



Articulation Agreement
Date Drafted: 6/20/23
Valid Academic Years: 23-24, 24-25

This articulation agreement is pursuant to California Code of Regulations, Title 5 Section 55051, Contra Costa Community College District Curriculum and Instruction Procedure 4009. This agreement will remain in effect for two years or sooner if curriculum, college faculty or High School/ROP/Adult Ed. instructor is changed by either the HS or the college. Articulation agreement renewals will include a review of the most up-to-date post High School/ROP/Adult Ed. and High School/ROP/Adult Ed. course outlines and a discussion of current teaching methodologies and stated competencies

Contra Costa College Course: EMED-110

Adult Ed. School Course: Emergency Medical Technician (EMT 1) – Code: 4.4260

School Name: Mt. Diablo Adult Education

School Address: 1266 San Carlos Ave, Concord, CA 94518

COLLEGE COURSE DESCRIPTION: (Please see EMED-110 course outline attached)

This course provides the student with the knowledge and skills to become certified as an Emergency Medical Technician I in the state of California. Topics covered are patient assessment, oxygen administration, recognition and treatment of various medical and trauma emergencies, and other aspects that relate to pre-hospital care. The student will spend time in an emergency department and in an ambulance to experience the field of EMS. This course meets the state of California regulations of EMT I training. A grade of "C" or better is required in order to be eligible for certification. Petition to repeat for legally mandated certification training.

Units: 6

Hours: 180 (72 Lecture, 72 Lab, 36 by arrangement)

Prerequisites: American Heart Association Basic Life Support (BLS) Certificate

REQUIRED CONTENT FOR ARTICULATION: (Please see "content" section of attached course outline).

Lecture:

1. Foundations of Pre-hospital Care: E MED Course Information, Introduction to Pre-hospital Care, Well Being of the EMT-Basic, Medical/Legal and Ethical Issues, Essentials of Anatomy and Physiology, Baseline Vital Signs and SAMPLE History, and Lifting and Moving Patients
2. Airway and Ventilation Management: Basic Airway and Ventilation Management and Assisting with Advanced Airway and Ventilation Management
3. Patient Assessment: Scene Size-Up, Initial Assessment, Focused History and Physical Exam: Trauma, Focused History and Physical Exam: Medical, Detailed Physical Exam, Ongoing Assessment, Radio Communications, and Documentation
4. Medical Emergencies: General Pharmacology, Respiratory Emergencies, Cardiovascular Emergencies, Altered Mental Status, Allergies, Poisonings/Overdoses, Substance Abuse Emergencies, Abdominal Emergencies, OB/GYN, Environmental Emergencies, and Behavioral Emergencies
5. Trauma Emergencies: Bleeding and Shock, Soft Tissue Injuries, Burn Emergencies, Musculoskeletal Injuries, Injuries to the Head, Injuries to the Face and Throat, Injuries to the Spine, and Injuries to the Chest, Abdomen, and Genitalia.
6. Developmental Emergencies: Pediatric Emergencies and Geriatric Emergencies
7. Operations: Ambulance Operations, Gaining Access, and Major Incident Response
8. Clinical/Field Experience: Hospital Observation Time and Ambulance Ride Along
9. Final Evaluation: Final Comprehensive Written Exam and Final Comprehensive Practical Exam

Lab:

1. Lifting and Moving Patients
2. Airway and Ventilation Management practicum
3. Patient Assessment practicum: Scene Size-Up, Initial Assessment, Focused History and Physical Exam: Trauma, Focused History and Physical Exam: Medical, Detailed Physical Exam, Ongoing Assessment, Radio Communications, and Documentation
4. Practicum: Bleeding and Shock, Soft Tissue Injuries, Burn Emergencies, Musculoskeletal Injuries, Injuries to the Head, Injuries to the Face and Throat, Injuries to the Spine, and Injuries to the Chest, Abdomen, and Genitalia.
5. Practicum: Pediatric Emergencies and Geriatric Emergencies
6. Practical examination



REQUIRED COMPETENCIES (PERFORMANCE OBJECTIVES) FOR ARTICULATION:

(Please see "objectives" section of attached course outline).

1. Recognize the nature and seriousness of the patient's condition or extent of injuries.
2. Systematically process assessment findings and develop conclusions to assess requirements for emergency medical care.
3. Administer appropriate emergency medical care based on assessment of the patient's condition.
4. Describe clearly and concisely pertinent emergency medical information.
5. Interact effectively with patients, bystanders, public service employees, and health care professionals.
6. Understand one's role and responsibility as an EMT in the EMS system.
7. Assist other Pre-hospital givers in the performance of their duties.
8. Understand the psychological, sociological, and cultural differences of patients, bystanders, and other member of the EMS team.
9. Lift, move, position, and otherwise handle the patient to minimize discomfort and prevent further Injury.
10. Perform safely and effectively the expectations of being an EMT I.

METHODS FOR END OF COURSE ASSESSMENT: (These are the agreed upon assessments)

A cognitive examination approved by the Contra Costa County EMS Agency is required for course completion, as well as psychomotor/skills testing equivalent to the National Registry of EMTs' skills assessment forms, as required by CCR Title 22 and the Contra Costa County EMS Agency

PROCEDURES AND/OR CRITERIA FOR COURSE ARTICULATION:

1. Students must apply to Contra Costa College and register in CATEMA to receive credit recommendations by their High School/ROP/Adult Ed. school teacher.
2. Students must be recommended for credit by their High School/ROP/Adult Ed. school teacher in CATEMA. Teachers recommend credit at their discretion.
3. Students must complete the **Emergency Medical Technician (EMT 1)** course at **Mt. Diablo Adult Education** school with an overall grade of "B" or better. High School/ROP/Adult Ed. school teachers will enter this grade in CATEMA.
4. Students must earn a "B" or better on the agreed upon college/high school final exam and end of course assessment procedure. High School/ROP/Adult Ed. school teachers will enter this exam grade in CATEMA.
5. Articulated college credit may only be recommended by the High School/ROP/Adult Ed. school teacher and received by the student within the academic year in which it was earned.
6. Upon completion of the above, the student will receive on their Contra Costa College and CCCD (California Community College District) transcript 6 units of credit for **EMED-110 Emergency Medical Technician** course.
7. College transcripts will reflect the FINAL EXAM GRADE earned and will be notated as *Credit by Exam.

TEXTBOOKS OR OTHER SUPPORTING MATERIALS:

Textbook Title:

Author:

Publisher:

Edition/Date:

Emergency Care and Transportation of the Sick and Injured
American Academy of Orthopedic Surgeons
Jones & Bartlett
12 th edition

Other Texts and Materials

Jblearning.com Navigate 2 Advantage online learning platform package (See course outline for other suggested texts)

AGREEMENT WAS BASED ON STATEWIDE CAREER PATHWAYS PROJECT TEMPLATE:

_____ YES _____ X _____ NO



**CONTRA
COSTA
COLLEGE**

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Signature Page

Contra Costa College Course: EMED-110

High School/ROP/Adult Ed. School Course: Emergency Medical Technician (EMT 1)

School Name: Mt. Diablo Adult School

School Address: 1266 San Carlos Ave, Concord, CA 94518

ADULT ED. SCHOOL SIGNATURES

Gary Giusti

Gary Giusti
Mt. Diablo Adult Ed. EMT

Tricia Ouellette

Tricia Ouellette
Mt. Diablo Adult Ed.
Assistant Director

Vittoria Abbate
Mt. Diablo Adult Ed.
Director

COLLEGE SIGNATURES

Aaron Bates
Contra Costa College
EMED Faculty

Dr. Chris Coughlin
Contra Costa College
EMED Department Chair

Ashley Phillips
Contra Costa College
AACE Division Dean

Jason Berner
Contra Costa College
Acting Senior Dean of Instruction

Contra Costa College Course Outline

Department & Number	EMED 110
Course Title	Emergency Medical Technician I
Prerequisite	Healthcare Provider CPR Certification
Challenge Policy	Challenge exam or the following certification cards: CPR, First Aide, EMR
Co-requisite	None
Challenge Policy	
Advisory	

Number of Weeks	18
Lecture Hours By Term	72
Lab Hours By Term	72
*Hours By Arrangement	36
Units	6

***HOURS BY ARRANGEMENT:** 36 Hours per term.

ACTIVITIES: (Please provide a list of the activities students will perform in order to satisfy the HBA requirement):

Clinical/Field Experience: Hospital Observation Time and Ambulance Ride Along

COURSE/CATALOG DESCRIPTION

This course provides the student with the knowledge and skills to become certified as an Emergency Medical Technician I in the state of California. Topics covered are patient assessment, oxygen administration, recognition and treatment of various medical and trauma emergencies, and other aspects that relate to pre-hospital care. The student will spend time in an emergency department and in an ambulance to experience the field of EMS. This course meets the state of California regulations of EMT I training. A grade of "C" or better is required in order to be eligible for certification. Petition to repeat for legally mandated certification training.

COURSE OBJECTIVES:

At the completion of the course the student will be able to:

Recognize the nature and seriousness of the patient's condition or extent of injuries.
Systematically process assessment findings and develop conclusions to assess requirements for emergency medical care.
Administer appropriate emergency medical care based on assessment of the patient's condition.
Describe clearly and concisely pertinent emergency medical information.
Interact effectively with patients, bystanders, public service employees, and health care professionals.
Understand one's role and responsibility as an EMT in the EMS system.
Assist other Pre-hospital givers in the performance of their duties.
Understand the psychological, sociological, and cultural differences of patients, bystanders, and other member of the EMS team.
Lift, move, position, and otherwise handle the patient to minimize discomfort and prevent further injury.
Perform safely and effectively the expectations of being an EMT I.

INTENDED STUDENT LEARNING OUTCOMES:

Students will apply an understanding of anatomy and physiology to the assessment of a patient to ensure proper basic airway and ventilation management.
Students will demonstrate proficiency in performing a patient assessment.
Students will demonstrate personal behaviors consistent with professionalism for the entry-level Emergency Medical Technician.

COURSE CONTENT (Lecture):

1. Foundations of Pre-hospital Care: E MED Course Information, Introduction to Pre-hospital Care, Well Being of the EMT-Basic, Medical/Legal and Ethical Issues, Essentials of Anatomy and Physiology, Baseline Vital Signs and SAMPLE History, and Lifting and Moving Patients
2. Airway and Ventilation Management: Basic Airway and Ventilation Management and Assisting with Advanced Airway and Ventilation Management
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COURSE CONTENT (Lab):

Lifting and Moving Patients
Airway and Ventilation Management practicum
Patient Assessment practicum: Scene Size-Up, Initial Assessment, Focused History and Physical Exam: Trauma, Focused History and Physical Exam: Medical, Detailed Physical Exam, Ongoing Assessment, Radio Communications, and Documentation
Practicum: Bleeding and Shock, Soft Tissue Injuries, Burn Emergencies, Musculoskeletal Injuries, Injuries to the Head, Injuries to the Face and Throat, Injuries to the Spine, and Injuries to the Chest, Abdomen, and Genitalia.
Practicum: Pediatric Emergencies and Geriatric Emergencies
Practical examination

METHODS OF INSTRUCTION:

Lecture, Audiovisuals, Discussion, Out of Class written assignments such as textbooks and Internet Based Assignments.

INSTRUCTIONAL MATERIALS:

NOTE: To be UC/CSU transferable, the text must be dated within the last 7 years OR a statement of justification for a text beyond the last 7 years must be included.

Textbook Title:

Author:

Publisher:

Edition/Date:

Pre-hospital Emergency Care
Mistovich and Karren
Prentice Hall
10 th edition / 2013

Textbook Title:

Author:

Publisher:

Edition/Date:

Pre-hospital Emergency Care Workbook
Kuvlesky and Story
Prentice Hall
10th edition / 2013

Textbook Title:

Author:

Publisher:

Edition/Date:

Ambulance Driver's Handbook
Department of the California Highway Patrol
State of California
2000- State issued required text.

OUTSIDE OF CLASS WEEKLY ASSIGNMENTS:

Title 5, section 55002.5 establishes that a range of 48 -54hours of lecture, study, or lab work is required for one unit of credit. For each hour of lecture, students should be required to spend an additional two hours of study outside of class to earn one unit of credit.

- State mandates that sample assignments must be included on the Course Outline of Record.

Outside of Class Weekly Assignments

Hours per week

Weekly Reading Assignments *(Include detailed assignment below, if applicable)*

5

Weekly reading assignments and online chapter quizzes.

Weekly Writing Assignments *(Include detailed assignment below, if applicable)*

1

Workbook writing exercise weekly

Weekly Math Problems *(Include detailed assignment below, if applicable)*

Lab or Software Application Assignments *(Include detailed assignment below, if applicable)*

1

Online national registry practice software

Other Performance Assignments *(Include detailed assignment below, if applicable)*

1

Practice lab exercises weekly

STUDENT EVALUATION: (Show percentage breakdown for evaluation instruments)

10	%	Quizzes
25	%	Written Tests
10	%	Skills Tests
15	%	Skills Lab
10	%	Didactic Assignments
5	%	Professionalism
5	%	Clinical / Field Assignments
10	%	Final Written Exam
10	%	Final Practical Exam

GRADING POLICY: (Choose LG, P/NP, or SC)

☒

Letter Grade

90% - 100% = A
 80% - 89% = B
 70% - 79% = C
 60% - 69% = D
 Below 60% = F

☐

Pass / No Pass

70% and above = Pass
 Below 70% = No Pass

☐

Student Choice

90% - 100% = A
 80% - 89% = B
 70% - 79% = C
 60% - 69% = D
 Below 60% = F
or
 70% and above = Pass
 Below 70% = No Pass

Prepared by:

Date:

R. Ramos, L Clem, S. Weatherby

11/16/13

Revised form 10/13

MT. DIABLO ADULT EDUCATION
A Division of Mt. Diablo Unified School District
Career and Technical Education Center



COURSE OF STUDY

I. TITLE: **Emergency Medical Technician (EMT 1)**

Code: 4.4260

Program: Career & Technical Education

Length: 19 weeks

Hours/week: 10.5 (Tuesday, Wednesday, Thursday evenings)

Total hours: 234 (Lecture – 126; Lab – 72; Clinical Experience – 36)

Course Name	Lecture	Lab	Clinicals	Total
EMT Basic	132	78	24*	234

*Must include 10 patient contacts.

II. BRIEF DESCRIPTION:

This program teaches the knowledge and skills necessary to be an Emergency Medical Technician, following the California Title 22 Division 9, the National Standard Curriculum for the EMT-Basic, the National EMS Education Standards, and the National Registry of Emergency Medical Technicians (NREMT) National EMS Practice Analysis, which is the basis for the NREMT examination.

Topics included are: roles and responsibilities of the EMT; medico-legal considerations of EMS; basic human anatomy & physiology; basic airway management; practical use of oxygen & breathing equipment; respiratory and cardiac emergencies; medical emergencies and appropriate treatment; environmental emergencies; bleeding and shock; trauma management; childbirth; pediatrics; geriatrics; disasters and hazardous material incidents; mass casualty and terrorism incidents; psychological emergencies; patient packaging and triage; stabilization and transport of the sick and injured; and communications & report writing.

Skills practice, meeting the psychomotor standards consistent with the National EMS Education Standards, occurs regularly. Ride-alongs are scheduled throughout the program and students must attain the minimum number of required hours and (documented) patient contacts.

Successful graduates can use their skills in positions such as an EMT, Hospital Emergency Room Technician, and/or apply to various public safety agencies for entry level positions.

III. PROGRAM OBJECTIVES:

- To prepare students with the knowledge and skill set required performing the duties of an emergency medical technician, following the National Standard Curriculum for the EMT, the National EMS Education Standards, and the National Registry of Emergency Medical Technicians (NREMT) National EMS Practice Analysis.

- To prepare students for the National Registry of Emergency Medical Technicians (NREMT) certification examination for EMT-Basic leading to state EMT certification
- To train students in all aspects of the industry enabling them to make appropriate employment decisions relating to emergency medical services, such as EMT, Paramedic, Emergency Room Technician, or applying to public safety agencies for entry level positions.

IV. PERFORMANCE OBJECTIVES:

1. Introduction to Emergency Medical Care	• Describe the importance of each of the National Highway Traffic Safety Administration standards for assessing EMS systems. • Describe the components of an EMS system that must be in place for a patient to receive emergency medical care. • Compare and contrast the training and responsibilities of EMRs, EMTs, AEMTs, and Paramedics. • Explain each of the specific areas of responsibility for the EMT. • Give examples of the physical and personality traits that are desirable for EMTs. • Describe various job settings that may be available to EMTs. • Describe the purpose of the National Registry of Emergency Medical Technicians. • Explain the purpose of quality improvement programs in EMS programs. • Explain EMT's role in the quality improvement process. • Given scenarios, decide how an EMT may demonstrate professional behavior.
2. The Well-being of the EMT	• Given an example of a patient-care situation, determine the appropriate personal protective equipment to prevent exposure to infectious disease. • Describe proper procedures for hand washing and using alcohol-based hand cleaners. • Discuss the health concerns related to exposure to hepatitis B, hepatitis C, tuberculosis, and AIDS. • Access the Centers for Disease Control web site to obtain the latest information on diseases of concern to EMS providers. • Explain the essential provisions of OSHA, the CDC, the Ryan White CARE Act, and the Ryan White HIV/AIDS Treatment Extension Act of 2009 as they relate to infection control in EMS. • Explain the purpose of critical incident stress management (CISM). • Given a scenario, recognize a patient's or family member's reaction to death and dying. • Given a scenario involving death or dying, use effective techniques for interacting with the patient and family members. • List indications of the potential for danger to yourself or others at the scene of an EMS call. • Demonstrate knowledge or threat assessment and outline proper responses to incidents including: Hazardous material incidents, terrorist incidents, rescue operations, violence and active shooter incidents. • Given a scenario of an emergency response involving a safety threat, describe actions you should take to protect yourself and other EMS providers. • Demonstrate knowledge of the components of the Individual First Aid Kit (IFAK) and/or medical kit.

3. Lifting and Moving Patients	
- Describe the factors that you must consider before lifting any patient. - Use principles of proper body mechanics and techniques when lifting and moving patients and other heavy objects. - Give examples of situations that require emergency, urgent, and non-urgent patient moves. - Demonstrate emergency, urgent, and non-urgent moves. - Demonstrate proper use of patient-lifting and carrying devices. - Differentiate between devices to be used to lift and carry patients with and without suspected spinal injuries. - Discuss how to transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines	
4. Medical/Legal and Ethical Issues	
- Describe your scope of practice as an EMT. - Differentiate between scope of practice and standard of care. - Given a variety of scenarios, determine which type of patient consent applies. - Given a variety of ethical dilemmas, discuss the issues that must be considered in each situation. - Explain legal and ethical considerations in situations where patients refuse care. - Discuss the EMT's obligations with respect to advance directives, including do not resuscitate orders. - Given a variety of scenarios, identify circumstances that may allow a claim of negligence to be established. - Explain the purpose of Good Samaritan laws. - Identify situations that would constitute a breach of patient confidentiality. - Identify situations that would constitute libel or slander. - Recognize medical identification devices and organ donor status. - List items that may be considered evidence at a crime scene. - Describe ways in which you can minimize your impact on evidence while meeting your obligations to care for your patient. - Recognize situations that may legally require reporting to authorities. - Given a scenario involving an ethical challenge, decide the most appropriate response for an EMT.	
5. Medical Terminology	
- Explain the importance of the proper use of medical terminology. - Apply definitions of common prefixes, suffixes, and roots to determine the meaning of medical terms. - Use anatomical terms of position and direction to describe the location of body structures and position of the body.	
6. Anatomy and Physiology	
- Describe the structures and functions of each of the following body systems: - Musculoskeletal	

• Respiratory • Cardiovascular • Nervous • Digestive • Integumentary • Endocrine • Renal • Male and female reproductive • Skeletal • Respiratory • Cardiovascular • Nervous • Skin • Endocrine • Renal/urinary • Male and female reproductive
7. Ventilation, Perfusion, and Shock: Understanding Pathophysiology • Describe conditions that can threaten cardiopulmonary function. • Explain how impaired cardiopulmonary function affects the body. • Discuss the mechanisms the body uses to compensate for impaired cardiopulmonary function. • Explain the pathophysiology of shock. • Identify signs and symptoms that indicate the body is attempting to compensate for impaired cardiopulmonary function. • Recognize indications that the body's fluid balance has been disrupted. • Recognize indications that the nervous system may be impaired.
8. Life Span Development • Describe the physical and physiological characteristics, including normal vital signs, for individuals in each of the following age groups: Infant, toddler, preschool age child, school age child, adolescent, young adult, middle adult and late adult • Use knowledge of physical, physiological, and psychosocial development to anticipate the needs and concerns of patients of all ages.
9. Airway Management • Describe the anatomy and physiology of the upper and lower airways. • Given a diagram or model, identify the structures of the upper and lower airways. • Describe common pathophysiologic problems leading to airway obstruction. • Demonstrate assessment of the airway in a variety of patient scenarios. • Associate abnormal airway sounds with likely pathophysiologic causes. • Identify patients who have an open airway but who are at risk for airway compromise. • Recognize patients who have an inadequate airway. • Demonstrate manually opening the airway in pediatric and adult medical and trauma patients. ◦ Head-tilt, chin-lift maneuver ◦ Jaw-thrust maneuver • Describe the indications, contraindications, use, and potential complications of airway adjuncts, including:

○ Nasopharyngeal airway ○ Oropharyngeal Airway ● Recognize the indications for suctioning of the mouth and oropharynx. ● Describe risks and limitations associated with suctioning the mouth and oropharynx. ● Demonstrate the following airway management skills: ○ Inserting an oropharyngeal airway ○ Inserting a nasopharyngeal airway ○ Suctioning the mouth and oropharynx ● Describe modifications in airway management for pediatric patients, patients with facial trauma, and patients with airway obstruction.
10. Respiration and Artificial Ventilation ● Explain the physiological relationship between assessing and maintaining an open airway, assessing and ensuring adequate ventilation, and assessing and maintaining adequate circulation. ● Recognize patients at risk for failure of the cardiopulmonary system. ● Differentiate between adequate breathing, inadequate breathing (respiratory failure), and respiratory arrest. ● Use information from the scene size-up and patient assessment to anticipate hypoxia. ● Identify patients who require administration of supplemental oxygen. ● Discuss the potential negative effects of positive pressure ventilation, and how to minimize complications from positive pressure ventilation. ● Demonstrate the following techniques of artificial respiration for pediatric (as applicable) and adult medical and trauma patients: ○ Mouth-to-mask ○ Two-rescuer bag-valve mask (BVM) ○ One-rescuer BVM ○ Flow-restricted, oxygen-powered ventilation device ○ Automatic transport ventilator (as permitted by local protocol) ● Assess the adequacy of artificial ventilations. ● Modify artificial ventilation and oxygen techniques for patients with stomas. ● Discuss considerations for selecting the best device for delivering oxygen for a variety of patient scenarios. ● Demonstrate administration of oxygen by: ○ Non Rebreather mask ○ Nasal cannula ● Describe the purpose and use of partial rebreather masks, Venturi masks, and tracheostomy masks. ● Demonstrate safe transport, storage, and use of oxygen. ● Describe the use of humidified oxygen.
11. Scene Size-up ● Explain the ongoing nature of scene size-up beyond the initial moments at the scene. ● Given a scene-arrival scenario, list several examples of potential hazards for which the EMT should actively search.

• Describe considerations in establishing a danger zone at the scene of a vehicle collision. • Use information from the scene size-up to make decisions about the use of Standard Precautions to protect against disease exposure. • Use information from the scene size-up to determine the mechanism of injury or nature of the illness. • Explain the importance of determining the number of patients and the need for additional resources in the scene size-up. • Given a number of scenarios, perform a scene size-up, including: ○ Recognizing potential dangers ○ Making decisions about body substance isolation ○ Determining the nature of the illness or mechanism of injury ○ Determining the number of patients ○ Determining the need for additional resources
12. The Primary Assessment • Explain the purpose of the primary assessment. • Discuss the difference in first steps to assessment if the patient is apparently lifeless (C-A-B approach) or if the patient has signs of life, including a pulse (A-B-C approach). • Given several scenarios, do the following: ○ Form a general impression ○ Determine the chief complaint ○ Determine the patient's mental status ○ Assess the airway ○ Assess breathing ○ Assess circulation ○ Determine the patient's priority for transport • Recognize findings in the primary assessment that require immediate intervention. • Differentiate the approach to the primary assessment based on the following: ○ Mechanism of injury/nature of the illness and level of responsiveness ○ Patient's age (adult, child, or infant)
13. Vital Signs and Monitoring Devices • Identify the vital signs used in prehospital patient assessment. • Explain the use of vital signs in patient care decision making. • Integrate assessment of vital signs into the patient assessment process, according to the patient's condition and the situation. • Discuss the importance of documenting vital signs and the times they were obtained in the patient care record. • Demonstrate assessment of: ○ Pulse ○ Respirations ○ Skin ○ Pupils ○ Blood pressure ○ Oxygen saturation

○ Blood glucose ● Integrate assessment of mental status and ongoing attention to the primary assessment while obtaining vital signs. ● Compare and contrast the techniques of assessment and expected vital sign values for pediatric and adult patients.
14. The Secondary Assessment
● List and explain the components of the secondary assessment. ● List and explain techniques of assessment. ● Discuss the application of critical thinking, judgment, and decision making to the process of assessment. ● Describe body system examinations for: ○ The respiratory system ○ The cardiovascular system ○ The nervous system ○ The endocrine system ○ The gastrointestinal system ○ The immune system ○ The musculoskeletal system ● Conduct the secondary assessment of a responsive medical patient, an unresponsive medical patient and a trauma patient who is unstable or has multisystem trauma. ● Obtain a history of the present illness/injury from a patient. ● Obtain a past medical history from a patient.
15. Communication and Documentation
● Discuss how to communicate effectively by radio with dispatch and hospital personnel. ● Deliver an organized, complete, concise report of pertinent patient information when giving a verbal report to receiving hospital personnel. ● Complete a prehospital care report in the format or formats required by your service. ● Understand legal issues and special situations associated with documentation. ● Explain the importance of accurate documentation of drug administration and patient reassessment following drug administration.
16. General Pharmacology
● List the drugs in your scope of practice. ● For each medication you may administer or assist a patient in self-administering, describe the following: ○ Generic and common trade names ○ Indication(s) ○ Contraindications ○ Side effects and untoward effects ○ Form(s) ○ Route(s) of administration ● Follow principles of medication administration safety, including the five rights of medication administration. ● Calculate drug dosages ● Identify the type of medical direction (on-line or off-line) required to administer each medication in the scope of practice. ● Describe the characteristics of the oral, sublingual, inhaled, intravenous, intramuscular,

subcutaneous, and endotracheal routes of administration. • Identify special considerations in medication administration related to patients' ages and weights. • Discuss the steps an EMT may take in assisting with IV therapy. • Discuss how to monitor intravenous lines delivering glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement. Monitor, maintain, and adjust if necessary, in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid
17. Respiratory Emergencies • Differentiate between adequate and inadequate breathing based on the rate, rhythm, and quality of breathing. • Discuss differences between the adult and pediatric airways and respiratory systems. • Recognize signs of inadequate breathing in pediatric patients. • Provide supplemental oxygen and assisted ventilation as needed for patients with inadequate breathing. • Assess the effectiveness of artificial ventilation. • Recognize the patient with difficulty breathing. • Recognize abnormal breath sounds, including wheezes, crackles, rhonchi, and stridor. • Assist a patient with administration of a prescribed bronchodilator by inhaler or small-volume nebulizer, as permitted by medical direction. • Use CPAP to assist the patient with difficulty breathing, as permitted by medical direction. • Recognize the indications, contraindications, risks, and side effects of CPAP. • Describe the pathophysiology, signs, and symptoms of: COPD, asthma, pulmonary edema, pneumonia, spontaneous pneumothorax, pulmonary embolism, epiglottitis, cystic fibrosis, and viral respiratory infections.
18. Cardiac Emergencies • Define acute coronary syndrome and discuss its most common signs and symptoms. • Discuss the management of a patient with acute coronary syndrome. • Discuss the indications, contraindications, dosage, and administration of nitroglycerin to a patient with chest pain. • Discuss the indications (including conditions that must be met), contraindications, and administration of aspirin to a patient with chest pain. • Discuss the following conditions and how each may lead to a cardiac emergency: ○ Coronary artery disease (CAD) ○ Aneurysm ○ Electrical malfunctions of the heart ○ Mechanical malfunctions of the heart ○ Angina pectoris ○ Acute myocardial infarction (AMI) ○ Congestive heart failure (CHF) • Discuss the following factors in the chain of survival and how each may contribute to patient survival of cardiac arrest: ○ Immediate recognition and activation ○ Early cardiopulmonary resuscitation (CPR) ○ Rapid defibrillation

○ Effective advanced life support ○ Integrated post–cardiac arrest care ● Discuss types of automated external defibrillators (AEDs) and how AEDs work. ● Discuss the effective coordination of CPR and AED for a patient in cardiac arrest. ● Discuss special considerations for AED use, including general principles, coordination with others, and post-resuscitation care. ● Discuss the purpose and use of mechanical CPR devices.
19. Diabetic Emergencies and Altered Mental Status ● Consider several possible causes of altered mental status when given scenarios involving patients with alterations in mental status. ● Describe the basic physiological requirements for maintaining consciousness. ● Perform primary and secondary assessments on patients with altered mental status. ● Describe the pathophysiology of diabetes and diabetic emergencies. ● Consider several possible causes of altered mental status when given scenarios involving patients with alterations in mental status. ● Describe the indications for obtaining blood glucose testing ● Determine a patient’s blood glucose level using a blood glucometer, as allowed by local protocol. ● Disposal of contaminated items and sharps. ● Competency in managing a patient with a diabetic emergency ● Recognize the signs, symptoms, and history consistent with other causes of altered mental status, including seizures, stroke, dizziness, and syncope. ● Given a variety of scenarios involving patients with seizures, search for potential underlying causes. ● Develop a plan to assess and manage patients who are having or who have just had a seizure. ● Develop a plan to assess and manage patients who are exhibiting signs and symptoms of a stroke. ● Develop a plan to assess and manage patients with complaints of dizziness and syncope.
20. Allergic Reaction ● Differentiate between the signs and symptoms of an allergic reaction and those of an anaphylactic reaction. ● Prioritize the steps in assessment and management of patients with allergic and anaphylactic reactions. ● Recognize the indications for administering and assisting a patient in the use of an epinephrine auto-injector. ● Demonstrate administration of epinephrine by auto-injector and draw up Epi. ● Describe the considerations in reassessment of patients with allergic and anaphylactic reactions. ● Administration of Epinephrine for suspected anaphylaxis or severe asthma. ● Competency in the management of a patient with suspected anaphylactic reaction. ● Competency in the management of a patient experiencing severe asthma symptoms.
21. Poisoning and Overdose Emergencies ● Identify potential dangers to EMS providers and others at scenes where poisoning, alcohol

abuse, or substance abuse is involved. • Collect key elements in the history of a patient who has been poisoned. • Describe the use of activated charcoal in the management of ingested poisons. • Explain the management of patients who have ingested a poison. • Develop a plan for managing patients who have inhaled poisons. • Develop a plan for managing patients who have absorbed poisons through the skin. • Recognize the signs and symptoms of alcohol abuse and alcohol withdrawal. • Recognize signs, symptoms, and health risks associated with abuse of substances, including stimulants, depressants, narcotics, volatile chemicals, and hallucinogens. • Given a variety of scenarios, develop a treatment plan for patients with emergencies related to alcohol and substance abuse. • Administration of Naloxone • Competency in the management of a patient with suspected narcotic overdose
22. Abdominal Emergencies • Recognize the common signs and symptoms of abdominal conditions, including appendicitis, peritonitis, cholecystitis, pancreatitis, ulcers, abdominal aortic aneurysm, hernia, and renal colic. • Discuss the type of abdominal pain that may indicate cardiac involvement. • Discuss appropriate assessment and management of patients complaining of abdominal pain.
23. Behavioral and Psychiatric Emergencies and Suicide • Discuss medical and traumatic conditions that can cause unusual behavior. • For a patient whose abnormal behavior appears to be caused by stress, discuss techniques to calm the patient and gain his cooperation. • Discuss assessment of a patient who appears to be suffering from a behavioral or psychiatric emergency. • Discuss the steps in managing a patient presenting with a behavioral or psychiatric emergency. • Discuss care for a patient who is a potential or attempted suicide. • Recognize indications that a patient may become violent. • Explain considerations in using force and restraint when managing behavioral emergency calls or when faced with a behavioral emergency patient who refuses treatment and transport.
24. Hematologic and Renal Emergencies • Discuss assessment and management for patients with emergencies related to sickle cell anemia. • Recognize patients with complications of end-stage renal disease, dialysis, and missed dialysis. • Provide treatment for patients with complications of end-stage renal disease, dialysis, and missed dialysis. • Describe special considerations for patients who have received a kidney transplant.
25. Bleeding and Shock • Compare and contrast the characteristics of arterial, venous, and capillary bleeding. • Recognize signs and symptoms of and identify patients at risk for internal and external

bleeding. ● Assess and manage patients with internal and external bleeding. ● Demonstrate the control of external bleeding via various methods ● Describe specific considerations for Direct Pressure bleeding control, Pressure Dressing bleeding control and Hemostatic Agents bleeding control ● Describe the specific consideration for use of a tourniquet for bleeding control ● Relate the signs and symptoms of shock to the body's attempts to compensate for blood loss. ● Describe the pathophysiology and different causes of shock. ● Categorize patients as being in compensated or decompensated shock. ● Demonstrate management of patients in shock.
26. Soft-Tissue Trauma ● Describe types of closed soft-tissue wounds and the assessment and management of closed soft-tissue wounds. ● Predict injuries that may be indicated by various contusion (bruise) types and locations. ● Describe types of open soft-tissue wounds and general assessment and care for open soft-tissue wounds. ● Describe specific treatment for abrasions and lacerations, puncture wounds, impaled objects, avulsions, amputations, and genital injuries. ● Discuss complications associated with burns. ● Classify burns by agent, source, depth, and severity. ● Describe specific treatment for thermal burns and chemical burns. ● Describe assessment and management for electrical burns. ● Describe considerations in the dressing and bandaging of open wounds.
27. Chest and Abdominal Trauma ● Describe specific chest injuries, including flail chest, open chest wounds, pneumothorax, tension pneumothorax, hemothorax, hemopneumothorax, traumatic asphyxia, cardiac tamponade, aortic injury, and commotio cordis and the assessment and management for each of these specific injuries. ● Discuss mechanisms and types of abdominal injuries. ● Demonstrate the assessment and management of patients with blunt and penetrating abdominal injuries, including management of evisceration.
28. Musculoskeletal Trauma ● Describe the four types of musculoskeletal injury (fracture, dislocation, sprain, and strain) and define open and closed extremity injuries. ● Discuss the assessment of musculoskeletal injuries, including compartment syndrome. ● Discuss the general care of musculoskeletal injuries. ● Describe specific considerations for splinting. ● Discuss considerations in the assessment and management of specific types of injuries, including: ○ Shoulder girdle injuries ○ Pelvic injuries ○ Hip dislocation ○ Hip fracture

○ Femoral shaft fracture ○ Knee injury ○ Tibia or fibula injury ○ Ankle or foot injury
29. Trauma to the Head, Neck, and Spine ● Describe the general assessment and management of skull fractures and brain injuries. ● Describe specific concerns in management of cranial injuries with impaled objects. ● Describe specific concerns in management of injuries to the face and jaw. ● Explain the purpose and elements of the Glasgow Coma Scale. ● Discuss the assessment and management of open wounds to the neck. ● List types and mechanisms of spine injury. ● Discuss the assessment and management of spine and spinal cord injuries. ● Discuss issues in the immobilization of the head, neck, and spine specifically for the following: ○ Applying a cervical collar ○ Immobilizing a seated patient, including rapid extrication for high-priority patients ○ Applying a long backboard ○ Rapid extrication from a child safety seat ○ Immobilizing a standing patient ○ Immobilizing a patient wearing a helmet ● Discuss issues in selective spine immobilization.
30. Multisystem Trauma ● Describe the considerations for teamwork, timing, and transport decisions in assessing and managing patients with multisystem trauma or multiple traumas. ● Discuss the physiologic, anatomic, and mechanism of injury criteria for determining patient severity with regard to trauma triage and transport decisions. ● Recognize special patient considerations that increase the patient's priority for transport, such as age, anticoagulation bleeding disorders, burns, time-sensitive extremity injuries, end-stage renal disorders requiring dialysis, and pregnancy. ● Discuss general principles of multisystem-trauma management. ● Describe the purposes of trauma scoring systems.
31. Environmental Emergencies ● Recognize signs and symptoms of hypothermia. ● Describe the indications, contraindications, benefits, and risks of passive and active rewarming techniques. ● Prioritize steps in assessment and management of patients with varying degrees of hypothermia. ● Discuss assessment and management for early or superficial local cold injury and for late or deep local cold injury. ● Differentiate between assessment and management priorities for heat emergency patients with moist, pale, normal-to-cool skin and those with hot skin that is either dry or moist. ● Anticipate the types of injuries and medical conditions that may be associated with water-related accidents.

• Discuss the assessment and management of the following water-related emergencies: Drowning (including rescue breathing and care for possible spinal injuries), diving accident, and scuba-diving accidents. • Describe safe techniques for water rescues and ice rescues. • Discuss the assessment and management of the following types of bites and stings: Insect bites and stings, snakebites, poisoning from marine life
32. Obstetric and Gynecologic Emergencies • Explain and describe measures to prevent or correct supine hypotensive syndrome. • Discuss the assessment of a patient in labor, including history and physical examination. • Discuss how to decide if delivery is imminent or if the patient in labor should be transported to a medical facility for delivery. • State findings that may indicate the need for neonatal resuscitation. • Discuss the role of the EMT in normal childbirth, including preparation and delivery. • Describe the normal steps in care of the neonate. • Explain the indications and procedures for neonatal resuscitation, following the inverted pyramid order of priorities. • Discuss after-delivery care of the mother, including delivery of the placenta, controlling vaginal bleeding, and providing comfort to the mother. • Describe and discuss the special care required for complications of delivery, including: Breech presentation, limb presentation, prolapsed umbilical cord, multiple birth, premature birth, and meconium. • Describe and discuss the special care required for emergencies in pregnancy, including: Excessive pre birth bleeding, ectopic pregnancy, seizures in pregnancy, miscarriage and abortion, trauma in pregnancy, stillbirths and accidental death of a pregnant woman. • Describe and discuss the special care required for gynecological emergencies, including: Vaginal bleeding, trauma to the external genitalia, and sexual assault
33. Pediatric Emergencies • Discuss special considerations in dealing with adolescent patients. • Discuss the importance of involving caretakers in the assessment and emergency care of pediatric patients and anticipate reactions of parents and caregivers in response to an ill or injured child. • Discuss the use of the pediatric assessment triangle in assessing pediatric patients. • Explain special aspects of the steps of assessment for pediatric patients, including the scene size-up, primary assessment, secondary assessment with physical exam, and reassessment. • Demonstrate adaptations to techniques and equipment to properly manage the airway, ventilation, and oxygenation of pediatric patients. • Compare and contrast the causes, presentation, and management of shock in pediatric and adult patients. • Recognize the particular concern for preventing heat loss in pediatric patients. • Recognize the signs, symptoms, and history associated with common pediatric medical emergencies, including: difficulty breathing, croup, epiglottitis, fever, meningitis, diarrhea and vomiting, seizures, altered mental status, poisoning, drowning, and sudden infant death syndrome (SIDS) • Discuss injury patterns common in pediatric trauma patients. • Discuss care for burns in pediatric patients.

● Recognize indications of child abuse and neglect, and explain your ethical and legal responsibilities when you suspect child abuse or neglect. ● Manage pediatric patients with special challenges, including those dependent on tracheostomy tubes, home artificial ventilators, central intravenous lines, gastrostomy tubes, and shunts.
34. Geriatric Emergencies
● Discuss adaptations that may be required in communicating with and assessing older patients. ● Discuss the need for awareness of and the special considerations regarding medical conditions and injuries to which older patients are prone, including effects of medications, shortness of breath, chest pain, altered mental status, gastrointestinal complaints, dizziness/weakness/malaise, depression/suicide, rash, pain, flu-like symptoms, and falls, and the possible significance of general or nonspecific complaints in older adults. ● Recommend changes to improve safety in the home of an elderly person. ● Discuss possible indications of elder abuse. ● Discuss psychosocial concerns of older patients, including the fear of loss of independence.
35. Emergencies for Patients with Special Challenges
● Describe special challenges patients may have, including various disabilities, terminal illness, obesity, homelessness/poverty, and autism. ● Describe general considerations in responding to patients with special challenges. ● Recognize physical impairments and common medical devices used in the home care of patients with special challenges, including respiratory devices, cardiac devices, gastrointestinal devices, and central IV catheters, and discuss EMT assessment and transport considerations for each. ● Explain why patients with special challenges are often especially vulnerable to abuse and neglect and what the EMT's obligations are in such situations.
36. EMS Operations
● Describe the types of equipment required to be carried by EMS response units. ● Describe the components of the vehicle and equipment checks done at the start of every shift. ● Discuss the principles of safe ambulance operation while responding to the scene. ● Explain laws that typically apply to ambulance operations. ● Describe the EMT's responsibilities while transporting a patient to the hospital. ● Describe the different types of receiving facilities ● Describe destination decision making process ● Identify local hospitals and specialty resources ● Discuss local destination determination policies and procedures ● Describe the EMT's responsibilities in terminating the call and readying the vehicle for the next response after a call and returning to quarters. ● Identify when and how to call for air rescue, how to set up a landing zone, and how to approach a helicopter when assisting with an air rescue.
37. Hazardous Materials, Multiple-Casualty Incidents, and Incident Management
Hazardous materials:

- Anticipate situations in which hazardous materials may be involved.
- Describe the roles in hazardous materials response of providers trained at each of the four levels of hazardous materials training specified by OSHA.
- Describe the responsibilities of the EMT at a hazardous materials incident.
- Given a description of a hazardous materials incident, identify the safe and danger zones and then the hot, warm, and cold zones.
- Explain how to identify specific hazardous materials using the NFPA 704 and Department of Transportation placard systems, packaging labels, invoices, bills of lading, shipping manifests, and safety data sheets.
- Identify sources of information on initial actions to take once the hazardous material has been identified, including the Emergency Response Guidebook, hotlines, and poison control centers.
- Discuss how to establish a treatment area and decontamination and care for patients at a hazardous materials incident.
- Explain the roles of Federal, State, Tribal and local governments in reducing hazardous materials risks through Health and Environmental Regulations;
- Discuss the two major hazardous materials identification systems used within the United States;
- Identify possible terrorist's targets of opportunities in the use of toxic industrial chemicals (TIC) as Weapons of Mass Destruction (WMD);
- Identify locations where hazardous materials are commonly found and how to determine their potential health effects;
- Describe basic terms that pertain to exposures to hazardous materials;
- Read and interpret a materials safety data sheet (MSDS);
- Explain how hazardous materials enter the body and contaminate the environment;
- Describe what communities can do to increase their emergency preparedness to respond to hazardous materials incidents; and
- Identify steps individuals and communities can take to protect themselves during a hazardous materials release.

Multiple-Casualty Incidents: 100075. F 2 100075. F 5 d

- Describe multiple-casualty incident operations.
- Describe the principles and features of the Incident Command System.
- Describe the principles of primary triage, secondary triage, and the START or SALT triage system.
- Discuss transportation and staging logistics at a multiple-casualty incident.
- Recognize the psychological aspects of multiple-casualty incidents for patients and responders.
- **Incident Management: 100075. F 3 A 1 A-iii**
- Explain the principles and basic structure of the Incident Command System (ICS).
- Describe the NIMS management characteristics that are the foundation of the ICS.
- Describe the ICS functional areas and the roles of the Incident Commander and Command Staff.
- Describe the General Staff roles within ICS.
- Identify how NIMS management characteristics apply to ICS for a variety of roles and discipline areas.
- Describe the delegation of authority process, implementing authorities, management by objectives, and preparedness plans and objectives.
- Identify ICS organizational components, the Command Staff, the General Staff, and ICS tools.

• Describe different types of briefings and meetings. • Explain flexibility within the standard ICS organizational structure. • Explain transfer of command briefings and procedures. • Use ICS to manage an incident or event. • Describe and identify the key concepts, principles, scope, and applicability underlying NIMS. • Describe activities and methods for managing resources. • Describe the NIMS Management Characteristics. • Identify and describe Incident Command System (ICS) organizational structures. • Explain Emergency Operations Center (EOC) functions, common models for staff organization, and activation levels. • Explain the interconnectivity within the NIMS Management and Coordination structures: ICS, EOC, Joint Information System (JIS), and Multiagency Coordination Groups (MAC Groups). • Identify and describe the characteristics of communications and information systems, effective communication, incident information, and communication standards and formats. • Describe the purpose, scope, organization, and underlying doctrine of the National Response Framework. • Describe the roles and responsibilities of response partners. • Describe core capabilities for response and actions required to deliver those capabilities. • Describe coordinating structures and operational planning used to support emergency response. • Describe how the stabilization of the seven Community Lifelines reduces threats to public health and safety, or economic security. Community Risk Reduction 100075. F 6 a 1 • Explore the history and evolution from fire prevention into all-hazards risk reduction • Identify the core components that build an effective community risk reduction strategy • Describe how community risk reduction can help foster safe, healthy, prepared and resilient communities.	
38. Highway Safety and Extrication	
• List the ten phases of vehicle extrication and rescue operations. • In a rescue situation, recognize and manage hazards by wearing appropriate protective gear, safeguarding your patient, managing traffic, safely dealing with deployed airbags and energy-absorbing bumpers, managing spectators, and exercising safe practices around electrical hazards. • Describe actions taken at a rescue scene by those trained to do so regarding control of vehicle fires, stabilizing a vehicle, and gaining access to patients.	
39. EMS Response to Terrorism and Tactical Casualty Care	
• Define roles and responsibilities of first responders including Law Enforcement, Fire and EMS • List the “CBRNE” agents, also called weapons of mass destruction, that are often involved in terrorist incidents. • Describe the risks to first responders in terrorism incidents. • Discuss clues, such as occupancy or location, type of event, timing of events, and on-scene warning signs that help with identification and provision of information sharing to	

intelligence fusion centers of suspicious situations. - Given a scenario involving a terrorism incident, predict the types of harm that may occur. - Discuss the principles of time, distance, and shielding that may minimize exposure to harm from terrorism incidents. - Discuss types of harm and self-protection measures for each of the following: - Chemical incident - Biological incident - Radiological/nuclear incident - Explosive incident - Discuss how chemical and biological agents can be disseminated and weaponized. - Describe the characteristics associated with the following: Chemical agents, biological agents, radiological/nuclear devices and explosive/incendiary devices - Describe blast injury patterns and treatment for blast injuries. - Discuss strategy, tactics, and self-protection with regard to a terrorist incident. - History and Background of Tactical Casualty Care - History of active shooter and domestic terrorism incidents - Demonstrate knowledge of tactical and rescue operations
Work-based Activity/Clinical Experience/ Ride-alongs Students are required to participate in a minimum of 2 ambulance ride-alongs totaling a minimum of 24 hours with 10 documented patient contacts. Upon successful completion of the work-based activity, the student will be able to: - Describe the skills required in the course of transporting patients. - Demonstrate professionalism with patients, EMS staff, and medical staff using appropriate interpersonal skills. - Demonstrate initiative, responsibility and dependability by dressing appropriately and following procedures and processes of the clinical facility. - Demonstrate excellent work attendance and punctuality. (Provide appropriate absence/lateness notification, if necessary.) - Demonstrate the ability to accurately perform assessments and complete a Prehospital Care Report (PCR) for 10 different patients. The clinical facility's EMT staff sign the students' completed PCR's verifying accuracy. They also complete a written student performance evaluation for review by the instructor. MDAE's EMT instructional staff reviews the completed PCR's and performance evaluation for each student. Staff discusses results with the student and recommends additional ride-along, if necessary.

METHOD(S) OF EVALUATION

- Quizzes (minimum score of 80%)
- Block and Midterm Written Examinations (minimum score of 80%)
- Skills competency checklists
- Class attendance, participation and professional conduct
- Written final examination (minimum score of 80%)
- Final Psychomotor Skills Examination (Pass/Fail)

V. CONDITIONS FOR REPETITION

May be repeated by those who do not successfully complete all objectives.

VI. PROGRAM REQUIREMENTS

- a. Admission:
 - i. Minimum age – 18
 - ii. High School Diploma or GED
 - iii. Current CPR card – Healthcare Provider level or successful completion of cpr class during first week of class.
 - iv. Medical Practitioner's Clearance
 - v. Current vaccinations
 1. **Measles, Mumps, Rubella (MMR)** - positive titer Only - within the last 5 years
 2. **Hepatitis B** - positive titer Only - within the last 5 years
 3. **Chicken pox (Varicella)** - positive titer Only - within the last 5 years
 4. **Tetanus/Diphtheria/Pertussis (TDAP)** - proof of immunization - within the last 5 years
 5. **Meningitis vaccination** - proof of immunization - within the last 5 years
 6. **TB/PPD** - negative TB/PPD skin test within the last 3 months
 7. **Influenza vaccination** - * Only needed if course falls between November-April
 8. **Negative Covid Test/ Proof of Covid-19 vaccination**
 - vi. TB clearance

- b. Program Completion
 - i. Quiz and test scores at 80%
 - ii. Skills competency testing at minimum requirements with no critical failures)
 - iii. Attendance at 90%
 - iv. Written and Skills Final Examinations (80% and no critical failures, respectively)

VII. METHOD(S) OF INSTRUCTION

- a. Lecture with PowerPoint and Video presentations
- b. Discussion and Case Study Analysis
- c. Method and Result Demonstration of Skills
- d. Role playing/Scenarios and Simulations
- e. Hands on completion of exercises
- f. Active Learning in a Clinical Environment

VIII. INSTRUCTIONAL UNITS Approx. Hours

Didactic Instruction: Lecture Based Approximate Hours

1. Course Introduction and Performance Expectations	1.0
2. Introduction to Emergency Medical Services	2.5
3. Workforce Safety & Wellness	3.5
4. Medicolegal and Ethical Issues	2.5
5. HIPAA requirements	1.0
6. Patient Assessment	7.0
7. The Human Body	7.0
8. Communications & Documentation	3.5
9. Principles of Pharmacology	2.5
10. Airway Management	7.0
11. Shock	4.5
12. Respiratory Emergencies	4.5
13. Cardiovascular Emergencies	5.5
14. BLS Resuscitation Review	1.5
15. Neurological Emergencies	3.5
16. Gastrointestinal and Urologic Emergencies	3.5
17. Endocrine and Hematologic Emergencies	4.5
18. Immunological Emergencies	2.5
19. Toxicology	2.0
20. Psychiatric Emergencies	3.5
21. Trauma Overview	3.5
22. Bleeding	2.0
23. Soft Tissue Injuries	1.5
24. Face and Neck Injuries	2.0
25. Head and Spinal Cord Injuries	5.0
26. Chest Injuries	2.0
27. Abdominal Injuries	1.5
28. Orthopaedic Injuries	3.5
29. Gynecological Emergencies	3.5
30. Obstetrics & Neonatal Care	3.5
31. Pediatrics	3.5
32. Environmental Emergencies	3.5
33. Geriatric Emergencies	3.5
34. Patients with Special Challenges	3.5
35. Transport Operations	3.5
36. Incident Management	2.0
37. Domestic Terrorism Response, Disaster Management, Active Shooter Response & Tactical Casualty Care	4.5
38. <u>Cognitive Examinations</u>	7.0
Total Lecture Hours	132

Didactic Instruction & Skills Lab

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| <ul style="list-style-type: none">○ Exposure Routes○ Hand Washing○ Non-Sterile Glove Don/Doff○ Eye Protection Don/Doff○ N95/Surgical mask Don/Doff○ Non-Sterile Gown Don/Doff○ Proper Body Mechanics○ Extremity Lift/Sit Pick○ Positioning a Patient for BLS○ Lifting a Sitting Patient○ Emergency Moves○ Powerlift Two Person○ Powerlift Four Person○ Loading Two Person○ Loading Four Person○ Unloading Two Person○ Unloading Four Person○ Draw Sheet○ Gurney to Seated Transfer○ Stair Chair○ Scoop Devices○ Litter Two Person Lift and Movement○ Litter Four Person One Handed Lift and Movement○ Litter Three person Lift and Movement○ Litter Four Person Diamond Carry○ Carrying on Hills and Stairs○ Going Around Tight Corners/Into Elevators○ Head Tilt○ Jaw Thrust○ Oral Suctioning○ Nasal Suctioning○ Tracheostomy Tube and Stoma Suctioning○ Inserting an OPA○ Inserting a NPA○ Mouth-to-Mask Ventilation○ Putting an O2 Tank in Service○ Initiating Oxygen○ BVM Single Rescuer○ BVM Multiple Rescuers○ CPAP○ Positioning the Airway: Pediatric○ Inserting an OPA: Pediatric○ Inserting a NPA: Pediatric○ BVM Single Rescuer: Pediatric○ FBAO: Unconscious Child | <ul style="list-style-type: none">○ King Airway○ Scene Size Up○ Checking Mental Status○ Primary Assessment Lifeless○ Primary Assessment○ Secondary Assessment: Pain○ Secondary Assessment: Respiratory○ Secondary Assessment: Altered Mental Status○ Secondary Assessment: Allergic Reaction○ Secondary Assessment: Poisoning/Overdose○ Secondary Assessment: Obstetrics○ Secondary Assessment: Behavioral○ Physical Exam○ Reassessment○ Prehospital Stroke Screening○ Activated Charcoal○ Aspirin○ EPI Auto-injector and draw-up Epi○ MDI-Albuterol○ Blood Glucometer Use○ Dextrose○ Nitroglycerin○ Intranasal Narcan administration○ Lung Sounds○ Obtaining the Blood Pressure by Palpation○ Obtaining the Blood Pressure by Auscultation○ Pulse Oximetry/SPO2○ Arterial Pulse Locations○ Orthostatic Vital Signs○ Eye Exams○ Recognizing Common Signs of Trauma○ Rapid Trauma Exam○ Detailed Physical Exam○ Stabilizing a Flail Segment○ Impaled Object Management○ Impaled Object in the Eye○ Sucking Chest Wound○ Abdominal Evisceration○ Closed Wound Management○ Open Wound Management○ Treating Penetrating Injuries○ Impaled Object in the Mouth○ Avulsion Management○ Burn Management |
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o Electrical Injury	o Immobilizing a Patient to a Backboard
o Amputation Management	o Standing Immobilization
o Treating Shock	o Sitting Immobilization
o Bleeding- Soft Tissue	o Immobilizing a Kyphotic Patient
o Bleeding- Epistaxis	o Helmet Removal
o Bleeding- pressure Dressings	o Immobilization with Football Gear
o Bleeding- Hemostatic Dressings	o Rapid Extrication
o Commercial Tourniquet	o Child Immobilization
o Self-Manufactured Tourniquet	o Immobilization of an Infant out of Car seat
o Self application Tourniquet	o Immobilization of an Infant in a Car seat
o Severed Blood Vessels of the Neck	o Immobilization of Patient With Full Body Vacuum Splint
o Assessing Neurovascular Status	o Adult Resuscitation
o General Rules of Splinting	o Utilizing an AED
o Immobilization: Forearm, Wrist, Hand	o Utilizing a Mechanical CPR Device
o Immobilization: Finger	o Child Resuscitation
o Immobilization: Humerus	o Infant Resuscitation
o Immobilization: Shoulder	o Infant Resuscitation- With Pulse
o Applying a Sling and Swathe	o Adult Resuscitation- With Pulse
o Immobilization: Knee Bent Position	o ROSC Management
o Immobilization: Knee Straight Position	o Uncomplicated Pregnancy
o Unipolar Traction	o Physical Restraints
o Bipolar Traction	o Setting up an IV Fluid Administration Set
o General Joint Immobilization	o EKG Acquisition- 4 Lead
o Pelvic Injuries	o Radio Report
o Ankle Foot Injuries	o Transfer Report
o Air Splint	o Trauma Report
o Zippered Air Splint	o Post Run Responsibilities
o Formable Vacuum Splint	o Active Shooter Response
o SAM Splint	o MCI Management
o Manual Inline Stabilization	
o Applying a Cervical Collar	
o Logrolling from Prone to Supine	

Total Lecture Hours	132
Total Lab Hours	78
Clinical Experience	24
Total Program Hours	234

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