

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

Name:	

Date:						
Call Type / Case #:						
Task or skill component to be performed:	YES	NO	YES	NO	YES	NO

I. Locational and Time/Life Critical Questioning Skills. Gaining Control of the Call.

ALL CALLERS	1. Answers appropriately, speaks clearly					
	2.* <i>Determines location & call-back information</i>					
	3.* <i>Determines if the patient is conscious</i>					
	4.* <i>Determines breathing status where appropriate</i>					
	5.* <i>Dispatches ALS/BLS if unconscious</i>					
	6. Determines Age & Sex of patient					
	7. Determines chief complaint					
	8. Selects appropriate Medical/Trauma Guidecard					

II. Key Questioning and EMS Dispatching Function Skills. Gathering Medical Information.

KEY QUESTIONS	1. Asks Key Questions in appropriate sequence				
	2. Does not repeat questions unless needed				
	3. Determines correct BLS or BLS/ALS response				
	4.* <i>Dispatches EMS units when indicated</i>				
	5. Determines safety of scene for responders				

III. Pre-Arrival Information and EMS Responder Information Skills. Following Scripted Protocols.

PRE-ARRIVAL	1.* <i>Relays Pre-Arrival instructions only as indicated</i>				
	2.* <i>Follows scripted instructions when indicated</i>				
	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:
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