

## Primary Aid Evaluation Form (P1)

<b>*** CANDIDATE IS TO COMPLETE ONE EVALUATION PER CALL IN PHASE III ***</b>			
Candidate Name:		Provider Level:	
Evaluator Name:			
Date:	Inc #:	Call Type:	
Evaluation Type:	Entire Call	Partial Care	Assessment Only      Skills Only

1- Inappropriate or unsafe. Inconsistent, required significant prompting.
3- Satisfactory, required minimal prompting.
5- Excellent, required no prompting.

Assessment	Individual Grade
Initial oral assessment	
Initial physical assessment	
Ongoing oral assessment	
Ongoing physical assessment	
Treatment Plan	Individual Grade
Develops plan independently	
The plan is adequate	
The plan was developed in a timely manner	
Interventions	Individual Grade
BLS Airway Skills	
Medication administration	
Other BLS skills	
Advanced airway skills	
Advanced invasive skills	
Other ALS skills	
Patient Transition	Individual Grade
Receives report from bystander or EMS crew on scene	
Medical consult	
Report to next medical professional	
Documentation	
Call Leadership and Organization	Individual Grade
Ability to carry out treatment plan in an organized manner	
Utilization of the other crew members	
Requests appropriate additional resources	
Ability to work under incident command	

# Total Grade:

## Primary Aid Evaluation Form (P2)

<b>Additional Comments</b>	
<b>Assessment</b>	
<b>Treatment Plan</b>	
<b>Interventions</b>	
<b>Patient Transition</b>	
<b>Call Organization and Leadership</b>	
<b>Other</b>	

Evaluator Signature:	Date:
Candidate Signature:	Date:
Did the Candidate perform adequately and independently on this call? <b>Phase III only</b>	<div style="display: flex; justify-content: space-around; width: 100%;"> <span>Yes</span> <span>No</span> </div>