

Emergency Medical Technician

2023-2024 MICHIGAN HOSA EVENT MODIFICATIONS FOR REGIONAL CONFERENCES!



HOSA
future health professionals



New for 2023 – 2024

Skills have been updated.

Two new skills, Administer Epinephrine Pen and Administration of Naloxone (Nasal Spray NARCAN) have been added.

Scissors provided by the competitor have been clarified to bandage scissors.

Skill events now require attire appropriate to the occupational area be worn for Round 2.

These guidelines are written for ILC. States may modify events or have different event processes and deadlines. Be sure to check with your Local/State Advisor (or state website) to determine how the event is implemented for the regional/area or state conference.

Editorial updates have been made.

These guidelines are specifically for Michigan HOSA members in preparation for the regional leadership conferences. For more information about regionals, please visit www.michiganhosa.org/regionals.

Event Summary

Emergency Medical Technician provides HOSA members with the opportunity to gain knowledge and skills required for emergency medical care. This competitive event consists of 2 rounds and each team consists of two (2) people. Round One is a written, multiple-choice test and the top scoring teams will advance to Round Two for the skills assessment. This event aims to inspire members to be proactive future health professionals and be equipped with resilience, physical strength and problem-solving skills to provide immediate treatment in emergencies. **At the regional level, all teams will advance to the round two- skill round. The test scores will be combined with the skill scores for final rating.**

Sponsorship

This competitive Event is sponsored by the [National Association of Emergency Medical Technicians Foundation](http://www.naemt.org)



Competitor Must Provide:

- [Photo ID](#)
- Two #2 pencils (not mechanical) with eraser for both rounds
- Manual watch with second hand required for Round 2 for Vital Signs (no iWatches)
- * **Teams have the option of bringing one kit per person or one kit per team (ONLY materials listed should be included)**
 - Barrier supplies for each competitor:
 - o 5 pairs of **non-latex** gloves AND 2 masks AND 2 gowns
 - o 1 set of goggles or safety glasses per person
 - 6 - 10 "4x4" dressings (team's choice).
 - Adhesive tape
 - Penlight
 - 4 abdominal / trauma dressings.
 - Oral airway kit (sizes 0-6)
 - Non-rebreather mask
 - Pocket mask and/or other appropriate barrier (face shield, mouth-to-mask device)
 - 4 cravats (used to tie or anchor splints in place – team's choice.)
 - Cell phone for simulating call for EMS assistance
 - Tourniquet HOSA will provide a tourniquet, OR the competitor has the option of providing their own tourniquet.
- Self-adhering or roller gauze bandages (team's choice.)
- Bandage scissors
- 2 occlusive dressing supplies
- Stethoscope/B/P cuff
- BVM with oxygen tubing

Dress Code

Competitors shall wear proper business attire or official HOSA uniform or attire appropriate to the occupational area during testing. Round 2 skill events require attire appropriate to the occupational area be worn. ~~Bonus points will be awarded for proper dress.~~ **At the regional level, teams can wear the occupational appropriate attire to test in, in addition to the skills. They do NOT need to change into business attire to take the test. Bonus points will not be added for proper dress, but judges/event managers will make note if competitors are NOT in proper dress which could result in overall point deduction.**

General Rules

1. Competitors in this event must be active members of HOSA and in good standing.
2. **Eligible Divisions:** Secondary and Postsecondary/Collegiate divisions are eligible to compete in this event.
3. Competitors must be familiar with and adhere to the "[General Rules and Regulations of the HOSA Competitive Events Program \(GRR\)](#)."
 - A. Per the [GRRs](#) and [Appendix H](#), HOSA members may request accommodation in any competitive event. To learn the definition of an accommodation, please read [Appendix H](#). To request accommodation for the International Leadership Conference, [submit the request form here](#) by May 15 at midnight EST.
 - B. To request accommodation for any regional/area or state level conferences, submit the request form [here](#) by your state published deadline. Accommodations must first be done at state in order to be considered for ILC. **Regional accommodations MUST be submitted two weeks prior to your regional conference date. Email Samantha.pohl@mhc.org for questions.**
4. All competitors shall report to the site of the event at the time designated for each round of competition. At ILC, competitor's [photo ID](#) must be presented prior to ALL competition rounds. **Event managers will be checking photo IDs at the regional level as well. A digital copy of a photo is appropriate (i.e., picture on phone of photo ID from school portal).**

5. **Competitors should compete in skill events at the highest level of training. An example would be**

students enrolled in an Emergency Medical Technician course should compete in the Emergency Medical Technician event and NOT in the CERT or CPR/First Aid event.

6. For the delivery of Emergency Medical Services to be effective, partners must work together to provide quality patient care. Training and practicing together will most likely lead to teams moving as a seamless unit. Competitors are encouraged to practice as a team performing scenarios to promote the best possible outcomes for patients.

Official References

7. All official references are used in the development of the written test and skill rating sheets.
8. [Emergency Care and Transportation of the Sick and Injured. Series Editor: Andrew N. Pollak, MD, FAAOS. Published by Jones & Bartlett Learning. Latest edition.](#)
9. [American Heart Association. BLS Provider Manual. Latest edition.](#)
10. [Limmer, Daniel. Emergency Care. Published by Prentice Hall, a “Brady” book, Latest edition.](#)
11. [AMA: How to Administer Naloxone](#)

Round One Test

12. [Test Instructions:](#) The written test will consist of 50 multiple choice items in a maximum of 60 minutes.
13. **Time Remaining Announcements:** There will be NO verbal announcements for time remaining during ILC testing. All ILC testing will be completed in the Testing Center, and competitors are responsible for monitoring their own time. **There will be NO verbal announcements for time remaining during regional testing. Students are responsible for monitoring their own time.**

14. Written Test Plan

• Patient Assessment.....	20%
• Basic Life Support.....	20%
• Trauma.....	16%
• Medical Emergencies.....	14%
• Pediatrics and Childbirth.....	16%
• Environmental Emergencies.....	10%
• Special Situations.....	4%

15. The average test score from Round One will be used to qualify the team for Round Two. **All teams will advance to the round two skills.**

16. Sample Test Questions

1. Which of the following statements best describes the systolic blood pressure? (Limmer pp 350/Pollak pp 388)
 - A. An amount that is double the diastolic pressure
 - B. The difference between the resting pressure and the pumping pressure
 - C. The pressure when the heart is relaxing and allowing blood into the atria
 - D. **The pressure created when the heart contracts and forces blood into the artery**
2. If an adult patient is not breathing but has a pulse, the patient should be ventilated at a rate of how many breaths per minute? (AHA BLS Page 15)
 - A. 6
 - B. **10**
 - C. 14
 - D. 18
3. What is the term for a fracture of the distal radius? (Pollak pp 1121)
 - A. Rotation Fracture

- B. Supracondylar
- C. **Colles' Fracture**
- D. Tommy John

Round Two Skills

17. Round Two is the performance of a selected skill(s). The Round Two skills approved for this event are: **Highlighted in yellow are the two skills that will be evaluated at the regional level.**

- Skill I: Patient Assessment - Trauma
- Skill II: Patient Assessment - Medical**
- Skill III: BVM Ventilation: Apneic Adult Patient
- Skill IV: Joint Immobilization/ Long Bone Immobilization
- Skill V: Bleeding Control/Shock Management
- Skill VI: Cardiac Arrest Management/AED
- Skill VII: Oxygen Administration by Non-Rebreather Mask
- Skill VIII: Administer Epinephrine Pen
- Skill IX: Administer Naloxone (Nasal Spray NARCAN)**

- 18. A **twelve (12) minute maximum time limit** has been set for the team demonstration. The selected skill(s) will be presented to competitors as a written scenario at the beginning of the round. The scenario will be the same for each team and will include a challenging component that will require the competitors to apply critical thinking skills. A sample scenario can be found [here](#).
- 19. Timing will begin when the scenario is presented to the team and competitors will be stopped at the end of the time allowed.
- 20. The scenario is a secret topic. Competitors MAY NOT discuss or reveal the secret topic until after the event has concluded or will face penalties per [the GRRs](#).
- 21. *Oxygen Administration*: Oxygen tank assembly is not included in the HOSA EMT event. HOWEVER, an oxygen tank that is ready to use may be available. If the application of oxygen is indicated by the scenario and condition of the patient(s) the competitors should follow proper EMS protocol in initiating and maintaining oxygen therapy.
If a tank is NOT available and oxygen is indicated, the competitors should verbalize the necessary steps that involve the application of oxygen. Points will be awarded as indicated on the rating sheet used to evaluate all aspects of team's performance, including the use of oxygen therapy.
- 22. Judges will provide information to competitors as directed by the rating sheets. Competitors may ask questions of the judges while performing skills if the questions relate to patient's condition and will be included in the scenario or the judge script.
For example:
 - What are the vital signs?
 - Do I hear breath sounds?
 - Do I have a distal pulse?
 - Is the patient breathing?
 - Are the patient's lips blue?

Final Scoring

- 23. Teams must earn a score of 70% or higher on the combined skill(s) of the event (excluding the test) in order to be recognized as an award winner at the ILC.
- 24. Final rank is determined by adding the averaged round one test score plus round two skill score. In case of a tie, the highest averaged test score will be used to determine final placemen

EMERGENCY MEDICAL TECHNICIAN

Section # _____ Division: _____ SS _____ PS/Collegiate
 Team # _____ Judge's Signature _____

Skill II: Patient Assessment – Medical	Possible	Awarded
1. Scene Size-up		
a. Determined the scene/situation is safe.	2	0
b. Determined the mechanism of injury/nature of illness.	2	0
c. Requested additional EMS assistance if necessary.	2	0
d. Determined the number of patients.	2	0
2. Primary Survey/Resuscitation		
a. Verbalized general impression of patient.	2	0
b. Determined responsiveness/level of consciousness (AVPU).	2	0
c. Determined chief complaint/apparent life threats.	2	0
3. Assessed airway and breathing		
a. Assessment (rate, rhythm, and volume).	2	0
b. Assured adequate ventilation.	2	0
c. Initiated appropriate oxygen therapy.	2	0
4. Assessed Circulation		
a. Assessed for and controls major bleeding.	2	0
b. Checked pulse.	2	0
c. Assessed skin (either color, temperature, or condition).	2	0
5. Identified patient priority/makes treatment/ transport decision.	2	0
6. HISTORY TAKING: History of the present illness		
a. Onset	2	0
b. Provokes	2	0
c. Quality	2	0
d. Radiation	2	0
e. Severity	2	0
f. Time	2	0
g. Clarifying questions of associated signs and symptoms related to OPQRST	2	0
7. History Taking: Past Medical History		
a. Signs and Symptoms	2	0
b. Allergies	2	0
c. Medications	2	0
d. Pertinent Medical History	2	0
e. Last Oral Intake	2	0
f. Events Leading to Present Illness	2	0
8. Secondary Assessment (Assessed affected body part/system)		
a. Cardiovascular	8	0
b. Neurological		
c. Integumentary		
d. Reproductive		
e. Pulmonary		
f. Musculoskeletal		
g. GI/GU		
h. Psychological/Social		

Skill II: Patient Assessment – Medical (con't) - Items Evaluated	Possible		Awarded
9. Obtained baseline vital signs (must include BP, P and R).	2	0	
10. Managed secondary injuries and wounds appropriately.	2	0	
11. Demonstrated how and when to reassess the patient.	2	0	
12. Interventions (verbalized proper intervention/treatment per scenario)	2	0	
13. Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2	0	
14. Provided report to Emergency Department including:	2	0	
a. Unit identification	2	0	
b. Patient's age and sex	2	0	
c. Chief complaint	2	0	
d. Brief history of current problem	2	0	
e. Physical findings including: general appearance, vital signs & level of consciousness	2	0	
f. Treatment in progress	2	0	
g. Brief description of response to treatment	2	0	
h. Estimated time of arrival	2	0	
15. Used alcohol-based hand-rub for hand hygiene.	2	0	
16. Practiced body substance isolation precautions throughout skill.	2	0	
TOTAL POINTS -- SKILL II 70% Mastery for Skill II = 64.4	92		

EMERGENCY MEDICAL TECHNICIAN

Section # _____ Division: _____ SS _____ PS/Collegiate
 Team # _____ Judge's Signature _____

Note: The patient is responsive and breathing.

Skill IX: Administer Naloxone (Nasal Spray NARCAN)	Possible	Awarded
1. Verified scene safety.	2 0	
2. Opened first aid kit and put on PPE.	2 0	
3. Checked for responsiveness and breathing. Judge states, "patient is responsive and breathing".	2 0	
4. Introduced self and asked for permission to help. <i>* Patient consents to treatment.</i>	2 0	
5. a. Quickly assessed the situation. (Asked what happened.)	2 0	
b. Observed patient by looking for signs of opioid use: track marks or drug-related items around patient. Judge states, "There is evidence of opioid usage". Judge provides competitor with Naloxone. (Nasal Spray NARCAN).	2 0	
6. Requested Naloxone be obtained and asked that emergency response system be initiated. Rescuer 2 initiates emergency response system initiation. Judge provides competitor with Nasal Spray NARCAN Trainer.)	2 0	
7. Verbalized patient assessment looking for signs of opioid overdose: a. Responsive but experiencing altered state of consciousness or drowsiness.	2 0	
b. Choking or gurgling sounds.	2 0	
c. Small, constricted pupils.	2 0	
d. Blue skin, lips or nails.	2 0	
8. Obtained Naloxone and administered: a. Peeled the package back to remove the device.	2 0	
b. Held the device with thumb on the bottom of the plunger and two fingers on the nozzle.	2 0	
c. Placed and held the tip of the nozzle in either nostril until fingers touched the bottom of the patient's nose.	2 0	
d. Pressed the plunger firmly to release the dose into the patient's nose.	2 0	
9. Continued to assess responsiveness and breathing: if change in status initiated rescue breathing or CPR as needed. *Judge states, "change in status with further instructions (further instructions will be included in the scenario)"	2 0	
10. Used appropriate verbal and nonverbal communication with patient and other personnel including partner.	2 0	
11. Gave information about patient to Emergency Department.	4 0	
12. Removed gloves properly without touching the outside of the gloves with bare hands.	2 0	
13. Placed disposable PPE in a biohazard receptacle.	2 0	
14. Used alcohol based hand-rub for hand hygiene.	2 0	
TOTAL POINTS – SKILL IX	44	
70% Mastery for Skill IX = 30.8		