State of New Jersey Office of Emergency Telecommunications Services NHTSA-EMD Scenario Evaluation

| Student Name: | | Course Number: | | | | | |
|--|---|--------------------|----|--------|-----------|-----|------|
| | | Recommendation: RI | | : REME | REMEDIATE | | PASS |
| | | | | | | | |
| Scenarios used in evaluation: (1 each. Medical, Trauma, Time/Life Critical) | | #1 | | #2 | | #3 | |
| | Task or skill component to be performed by student | YES | NO | YES | NO | YES | NO |
| I. Locational and Time/Life Critical Questioning Skills. Gaining Control of the Call. | | | | | | | |
| ALL CALLERS | Answers appropriately, speaks clearly | | | | | | |
| | 2.* Determines location & call-back information | | | | | | |
| | 3.* Determines if the patient is conscious | | | | | | |
| | 4.* Determines breathing status where appropriate | | | | | | |
| | 5.* Dispatches ALS/BLS if unconscious | | | | | | |
| | 6. Determines Age & Sex of patient | | | | | | |
| | 7. Determines chief complaint | | | | | | |
| | 8. Selects appropriate Medical/Trauma Guidecard | | | | | | |
| II. | II. Key Questioning and EMS Dispatching Function Skills. Gathering Medical Information. | | | | | | |
| KEY QUESTIONS | Asks Key Questions in appropriate sequence | | | | | | |
| | 2. Does not repeat questions unless needed | | | | | | |
| | 3. Determines correct BLS or BLS/ALS response | | | | | | |
| | 4.* Dispatches EMS units when indicated | | | | | | |
| | 5. Determines safety of scene for responders | | | | | | |
| III. Pre-Arrival Information and EMS Responder Information Skills. Following Scripted Protocols. | | | | | | | |
| PRE-ARRIVAL | 1.* Relays Pre-Arrival instructions only as indicated | | | | | | |
| | 2.* Follows scripted instructions when indicated | | | | | | |
| | 3. When appropriate, keep caller on phone | | | | | | |
| | 4. Advises caller to call back if any changes develop | | | | | | |
| | 5. Relays "Short Report" to responders | | | | | | |
| PASS/FAIL CRITERIA (Additional comments may be made on other side of form) * DENOTES CRITICAL TASK. 1 CRITICAL "NO" CONSTITUTES FAILURE. 3 OR MORE NON-CRITICAL "NO'S" CONSTITUTES FAILURE. | | | | | | | |
| Evaluator's Signature: | | | | | Date: | | |