

**Washington State Specific Objectives for  
First Responder**



**OFFICE OF EMERGENCY MEDICAL  
AND TRAUMA PREVENTION**

**March 1998**

## First Responder Definition:

“First Responder” means a person who:

- (a) Has been trained in an approved program to render emergency medical care under written or oral authorization of an MPD or approved physician delegate; and
- (b) Has been examined and certified as a First Responder by the Department.

## First Responder Course Content:

The Department recognizes the United States Department of Transportation National Standard First Responder training course curriculum as amended by the Department. **Specific objectives added to the National Standard First Responder curriculum are underlined.** These specific objectives are needed to meet the First Responder training requirements.

**The following section contains specific objectives that Washington State added to the National Standard First Responder curriculum. This curriculum may be obtained as a resource from the Office of Emergency Medical and Trauma Prevention web site shown below.**

<http://www.doh.wa.gov/hsqa/emstrauma/publications.htm>

Please review the following objectives. If you determine additional study or instruction is necessary to meet these training requirements, complete the following steps:

1. Study educational material pertinent to the objectives you must meet using the First Responder curriculum from the web address shown above and EMT or First Responder textbooks, or, receive training from a Senior EMS Instructor or content area expert in those topic areas. If you do not personally have access to the Internet, most local libraries have access. The trauma triage tool and EMS-NO CPR information is available in the curriculum and individually on the web site.
2. When you have completed the necessary Washington State Specific Objectives (WSSOs) and feel comfortable that you are knowledgeable in these objectives, complete and sign the attached WSSO Affirmation Statement.
3. Return the WSSO Affirmation Statement with your other documentation to the address provided on the application. After eligibility is determined you may be approved to take the written examination.

# WASHINGTON STATE SPECIFIC OBJECTIVES AFFIRMATION STATEMENT

Before your EMS training can be approved, you must affirm that you understand the *Washington State-Specific Objectives* for the level of certification you are applying for. This is **required** knowledge for all certification candidates, and contains specific objectives that establish the standard for field performance in Washington State. Questions regarding these objectives are included in the written examination.

**I understand that this information is vital to my ability to safely provide patient care in Washington State, and declare that I am knowledgeable in the Washington State-Specific Objectives for:**

(Please circle one only)

FIRST RESPONDER

EMT

IV THERAPY TECHNICIAN

AIRWAY TECHNICIAN

IV/AIRWAY TECHNICIAN

ILS TECHNICIAN

ILS/AIRWAY TECHNICIAN

PARAMEDIC

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**Print Name**

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**Date**

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**Applicant Signature**



# First Responder

## Washington State Specific Objectives

Extracted from the Washington State Amended, DOT National Standard First Responder Curriculum

### MODULE 1 Preparatory

#### Lesson 1-3      **LEGAL AND ETHICAL ISSUES**

##### **Cognitive Objectives**

At the completion of this lesson, the First Responder student will be able to:

- 1-3.13 Describe spousal, child, and geriatric abuse. (C-1)
- 1-3.14 Describe the Washington State EMS-No CPR Program. (C-1)
- 1-3.15 Recognize which patients are eligible for the EMS-No CPR program. (C-1)
- 1-3.16 Understand the philosophy of the EMS-No CPR Guidelines. (C-1)
- 1-3.17 Understand the 1992 Amendment to Washington's Natural Death Act (C-1)
- 1-3.18 Understand which individuals qualify for the EMS-No CPR Program. (C-1)
- 1-3.19 Understand the parts of the EMS-No CPR Directive. (C-1)
- 1-3.20 Recognize the EMS-No CPR Bracelet or other valid do not resuscitate orders.(C-1)
- 1-3.21 Know where to look for a patient's EMS-No CPR Directive or bracelet. (C-1)
- 1-3.22 Know how to recognize when an individual has revoked the EMS-No CPR directive. (C-1)
- 1-3.23 Understand the EMS provider protocols for the EMS-No CPR Directive. (SEE APPENDIX M. (C-1)
- 1-3.24 Understand the liability for EMS personnel regarding the EMS-No CPR program. (C-1)
- 1-3.25 Know how to document an EMS-No CPR directive on the patient run report. (C-1)
- 1-3.26 Know how to provide comfort care measures to a dying patient. (C-1)
- 1-3.27 Define the purpose of the Trauma Registry. (C-1)
- 1-3.28 Define what and how to report data to the state. (C-1)

##### **Affective Objectives**

At the completion of this lesson, the First Responder student will be able to:

- 1-3.31 Explain which patients are eligible for the EMS No-CPR program. (A-3)
- 1-3.32 Know "How Best to Tell the Worst News" to grieving family members. (A-3) (SEE APPENDIX M)
- 1-3.33 Understand the steps you can use to communicate with grieving family members. (A-3)

##### **Psychomotor Objectives**

- 1-3.33 Locate and identify the EMS No-CPR bracelet and/or original EMS-No CPR directive. (P-1,2)

**NOTE:** The DOH manual entitled ***EMS NO-CPR Guidelines*** may be obtained by contacting the Education, Training and Regional Support Section, P.O. Box 47853, Olympia, Washington 98504-7853. It is also available on our internet web site located at [www.doh.wa.gov/hsqa/emtp](http://www.doh.wa.gov/hsqa/emtp)

#### Lesson 1-5      **BASELINE VITAL SIGNS AND SAMPLE HISTORY**

##### **COGNITIVE OBJECTIVES**

At the completion of this lesson, the First Responder student will be able to:

- 1-5.1 Identify the components of vital signs.(C-1)
- 1-5.2 Describe the methods used to obtain a breathing rate.(C-1)
- 1-5.3 Identify the attributes that should be obtained when assessing breathing (C-1)
- 1-5.4 Differentiate between shallow, labored and noisy breathing.(C 3)
- 1-5.5 Describe the methods used to obtain a pulse rate.(C-1)
- 1-5.6 Identify the information obtained when assessing a patient's pulse.(C 1)
- 1-5.7 Differentiate between a strong, weak, regular and irregular pulse.(C-3)

- 1-5.8 Describe the methods used to assess skin color, temperature, and condition (capillary refill in infants and children).(C-1)
- 1-5.9 Identify the normal and abnormal skin colors.(C-1)
- 1-5.10 Differentiate between pale, blue, red and yellow skin color. (C-3)
- 1-5.11 Identify the normal and abnormal skin temperature.(C-1)
- 1-5.12 Differentiate between hot, cool and cold skin temperature. (C-3)
- 1-5.13 Identify normal and abnormal skin conditions.(C-1)
- 1-5.14 Identify normal and abnormal capillary refill in infants and children.(C-1)
- 1-5.15 Describe the methods used to assess the pupils.(C-1)
- 1-5.16 Identify normal and abnormal pupil size.(C-1)
- 1-5.17 Differentiate between dilated (big) and constricted (small) pupil size. (C-3)
- 1-5.18 Differentiate between reactive and non reactive pupils and equal and unequal pupils. (C-3)
- 1-5.19 Describe the methods used to assess blood pressure.(C-1)
- 1-5.20 Define systolic pressure.(C-1)
- 1-5.21 Define diastolic pressure.(C-1)
- 1-5.22 Explain the difference between auscultation and palpation for obtaining a blood pressure.(C-1)
- 1-5.23 Identify the components of an adequate history, such as SAMPLE.(C-1)
- 1-5.24 Differentiate between a sign and a symptom. (C-3)
- 1-5.25 State the importance of accurately reporting and recording the baseline vital signs.(C-1)
- 1-5.26 Discuss the need to search for additional medical identification.(C-1)

### **AFFECTIVE OBJECTIVES**

At the completion of this lesson, the First Responder student will be able to:

- 1-5.27 Explain the value of performing the baseline vital signs.(A-2)
- 1-5.28 Recognize and respond to the feelings patients experience during assessment.(A-1)
- 1-5.29 Defend the need for obtaining and recording an accurate set of vital signs (A-3)
- 1-5.30 Explain the rationale for recording additional sets of vital signs.(A-1)
- 1-5.31 Explain the importance of obtaining a SAMPLE history.(A-1)

### **PSYCHOMOTOR OBJECTIVES**

At the completion of this lesson, the First Responder student will be able to:

- 1-5.32 Demonstrate the skills involved in assessment of breathing.(P 1,2)
- 1-5.33 Demonstrate the skills associated with obtaining a pulse. (P 1,2)
- 1-5.34 Demonstrate the skills associated with assessing the skin color, temperature, condition, and capillary refill in infants and children.(P 1,2)
- 1-5.35 Demonstrate the skills associated with assessing the pupils. (P 1,2)
- 1-5.36 Demonstrate the skills associated with obtaining blood pressure.(P 1,2)
- 1-5.37 Demonstrate the skills that should be used to obtain information from the patient, family, or bystanders at the scene. (P-1,2)

## **MODULE 2 Airway**

### **Lesson 2-1 AIRWAY**

#### **Cognitive Objectives**

At the completion of this lesson, the First Responder student will be able to:

- 2-1.13 Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask while using the jaw thrust.(C-1)
- 2-1.14 List the parts of a bag-valve-mask system.(C-1)
- 2-1.15 Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two-rescuers.(C-1)

- 2-1.16 Describe the signs of adequate artificial ventilation using the bag valve-mask.(C-1)
- 2-1.17 Describe the signs of inadequate artificial ventilation using the bag valve-mask.(C-1)
- 2-1.18 Describe the steps in artificially ventilating a patient with a flow-restricted, oxygen-powered ventilation device.(C-1)
- 2-1.19 Define the components of an oxygen delivery system.(C-1)
- 2-1.20 Identify a non-rebreather face mask and state the oxygen flow requirements needed for its use.(C-1)
- 2-1.21 Describe the indications for using a nasal cannula versus a non-rebreather face mask. (C-1)
- 2-1.22 Identify a nasal cannula and state the flow requirements needed for its use.(C-1)

### **Affective Objectives**

At the completion of this lesson, the First Responder student will be able to:

- 2-1.30 Explain the rationale for providing adequate oxygenation through high inspired oxygen concentrations to patients who, in the past, may have received low concentrations.(A-3)

### **Psychomotor Objectives**

At the completion of this lesson, the First Responder student will be able to:

- 2-1.41 Demonstrate the assembly of a bag-valve-mask unit.(P-1,2)
- 2-1.42 Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two-rescuers.(P-1,2)
- 2-1.43 Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask while using the jaw thrust.(P-1,2)
- 2-1.44 Demonstrate artificial ventilation of a patient with a flow-restricted, oxygen-powered ventilation device.(P-1,2)
- 2-1.45 Demonstrate how to artificially ventilate a patient with a stoma.(P 1,2)
- 2-1.46 Demonstrate the correct operation of oxygen tanks and regulators.(P 1,2)
- 2-1.47 Demonstrate the use of a non-rebreather face mask and state the oxygen flow requirements needed for its use.(P-1,2)
- 2-1.48 Demonstrate the use of a nasal cannula and state the flow requirements needed for its use.(P-1,2)
- 2-1.49 Demonstrate how to artificially ventilate the infant and child patient.(P-1,2)
- 2-1.50 Demonstrate oxygen administration for the infant and child patient.(P 1,2)
- 2-1.51 Describe the steps in performing one person artificial ventilation on a patient using the FATS method. SEE APPENDIX L FOR STUDENT STUDY GUIDE. (C-1)
- 2-1.52 Demonstrate how to listen to or auscultate lung sounds. (P-1,2)
- 2-1.53 Demonstrate the ability to determine if breath sounds are present or absent, clear or unclear, and equal bilaterally. (P-1,2)
- 2-1.54 Demonstrate how to suction an airway until clear, while observing for bradycardia in children. (P-1,2)

## **MODULE 4 Circulation**

### **Lesson 4-2 CARDIOVASCULAR EMERGENCIES**

#### **COGNITIVE OBJECTIVES**

At the completion of this lesson, the First Responder student will be able to:

- 4-2.1 Describe the emergency medical care of the patient experiencing chest pain/discomfort.(C-1)
- 4-2.2 List the indications for automated external defibrillation (AED).(C-1)
- 4-2.3 List the contraindications for automated external defibrillation.(C-1)
- 4-2.4 Define the role of First Responder in the emergency cardiac care system.(C-1)
- 4-2.5 Explain the impact of age and weight on defibrillation.(C-1)
- 4-2.6 Discuss the position of comfort for patients with various cardiac emergencies.(C-1)
- 4-2.7 Establish the relationship between airway management and the patient with cardiovascular compromise.(C-3)

- 4-2.8 Predict the relationship between the patient experiencing cardiovascular compromise and basic life support.(C-2)
- 4-2.9 Discuss the fundamentals of early defibrillation. (C-1)
- 4-2.10 Explain the rationale for early defibrillation.(C-1)
- 4-2.11 Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator.(C-1)
- 4-2.12 Explain the importance of prehospital ACLS intervention if it is available.(C-1)
- 4-2.13 Explain the importance of urgent transport to a facility with Advanced Cardiac Life Support if it is not available in the prehospital setting.(C 1)
- 4-2.14 Discuss the various types of automated external defibrillators.(C-1)
- 4-2.15 Differentiate between the fully automated and the semi-automated defibrillator.(C-3)
- 4-2.16 Discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators.(C-1)
- 4-2.17 State the reasons for assuring that the patient is pulseless and apneic when using the automated external defibrillator.(C-1)
- 4-2.18 Discuss the circumstances which may result in inappropriate shocks.(C-1)
- 4-2.19 Explain the considerations for interruption of CPR, when using the automated external defibrillator.(C-1)
- 4-2.20 Discuss the advantages and disadvantages of automated external defibrillators.(C-1)
- 4-2.21 Summarize the speed of operation of automated external defibrillation.(C-1)
- 4-2.22 Discuss the use of remote defibrillation through adhesive pads.(C-1)
- 4-2.23 Discuss the special considerations for rhythm monitoring.(C-1)
- 4-2.24 List the steps in the operation of the automated external defibrillator. (C-1)
- 4-2.25 Discuss the standard of care that should be used to provide care to a patient with persistent ventricular fibrillation and no available ACLS.(C-1)
- 4-2.26 Discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS.(C 1)
- 4-2.27 Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator.(C-3)
- 4-2.28 Explain the reason for pulses not being checked between shocks with an automated external defibrillator.(C-1)
- 4-2.29 Discuss the importance of coordinating ACLS-trained providers with personnel using automated external defibrillators.(C-1)
- 4-2.30 Discuss the importance of post-resuscitation care.(C-1)
- 4-2.31 List the components of post-resuscitation care.(C-1)
- 4-2.32 Explain the importance of frequent practice with the automated external defibrillator.(C-1)
- 4-2.33 Discuss the need to complete the Automated Defibrillator: Operator's Shift Checklist.(C-1)
- 4-2.34 Discuss the role of the American Heart Association (AHA) in the use of automated external defibrillation.(C-1)
- 4-2.35 Explain the role medical direction plays in the use of automated external defibrillation.(C-1)
- 4-2.36 State the reasons why a case review should be completed following the use of the automated external defibrillator.(C-1)
- 4-2.37 Discuss the components that should be included in a case review.(C 1)
- 4-2.38 Discuss the goal of quality improvement in automated external defibrillation.(C-1)
- 4-2.39 Recognize the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain.(C-3)
- 4-2.40 Define the function of all controls on an automated external defibrillator, and describe event documentation and battery defibrillator maintenance.(C-1)
- 4-2.41 Define and discuss arteriosclerosis, AMI, CHF and angina. (C-1)
- 4-2.42 List the signs and symptoms of arteriosclerosis, AMI, CHF and angina.(C-1)

## **AFFECTIVE OBJECTIVES**

At the completion of this lesson, the First Responder student will be able to:

- 4-2.43 Defend the reasons for obtaining initial training in automated external defibrillation and the importance of continuing education.(A-3)
- 4-2.44 Defend the reason for maintenance of automated external defibrillators.(A-3)

## **PSYCHOMOTOR OBJECTIVES**

At the completion of this lesson, the First Responder student will be able to:

- 4-2.45 Demonstrate the assessment and emergency medical care of a patient experiencing chest pain/discomfort.(P-1,2)
- 4-2.46 Demonstrate the application and operation of the automated external defibrillator.(P-1,2)
- 4-2.47 Demonstrate the maintenance of an automated external defibrillator.(P-1,2)
- 4-2.48 Demonstrate the assessment and documentation of patient response to the automated external defibrillator.(P-1,2)
- 4-2.49 Demonstrate the skills necessary to complete the Automated Defibrillator: Operator's Shift Checklist.(P-1,2)
- 4-2.50 Practice completing a prehospital care report for patients with cardiac emergencies.(P-2)

## **MODULE 5 Illness and Injury**

### **Lesson 5-3 INJURIES TO MUSCLES AND BONES**

#### **Cognitive Objectives**

At the completion of this lesson, the First Responder student will be able to:

- 5-3.4 State the reasons for splinting. (C-1)
- 5-3.5 List the general rules of splinting. (C-1)
- 5-3.6 List the complications of splinting. (C-1)
- 5-3.10 Relate the airway emergency medical care techniques to the patient with a suspected spine injury.(C-3)
- 5-3.11 Describe how to stabilize the cervical spine.(C-1)
- 5-3.12 Discuss indications for sizing and using a cervical spine immobilization device.(C-1)
- 5-3.13 Establish the relationship between airway management and the patient with head and spine injuries.(C-1)
- 5-3.14 Describe a method for sizing a cervical spine immobilization device.(C 1)
- 5-3.15 Describe how to log roll a patient with a suspected spine injury.(C-1)
- 5-3.16 Describe how to secure a patient to a long spine board.(C-1)
- 5-3.17 Describe the indications for the use of rapid extrication.(C-1)
- 5-3.18 List steps in performing rapid extrication.(C-1)
- 5-3.19 State the circumstances when a helmet should be left on the patient.(C-1)
- 5-3.20 Discuss the circumstances when a helmet should be removed.(C-1)
- 5-3.21 Identify different types of helmets.(C-1)
- 5-3.22 Describe the unique characteristics of sports helmets.(C-1)
- 5-3.23 Explain the preferred methods for removal of a helmet.(C-1)
- 5-3.24 Discuss alternative methods for removal of a helmet.(C-1)
- 5-3.25 Describe how the patient's head is stabilized to remove the helmet.(C 1)
- 5-3.26 Differentiate how the head is stabilized with a helmet compared to without a helmet.(C-3)

#### **Affective Objectives**

At the completion of this lesson, the First Responder student will be able to:

- 5-3.29 Explain the rational for splinting at the scene versus load and go. (A-3)

- 5-3.34 Explain the rationale for immobilization of the entire spine when a cervical spine injury is suspected.(A-3)
- 5-3.35 Explain the rationale for utilizing immobilization methods apart from the straps on the cots.(A-3)
- 5-3.36 Explain the rationale for utilizing rapid extrication approaches only when they indeed will make the difference between life and death.(A 3)
- 5-3.37 Defend the reasons for leaving a helmet in place for transport of a patient.(A-3)
- 5-3.38 Defend the reasons for removal of a helmet prior to transport of a patient.(A-3)

### **Psychomotor Objectives**

At the completion of this lesson, the First Responder student will be able to:

- 5-3.43 Demonstrate completing a prehospital care report for patients with musculoskeletal injuries. (P-2)
- 5-3.44 Demonstrate the four person log roll for a patient with a suspected spinal cord injury.(P-1,2)
- 5-3.45 Demonstrate how to log roll a patient with a suspected spinal cord injury using two people.(P-1,2)
- 5-3.46 Demonstrate securing a patient to a long spine board.(P-1,2)
- 5-3.47 Demonstrate procedure for rapid extrication.(P-1,2)
- 5-3.48 Demonstrate preferred methods for stabilization of a helmet. (P 1,2)
- 5-3.49 Demonstrate helmet removal techniques.(P-1,2)
- 5-3.50 Demonstrate alternative methods for stabilization of a helmet.(P-1,2)
- 5-3.51 Demonstrate completing a prehospital care report for patients with head and spinal injuries.(P-2)

## **MODULE 7 Operations**

### **Lesson 7-1        *EMS OPERATIONS***

#### **Cognitive Objectives**

At the completion of this lesson, the First Responder student will be able to:

- 7-1.11 Discuss START (Simple Triage and Rapid Transport) Training. (C-1)
- 7-1.12 Discuss the Washington State Trauma Triage Tool and how it is used to direct trauma patient. (C-1)
- 7-1.13 Understand the purpose of the Washington State Trauma Triage Tool. (C-1)
- 7-1.14 Understand who developed and approved the Washington State Trauma Triage Tool. (C-1)
- 7-1.15 Understand the components of the Washington State Trauma Triage Tool. (C-1) (SEE APPENDIX N)
- 7-1.16 Understand regional patient care procedures. (C-1)
- 7-1.17 Understand how to use the Washington State Trauma Triage Tool according to the regional approved Patient Care Procedures. (C-1)
- 7-1.18 Understand the difference between Regional Patient Care Procedures and Medical Program Director approved Patient Care Protocols. (C-1)
- 7-1.19 Understand the purpose of trauma wrist bands. (C-1)
- 7-1.20 Discuss how to rendezvous and conduct a patient transfer with Advance Life Support (ALS) personnel (C-1).