



Florida Department of Law Enforcement

# CMS FIRST AID PERFORMANCE EVALUATION

Incorporated by Reference in Rule 11B-35.0024(3)(e)2., F.A.C.



CJSTC-5  
CMS

1. TRAINING SCHOOL NAME: \_\_\_\_\_ 2. CLASS NUMBER: \_\_\_\_\_

3. STUDENT'S PRINTED NAME: \_\_\_\_\_ 4. STUDENT'S IDENTIFICATION NUMBER: \_\_\_\_\_

5. PROFICIENCY DEMONSTRATION NUMBER: FIRST ATTEMPT  OR SECOND ATTEMPT

6. THE STUDENT IS A: BASIC RECRUIT STUDENT  OR INSTRUCTOR STUDENT

7. BASIC RECRUIT STUDENT PERFORMANCE REQUIREMENTS AND RE-TEST:

- **DEMONSTRATION OF PROFICIENCY:** A basic recruit student shall demonstrate all the required First Aid Proficiency Skills at 100% to receive a passing score with the results recorded on this form.
- **WRITTEN END-of-Course Examination:** A basic recruit student shall achieve a score of no less than 80% on the required written end-of-course examination.
- **RETEST:** A basic recruit student shall be given the opportunity for one additional attempt at the required demonstration of first aid proficiency skills or one re-examination of required written end-of-course examination for the CMS First Aid for Criminal Justice Officers.

A basic recruit student, who has failed to pass the required written end-of-course examination or the required demonstration of proficiency after a second attempt, shall be deemed to have failed the CMS First Aid for Criminal Justice Officers Course.

• **REMEDIAL PLAN ATTACHED:** YES

If a basic recruit student was not successful in the first attempt to demonstrate the required proficiency skills, attach a remediation plan. Student retesting shall be documented on this form. The basic recruit student is only required to retest in the proficiency requirements failed.

8. INSTRUCTOR STUDENT PERFORMANCE REQUIREMENTS:

- **DEMONSTRATION OF PROFICIENCY:** An instructor student shall demonstrate all the required First Aid High-Liability Proficiency Skills at 100% with the results recorded on this form. No retest allowed.
- **WRITTEN END-of-Course Examination:** An instructor student shall achieve a minimum score of no less than 85% on the first aid written end-of-course examination. No retest is allowed.

An instructor student who fails either the demonstration of proficiency or the written end-of-course examination shall be deemed to have failed the CMS First Aid Instructor Course.

9. **INSTRUCTOR TO STUDENT RATIO:** For instruction of the CMS First Aid for Criminal Justice Officers Course or CMS First Aid Instructor Course, at least one Commission-certified CMS First Aid Instructor shall be required for every ten students actively engaged in the practical and performance areas of the training. Instructors shall hold a current CPR Instructor Certification from an entity referenced in Rule 64J-1.022, F.A.C. **Actively engaged** is defined as "a student involved in the practical performance of any first aid skills training." For CPR instruction, follow the guidelines of your instructor's certifying agency affiliation instructor to student ratio.

10. DATE THE FIRST EVALUATION WAS COMPLETED: \_\_\_\_\_ DATE THE RETEST WAS COMPLETED: \_\_\_\_\_

11. FIRST AID DEMONSTRATION: Initial: PASS  OR FAIL  Retest: PASS  OR FAIL

12. WRITTEN END-OF-COURSE EXAMINATION:

- **WRITTEN EXAMINATION:** PASS  OR FAIL
- **WRITTEN EXAMINATION RETEST (BASIC RECRUIT ONLY):** PASS  OR FAIL

13. FAILURE OF COURSE:

- The basic recruit student has failed the CMS First Aid for Criminal Justice Officers Course.
- The instructor student has failed the CMS First Aid Instructor Course.

14. STUDENT'S SIGNATURE: \_\_\_\_\_ 15. DATE: \_\_\_\_\_

16. LEAD INSTRUCTOR'S PRINTED NAME: \_\_\_\_\_ 17. LEAD INSTRUCTOR'S SIGNATURE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

TRAINING SCHOOL: \_\_\_\_\_

CLASS NUMBER: \_\_\_\_\_

**EVALUATION:** Evaluate the student on each performance listed at the end of each lesson, unit, or at the end of the course. Instructor(s) shall mark the appropriate box for Pass (P) or Fail (F). Instructors shall print and sign their name for the performance(s) they observe and rate. Comments may be used at any time, but are required for a failure.

I. BODY SUBSTANCE ISOLATION (BSI)		
	DATE OF 1 <sup>ST</sup> TEST: _____	DATE OF RETEST: _____
1. Properly put on protective gloves, checking for correct size and defects.	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
2. Properly remove and dispose of contaminated protective gloves without contaminating self or others.	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
1 <sup>ST</sup> TEST: _____ INSTRUCTOR'S PRINTED NAME      INSTRUCTOR'S SIGNATURE		COMMENTS
RETEST: _____ INSTRUCTOR'S PRINTED NAME      INSTRUCTOR'S SIGNATURE		
<p><b>II. CARDIOPULMONARY RESUSCITATION:</b> The required topics shall include Foreign Body Airway Obstruction, Rescue Breathing, and CPR on an adult, child, and infant, and shall include AED training. A student is required to successfully complete CPR/AED training to pass the course.</p> <p><b>DESIGNATED CPR ASSOCIATED STANDARDS.</b> The standards for performance for CPR are determined by the lead CPR instructor's affiliated certifying association guidelines from an entity referenced in Rule 64J-1.022, F.A.C. The CPR instructors' affiliated association shall set the CPR performance criteria and cognitive CPR examination. A <b>basic recruit student</b> who does not meet the designated association CPR standards shall not be permitted to take the end-of-course examination for the CMS First Aid for Criminal Justice Officer Course. An <b>instructor student</b> who fails any skill shall have failed the course. Each association may use a specific performance evaluation form. Documentation from the CPR evaluation will transfer to this form as proof of passing the demonstration and include the form in the course file.</p>		
DATE: _____	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	_____ LEAD INSTRUCTOR'S PRINTED NAME      LEAD INSTRUCTOR'S SIGNATURE  _____ CPR INSTRUCTOR CERTIFICATION EXPIRATION DATE Instructors shall possess and maintain a valid CPR Instructor Certification from an entity referenced in Rule 64J-1.022, F.A.C.  _____ CPR Certifying Entity
<b>III PATIENT ASSESSMENT: USING PPE, PERFORM AN ASSESSMENT FOR:</b>		
	DATE OF 1 <sup>ST</sup> TEST: _____	DATE OF RETEST: _____
1. Scene size-up	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
2. LOC-AVPU	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
3. Airway	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
4. Breathing, including rate	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
5. Circulation, including pulse rate	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
6. Uncontrolled bleeding	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
7. Physical assessment (DOTS/SAMPLE)	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
1 <sup>ST</sup> TEST: _____ INSTRUCTOR'S PRINTED NAME      INSTRUCTOR'S SIGNATURE		COMMENTS
RETEST: _____ INSTRUCTOR'S PRINTED NAME      INSTRUCTOR'S SIGNATURE		

STUDENT NAME: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

TRAINING SCHOOL: \_\_\_\_\_

CLASS NUMBER: \_\_\_\_\_

IV. SHOCK: USING PPE, TREAT PATIENT FOR SHOCK BY:		
	DATE OF 1 <sup>ST</sup> TEST: _____	DATE OF RETEST: _____
1. Maintaining open airway	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
2. Positioning patient properly	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
3. Maintaining normal body temperature	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
4. Monitoring ABC's	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
1 <sup>ST</sup> TEST: _____	COMMENTS	
INSTRUCTOR'S PRINTED NAME _____		
INSTRUCTOR'S SIGNATURE _____		
RETEST: _____		
INSTRUCTOR'S PRINTED NAME _____	INSTRUCTOR'S SIGNATURE _____	
V. BLEEDING: USING PPE, CONTROL BLEEDING BY:		
	DATE OF 1 <sup>ST</sup> TEST: _____	DATE OF RETEST: _____
1. Direct pressure	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
2. Elevation	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
3. Pressure point	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
1 <sup>ST</sup> TEST: _____	Comments	
INSTRUCTOR'S PRINTED NAME _____		
INSTRUCTOR'S SIGNATURE _____		
RETEST: _____		
INSTRUCTOR'S PRINTED NAME _____	INSTRUCTOR'S SIGNATURE _____	
VI. Musculoskeletal and Soft Tissue Injures: Using PPE, perform emergency care for:		
	DATE OF 1 <sup>ST</sup> TEST: _____	DATE OF RETEST: _____
1. Dressing and bandaging an open wound	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
2. Splint and stabilize upper extremity	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
3. Splint and stabilize lower extremity	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
1 <sup>ST</sup> TEST: _____	COMMENTS	
INSTRUCTOR'S PRINTED NAME _____		
INSTRUCTOR'S SIGNATURE _____		
RETEST: _____		
INSTRUCTOR'S PRINTED NAME _____	INSTRUCTOR'S SIGNATURE _____	
VII. MOVING PATIENTS: PERFORM # 1, AND ONE OF THE FOLLOWING ON # 2 AND # 3		
	DATE OF 1 <sup>ST</sup> TEST: _____	DATE OF RETEST: _____
1. WALKING ASSIST	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
2. EMERGENCY DRAG: Using PPE, perform one of the following:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Clothes Drag</li> <li>• Blanket Drag</li> <li>• Shoulder Drag/Carry</li> </ul>	COMMENTS	COMMENTS
3. EMERGENCY LIFT OR CARRY: Using PPE, perform one of the following:	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Two-person Extremity Lift</li> <li>• Two-Person Seat Carry</li> </ul>	COMMENTS	COMMENTS
1 <sup>ST</sup> TEST: _____		
INSTRUCTOR'S PRINTED NAME _____		
INSTRUCTOR'S SIGNATURE _____		
RETEST: _____		
INSTRUCTOR'S PRINTED NAME _____	INSTRUCTOR'S SIGNATURE _____	

STUDENT NAME: \_\_\_\_\_

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

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CLASS NUMBER: \_\_\_\_\_

VIII. SPINAL CORD INJURIES: USING PPE, EVALUATE STUDENT WHILE AT THE PATIENT'S HEAD:		
	DATE OF 1 <sup>ST</sup> TEST: _____	DATE OF RETEST: _____
1. Apply manual stabilization to cervical spine	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
2. Perform log roll maneuver	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>	PASS <input type="checkbox"/> FAIL <input type="checkbox"/>
1 <sup>st</sup> Test: _____ INSTRUCTOR'S PRINTED NAME      INSTRUCTOR'S SIGNATURE		COMMENTS
Retest: _____ INSTRUCTOR'S PRINTED NAME      INSTRUCTOR'S SIGNATURE		