http://www.wvminesafety.org/images/MHSTlogo.png PRACTICAL SKILLS EVALUATION

EMT-MINING

IMMOBILIZATION – SPINE (Supine)

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Points Points

Possible Awarded

(Print)

SKILL

|  |  |  |  |
| --- | --- | --- | --- |
| Lying Patient | Takes or verbalizes body substance isolation precautions | 1 |  |
| Directs assistant to place/maintain head in neutral in-line position | 1 |  |
| Directs assistant to maintain manual immobilization of the head | 1 |  |
| Assesses motor, sensory and distal circulation in extremities | 1 |  |
| Applies appropriate size extrication collar | 1 |  |
| Positions the immobilization device appropriately | 1 |  |
| Moves the patient onto device without. compromising the integrity of the spine | 1 |  |
| Applies padding to voids between the torso and the board as necessary | 1 |  |
| Immobilizes the patient's torso to the device | 1 |  |
| Evaluates and pads behind the patient's head as necessary | 1 |  |
| Immobilizes the patient's head to the device | 1 |  |
| Secures the patient's legs to the device | 1 |  |
| Secures the patient's arms to the device | 1 |  |
| Reassesses motor, sensory and distal circulation in extremities | 1 |  |
|  | TOTAL POINTS | 14 |  |

Critical Criteria: Failure to complete more than one of the following will result in failing this skill station

\_\_\_\_\_\_\_Did not take, or verbalize body substance isolation precautions when necessary

\_\_\_\_\_\_\_Releases or orders release of manual immobilization before it was maintained mechanically

\_\_\_\_\_\_\_Patient manipulated or moved excessively up, down, left or right on patient's torso

\_\_\_\_\_\_ Head immobilization, head is not in the neutral position

\_\_\_\_\_\_\_Did not reassess motor, sensory and distal circulation after immobilization

\_\_\_\_\_\_\_Immobilizes head to the board before securing torso

Instructor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_