VOLUSIA COUNTY, FLORIDA
EMERGENCY MEDICAL SERVICE (EVAC)
PHYSICAL AGILITY TEST

Revised: September 18, 2012
Volusia County Emergency Medical Service (EVAC)
EMS Physical Agility Test (EMSPAT)

Test Description Form

The EVAC Physical Agility Test (EMSPAT) is designed to simulate the critical physical tasks performed by Paramedics and EMT’s during emergency situations. This evaluation will occur after completion of the general knowledge examination, skills testing and interview. Applicants must pass the Agility test prior to being allowed to continue in the assessment process.

The test procedures are as follows:

- Each applicant must provide a “Medical Clearance Form (applicant)”
- Each applicant must sign an “Applicant Waiver of Claim of Injury Form” prior to taking the physical Agility test. Applicants who agree to this testing do so with the full understanding that the County of Volusia is not responsible for any injury that might be sustained during the test.
- The test will be administered by a Volusia County Department of Public Protection EMS Clinical Services representative who has the obligation to stop the test at any time to prevent injury to the applicant.
- All tests shall be recorded as “PASS” or “FAIL” and have the time recorded.
- The EMSPAT consists of ten events performed continuously. The PAT will be timed from the beginning until completion of the final event. If the applicant is unable to complete the EMSPAT in the designated time of 6 minutes and 35 seconds the result in failure of the EMSPAT.
- Watches, bracelets, necklaces, and any loose fitting jewelry will not be permitted. Applicants must wear flat rubber-soled shoes (sneakers) with no open heel or exposed toes and long pants and a comfortable exercise type shirt while participating in the EMSPAT.
- Only two attempts at passing the EMSPAT will be permitted. If the applicant fails the test the second test they are disqualified from hiring eligibility by the Volusia County EMS Division.
- Applicants who “PASS” this test are not guaranteed employment. This EMSPAT is one of several steps along the way to qualify applicants.
- During the course of the test, you may not run at any time (the penalty for running will be to return to the start of the event where the running occurred).
- During the course of the test, the lead proctor will give ongoing instructions to guide you through the course. After reviewing this form, you will have the opportunity to ask questions for clarification.
Event #1: Ambulance Exit

Equipment
- EVAC Ambulance

Purpose of Evaluation
To test manual dexterity under stressful situation.

Event
You will begin from a seated position in the driver’s seat of an “EVAC ambulance”. The seatbelt and shoulder harness will be buckled and the door will be closed, but not locked. Time will begin at the instruction of “Go”. Unbuckle, open the door, step out of the Ambulance and advance to the rear of the Ambulance (the rear doors will be open).

Failure
If the candidate falls during exiting. The candidate may not stop and rest. Must use proper body mechanics.
Event #2: Stretcher Lift Simulation

Equipment

- 80-pound Bar bell
- Table
- EVAC Ambulance

Purpose of Evaluation
This event challenges your aerobic capacity, upper body muscular strength, lower body muscular strength, balance, grip strength, and endurance. This event is designed to simulate half of a loaded stretcher.

Event
You will lift the 80-pound barbell from its start position inside the back end of the Ambulance. You will then walk backwards six feet while holding the barbell, turn 90 degrees to your right and place the barbell on top of the table. You will then walk to the table/cart (barbell).

Failure
Unable to lift or drops the 80-pound barbell. The candidate is not allowed to stop and rest during the carry. If the candidate falls during movement. Must use proper body mechanics.
Event #3: Stretcher Push/Pull

Equipment
- EVAC Ambulance
- Ambulance Stretcher loaded with Cardiac Monitor, Blue Jump Bag, Pediatric Bag, One D-Oxygen cylinder
- Twenty-five-foot roll of AstroTurf (carpet)
- Two 2x4’s spaced ten-feet apart placed under the carpet sections to create a twenty-five-foot path with bumps under it.

Purpose of Evaluation
This event is designed to simulate the critical task of moving a stretcher to your partner at a rescue scene. This event challenges your motor coordination, concentration, aerobic capacity, upper and lower body muscular strength, grip strength and endurance.

Event
You will push or pull the stretcher a total of 50 feet (25 feet up, 25 feet back) along a carpeted course with two 2 x 4’s placed under the carpet every 10 feet. While pushing or pulling the stretcher, both hands must remain on the stretcher handles (if the stretcher is moved with only one hand in contact, the course must be restarted). You will then walk to the table/cart (bar bell).

Failure
Stretcher goes off carpeted path. Equipment falls from stretcher. Stretcher falls over. One hand comes off stretcher. The candidate is not allowed to stop and rest during the event. If the candidate falls during movement. Must use proper body mechanics.
Event #4: Stair Carry

Equipment
- 80-pound bar bell
- Stair platform
- Table/cart to hold bar bell

Purpose of Evaluation
This event is designed to simulate the critical tasks of climbing stairs with a full complement of primary care EMS equipment. This event challenges your aerobic capacity, and your upper and lower body muscular endurance.

Event
Two safety spotters will stand next to applicant during event #4. Lift the bar bell from the table/cart and walk to the front of stairs while facing away from the stairs. You will then walk backward up the stairs until reaching the top of the stair platform. Turn 180 degrees and walk backward down the stairs to the floor. Walk the bar bell to the table/cart. You will then walk to the equipment lift station (stretcher).

Failure
Unable to lift or drops the 80-pound bar bell. Unable to ascend or descend the stairs with the 80-pound bar bell. The candidate is not allowed to stop and rest during the carry. If the candidate falls during movement. Must use proper body mechanics.
**Event #5: Equipment Lift and Place (Stretcher to Floor)**

**Equipment**
Ambulance stretcher
1. Cardiac Monitor
2. Blue Jump Bag
3. Pediatric Bag
4. One D-Oxygen cylinder velcro’ed to the stretcher

**Purpose of Evaluation**
This event is designed to simulate the critical tasks moving a full complement of primary care EMS equipment from the ambulance stretcher to a simulated point of patient care. This event challenges your aerobic capacity, and your upper and lower body muscular endurance and coordination.

**Event**
One at a time, lift three pieces of equipment and remove the Velcro Oxygen tank from the stretcher and place on the designated location on the floor.

The items and floor locations are designated (i.e., Cardiac Monitor to Cardiac Monitor label on floor and Oxygen tank to Oxygen tank label on floor…etc.). Go to one knee (knee must touch floor), place first bag/tank, stand, move to the second designated location on the floor, go to one knee, place item in designated location. You will then repeat this process for items 2, 3 and 4. If you do not go to one knee while placing the item, you will be required to repeat that item. Stay at this spot for event #6: Equipment Transfer Floor-Back to Stretcher. Can use own body/leg to stand up.

**Failure**
Does not go to one knee (knee fails to touch the floor). May not use equipment to assist standing back up while placing the item; you will be required to repeat that item. Drops equipment. If the candidate falls during movement. Must use proper body mechanics.
Event #6: Equipment Transfer (Floor-Back to Stretcher)

Equipment
Ambulance Stretcher
  1. Cardiac Monitor
  2. Blue Jump Bag
  3. Pediatric Bag
  4. One D-Oxygen cylinder velcro’ed to the stretcher

Purpose of Evaluation
This event is designed to simulate the critical task of moving equipment from a rescue scene back to the stretcher using proper body mechanics. This event challenges your knees, your aerobic capacity, and upper and lower body muscular strength, endurance, and grip strength.

Event
Go to one knee (knee must touch floor), lift first bag/tank (from Event #5), stand, move and place first item on stretcher. Walk back to second item, go to one knee (knee must touch floor), lift second bag/tank (from Event #5), stand, move and place second item on stretcher. You will then repeat this process for items 3 and 4. If you do not go to one knee while lifting the item, you will be required to repeat that item. **Walk** to the (patient) manikin drag station. Can use own body/leg to stand up.

Failure
Does not go to one knee (knee fails to touch the floor). May not use equipment to assist standing back up while lifting the items; you will be required to repeat that item. Drops equipment. If the candidate falls during movement. Must use proper body mechanics.
Event #7: Manikin Drag

Equipment
- 150 Lbs. Rescue Manikin

Purpose of Evaluation
This event is designed to simulate the critical task of removing a victim or injured partner from a rescue scene. This event challenges your aerobic capacity, upper and lower body muscular strength, endurance, and grip strength.

Event
You will stand at the head end of a 150-pound Rescue Manikin (simulated patient). Lift the head-end (shoulders) of the patient off of the floor, drag five feet to a barrel, drag manikin 180 degrees around the barrel, and continue dragging until the entire body of the patient crosses the start/finish line. (If the head of the patient is in contact with the floor, the applicant may not be advanced). Walk to the chest compressions station.

Failure
The candidate may only stop to reset his/her grip once. If a candidate stops to rest more than once or drops the manikin's head to the ground, the candidate will fail the event and the entire PAT. If the candidate falls during movement. Must use proper body mechanics.
Event #8: Chest Compressions

Equipment
- One standard CPR manikin
- Stopwatch

Purpose of Evaluation
This event is designed to simulate the critical task of chest compressions (quality CPR) while performing CPR on an arrested patient. This event challenges your aerobic capacity, upper body muscular strength, upper back muscular strength and endurance.

Event
Chest compressions must be hard and fast at least at rate of 100 compressions per minute. The evaluator will start the clock as soon as the first compression is completed. The candidate will continue to compress the manikin’s chest for two minutes. The evaluator will count aloud each compression and advise the candidate when two minutes have elapsed. The candidate will then proceed directly to the next event without stopping. You will then walk to the stretcher.

Failure
Must be quality CPR. Depth of compressions must be one third the diameter of the chest. The candidate will not stop compressions once started and must perform 200 compressions. If the candidate stops prior to the evaluator advises the completion of two minutes, or performs less than 190, the candidate will fail the event and the entire PAT. If the candidate falls during movement. Must use proper body mechanics.
Event #9: Stretcher Push/Pull

Equipment
- EVAC Ambulance
- Ambulance Stretcher loaded with:
  1. Cardiac Monitor,
  2. Blue Jump Bag,
  3. Pediatric Bag,
  4. One D-Oxygen cylinder Velcro’ed to stretcher.
- Twenty-five-foot roll of AstroTurf (carpet)
- Two 2x4’s spaced ten-feet apart placed under the carpet sections to create a twenty-five-foot path with bumps under it.

Purpose of Evaluation
This event is designed to simulate the critical task of move a stretcher to the ambulance. This event challenges your motor coordination, concentration, aerobic capacity, upper and lower body muscular strength, grip strength and endurance.

Event
You will push or pull the stretcher a total of 50 feet (25 feet up, 25 feet back) along a carpeted course with two 2 x 4’s placed under the carpet every ten feet. While pushing or pulling the stretcher, both hands must remain on the stretcher handles (if the stretcher is moved with only one hand in contact, the course must be restarted). You will then walk to the table/cart holding the bar bell.

Failure
Stretcher goes off carpeted path. Equipment falls from stretcher. Stretcher falls over. One hand comes off stretcher. The candidate is not allowed to stop and rest during the event. If the candidate falls during movement. Must use proper body mechanics.
Event #10: Stretcher Load and Ambulance Climb

Equipment
- EVAC Ambulance
- 80-pound bar bell
- Ambulance Stretcher
- Table/cart to hold bar bell

Purpose of Evaluation
This event challenges your aerobic capacity, upper body muscular strength, lower body muscular strength, balance, grip strength, and endurance. This event is designed to simulate half of a loaded stretcher. To test manual dexterity under stressful situation.

Event
Pick up the Bar bell from the table/cart and return it to the back of the ambulance. Walk to the driver’s side door and climb into the ambulance (the side door will be open). When the door is closed and seatbelt is buckled, time is stopped.

Failure
Drops equipment. If the candidate falls during movement. The candidate may not stop and rest. If the candidate falls during movement. Must use proper body mechanics.
MEDICAL CLEARANCE FORM BY APPLICANTS PHYSICIAN
To Participate in Emergency Medical Services Physical Agility Test
In Consideration for Employment

I, (applicant print name) ________________________________, have read the test directions for participating in the Volusia County Emergency Medical Service (EVAC Ambulance) Physical Agility Test administered by Volusia County. I understand the attached testing process and events as they have been explained and have been given an opportunity to ask for clarification of any directions.

Signed by Patient (EMS Applicant) ____________________________ Date __________

Patient (EMS Applicant) Name (Print) ____________________________________________________________________________

To the examining physician

In order to assure candidates for the position of EMT or Paramedic are able to adequately perform the critical tasks associated with the job, the guidelines of Volusia County Emergency Medical Services Division state that candidates must participate in and pass a job simulation physical agility test (see attached description of test). By signing below, you are indicating that (1) you are familiar with the medical history and current condition of the patient named above, and (2) that in your opinion, the patient should be able to participate in the described test without foreseeable medical danger to him/her.

Physician Signature __________________________________________ Date of Examination __________

Physician Name (Print or Stamp) ______________________________________________________________________

Physician Address (Print or Stamp) ______________________________________________________________________

Physician Phone (Print or Stamp) ______________________________________________________________________

Note to Applicant: Bring this completed form with you on your test date. You will not be able to participate if this form has not been completed.
Applicant Waiver of Claim of Injury Form

By signing this form, you are agreeing to voluntarily participate in the physical Agility test that has been described to you. This test will be administered by the Volusia County Department of Public Protection, EMS Division. The purpose of this test is to determine whether you do or do not currently possess the minimum physical abilities necessary to perform the job of an EMT or Paramedic.

I understand that the Volusia County EMS Physical Agility Test requires a high level of physical exertion. I also understand that there is a potential for injury while participating in such a test. I also understand that I may decide to stop at any time during the course of the test. To the best of my knowledge, I am physically able to safely participate in the test. Considering all of these points, I agree to voluntarily participate in the Medic Physical Agility Test as part of my consideration for employment. In addition, I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of my participation.

Applicant Last Name (Print)  Applicant First Name  Applicant MI

Applicant Signature  Date

In case of an emergency, I authorize Volusia County EMS to contact:

Name:

Address:

Telephone:
<table>
<thead>
<tr>
<th>No.</th>
<th>Start</th>
<th>No-running or re-start where running started.</th>
<th>Critical Failure</th>
<th>Date</th>
<th>Critical Failure</th>
<th>F=Fail Blank=Pass</th>
<th>Critical Failure</th>
<th>F=Fail Blank=Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ambulance Exit</td>
<td>Un-buckle, exit front cab to rear</td>
<td>Falls to ground</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Stretcher Lift Simulation</td>
<td>80 lb.'s barbell, walk backwards 6 feet turn 90 degrees to platform</td>
<td>Unable to lift, or drops barbell</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Stretcher Pull</td>
<td>Push/Pull stretcher 50' along path - 2 hands</td>
<td>One hand contact - re-start</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Stair Carry</td>
<td>Curl 80 lb.'s, walk up backwards 4 stairs, turn around, down backwards</td>
<td>Unable to lift, or drops barbell</td>
<td></td>
<td></td>
<td></td>
<td>Unable to ascend or descend stairway with weights</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Equipment Carry</td>
<td>Carry 4 items 1 at a time to designated spots go to one knee to place on floor</td>
<td>Drops equipment</td>
<td></td>
<td></td>
<td></td>
<td>Fails go to one knee while lifting</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Equipment Transfer</td>
<td>Go to one knee- lift equipment and transfer to designated location, go to one knee to drop off</td>
<td>Drops equipment- Restart Item</td>
<td></td>
<td></td>
<td></td>
<td>Fails to go to one knee while lifting</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Manikin Drag</td>
<td>Drag 150 lb. manikin 5 feet, around barrel, back 5 feet</td>
<td>Stops to re-grip more than once</td>
<td></td>
<td></td>
<td></td>
<td>Stops to rest or manikin's head to ground Fails event and Entire PAT</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Chest Compressions</td>
<td>2 minutes CPR 100 p/min simulated advanced airway</td>
<td>If the candidate stops, fails event and the PAT</td>
<td></td>
<td></td>
<td></td>
<td>CPR Count _________ Must be &gt; 200</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Stretcher Pull</td>
<td>Push/Pull stretcher 50' along path</td>
<td>One hand contact, restart</td>
<td></td>
<td></td>
<td></td>
<td>stretcher goes off path, restart</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Stretcher load – Enter Ambulance</td>
<td>Curl 80 lb.'s from platform, carry to rear of the unit, then walk to front to front and re-enter and seatbelt in.</td>
<td>Drops barbell</td>
<td></td>
<td></td>
<td></td>
<td>Stops to rest</td>
<td></td>
</tr>
</tbody>
</table>

End: Total time must be less than 6:35

Total Time >>>

Pass or Fail EMSPAT >>>

Candidates Signature >>>

Evaluator Name and Signature: