway reactive disease
- Respiratory distress/failure/arrest
- Shock
- Seizures
- Sudden Infant Death Syndrome
- Gastrointestinal disease
- Management of fractures
- Recognizing and reporting abuse and neglect

#### Therapeutic Communication

Simple depth, simple breadth-

Principles of communicating with patients in a manner that achieves a positive relationship:

- Interviewing techniques
- Family presence issues

### **PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Emergency childbirth management
- Assessment and care of newborn
- Assessment and management of a pediatric patient
- Assessment and management of an injured or ill pediatric patient
- Administration of intramuscular, inhalation, rectal, endotracheal and oral medication for infants and pediatric patients
- Pediatric intraosseous needle placement and infusion
- Manual airway maneuvers for infant and pediatric patients
- Partial airway obstruction with infant and pediatric patients

- Upper airway suctioning for pediatric patients
- Utilization of a pediatric non-rebreather mask
- Utilization of ventilation device for infant and pediatric patients
- Orotracheal intubation of apneic of infant and pediatric patients using extraglottic device
- Orotracheal intubation of apneic of infant and pediatric patients using dual-lumen device
- Orotracheal intubation of apneic of infant and pediatric patients using endotracheal device
- Management of a pediatric patient with burns

## SPECIAL POPULATIONS - GERIATRIC ISSUES 4 HOUR

### COGNITIVE:

#### Geriatrics

Fundamental depth, foundational breadth-

Changes associated with aging, psychosocial aspects of aging and age-related assessment and treatment modifications for the major or common geriatric diseases and/or emergencies:

- Impact of age-related changes on assessment and care
  - Cardiovascular diseases
  - Respiratory diseases
  - Neurological diseases
  - Endocrine diseases
  - Traumatic injuries
  - Orthopedic injuries
  - Non-muscular skeletal injuries
  - Alzheimer's
  - Dementia
  - Hospice/terminally ill
  - Sensory deficit/loss
  - Technology dependent
  - Management of fractures
- Complex depth, foundational breadth-
- Fluid resuscitation in the elderly

#### Therapeutic Communication

Simple depth, simple breadth-

Principles of communicating with patients in a manner that achieves a positive relationship:

- Challenges interviewing the older person with sensory deficits/loss
- Family presence issues
- Dealing with difficult patients

#### Medical/Legal and Ethics

Fundamental depth, foundational breadth-

- Consent/refusal of care
- Do Not Resuscitate [DNR] (advance directives) and local or state provisions regarding EMS application.
- Ohio Do Not Resuscitate Comfort Care [DNRCC] laws or rules and their impact on impact EMS care.
- Recognizing and reporting abuse and neglect
- End-of-life issues

**PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Patient assessment and management of a geriatric patient with traumatic injuries
- Patient assessment, management and transportation of a geriatric patient with musculoskeletal injury

## EMS PREPARATORY AND OPERATIONS 2 HOURS

**Preparatory and Operations – Applies fundamental knowledge of the EMS system, safety/well-being of the AEMT, medical/legal and ethical issues to the provision of emergency care , operational roles and responsibilities to ensure safe patient, public, and personnel safety.**

### **COGNITIVE:**

#### EMS Systems

Fundamental depth, foundational breadth-

- Roles/ responsibilities/professionalism of EMS personnel
- Quality improvement
- Patient safety
- Triage principles and resource management in multiple casualty incidents

#### Workforce Safety and Wellness

Fundamental depth, foundational breadth-

- Standard safety precautions
- Personal protective equipment
- Stress management
- Prevention of response related injuries
- Lifting and moving patients
- Disease transmission
- Violence and behavioral emergencies

#### Documentation

Complex depth, foundational breadth-

- Recording patient findings
- Principles of medical documentation and report writing

#### Therapeutic Communication

Simple depth, simple breadth-

Principles of communicating with patients in a manner that achieves a positive relationship:

- Interviewing techniques
- Family presence issues

#### Medical/Legal and Ethics

Fundamental depth, foundational breadth-

- Consent/refusal of care
- Expressed VS implied consent
- Confidentiality
- Advanced directives
- Tort and criminal actions
- Evidence preservation
- Statutory responsibilities
- Do Not Resuscitate [DNR] (advance directives) and local or state provisions regarding EMS application.
- Ohio Do Not Resuscitate Comfort Care [DNRCC] laws or rules and their impact on impact EMS care.

- Recognizing and reporting abuse and neglect
- Ethical principles/moral obligations
- End-of-life issues

**PSYCHOMOTOR:**

Safely and effectively perform psychomotor skills within the National EMS Scope of Practice Model and Ohio Scope of Practice at this level.

- Body substance isolation precaution/administration
- Personal protective equipment
- Working with a partner, move simulated patient from ground to stretcher and properly position on the stretcher
- Working with a partner, move simulated patient secured to a stretcher to the ambulance and load patient into the ambulance

## APPENDIX A

# Ohio Approved Advanced Emergency Medical Technician Refresher Psychomotor Skills Examination

The psychomotor skills should be measured at several points in the refresher program. The final psychomotor skills examination should assess both component skills and the student's ability to apply necessary and appropriate skills to simulated patient care situations.

The Ohio approved AEMT Refresher Training Program psychomotor examination consists of the following seven (7) stations. The psychomotor skills will be evaluated using the National Registry of Emergency Medical Technician skill sheets and guidelines. The candidate is to be tested individually in each station and is expected to direct the actions of any assistant AEMT who may be present at the scene. The candidate should pass or fail the examination based solely on his/her actions and decisions.

The following is a list of the stations and the skills to be tested.

Station 1: Patient Assessment Management – Trauma

Station 2: Patient Assessment Management – Medical

Station 3: Ventilatory Management with Alternative Airway Device

Station 4: Cardiac Arrest Management / AED

Station 5: IV and Medication Skills

- Intravenous Therapy
- Intravenous Bolus Medications

Station 6: Pediatric Skills

- Pediatric Intraosseous Infusion
- Pediatric Respiratory Compromise

Station 7: Spinal Immobilization Supine Patient

The skill examiners are to observe the candidate's performance and record the observations on the skill evaluation instruments. Each station is graded on pass/fail criteria.