Section 1:

Mission Statement

The EMS faculty accepts the mission of John Tyler Community College as a basis for the Emergency Medical Services Program. The faculty believes that Emergency Medical Services education should provide "quality educational opportunities that inspire student success and community vitality." (JTCC Mission Statement).

We accept the vision of the College: “A success story for every student.” Consistent with the College’s mission and vision statements, the faculty embraces teaching and learning as the central focus of our program to prepare students to fulfill the recommendations of the Virginia Office of EMS, Committee on Accreditation of Educational Programs for the Emergency Medical Services Profession (CoAEMSP), and the Commission of Accreditation of Allied Health Education Programs (CAAHEP), and the Committee on Accreditation for Educational Programs for the Emergency Medical Services Profession for competency outcomes for health care practitioners. These recommendations support:

- Care for community's health
- Expand access to effective pre-hospital care
- Provide evidence-based, clinically competent care
- Understand the role and emphasize integrated, comprehensive healthcare
- Ensure cost-effective and appropriate pre-hospital care
- Ensure care that balances individual, professional, system and societal needs
- Practice prevention and participate in public education
- Involve patients and families in the decision-making processes
- Promote healthy lifestyles for patients as well as providers
- Assess and use communications and technology effectively and appropriately
- Improve the healthcare system operations and accountability
- Understand how to adapt principles of patient care in dynamic environments
- Exhibit ethical behaviors in all professional and personal activities
- Manage, protect, and advocate for confidentiality of patient information
- Understand principles of racial and cultural diversity
- Understand and apply effective team dynamics and peer accountability
- Create a culture of life-long learning and quality improvement
Program Philosophy

John Tyler Community College (hereinafter referred to as “JTCC”) agrees to meet or exceed the requirements for Emergency Medical Services education as set forth by the United States Department of Transportation National Highway Transportation Safety Administration. Additionally, the program agrees to meet the requirements set forth by the Virginia Department of Health, Office of Emergency Medical Services and the Commission on Accreditation for Allied Health Professions, for the purpose of offering the Emergency Medical Services curriculum in the Commonwealth of Virginia (hereinafter referred to as ‘the Program’).

The Emergency Medical Services Education Program students are certified as having completed a competency-based educational program consisting of didactic, laboratory, clinical, and field internship phases, and are designated entry-level competent providers at the certification level for which they graduate. The art of pre-hospital care is developed through clinical practice and an individual’s commitment to lifelong learning. With the designation of entry level training only, performance expectation is not over-inflated by either potential employers or the students themselves. It is the commitment of this program to train our students to become effective providers after having the opportunity to experience pre-hospital care under the nurturing supervision of trained preceptors with experience in the field.

Our students are our customers. We respect each individual’s value systems, even when at odds with our own. We will accommodate students to the greatest degree possible and guarantee fairness, in accordance with JTCC, OEMS and NREMT policies. In order to meet the expectations we have of students, we provide assistance to meet those expectations. We value suggestions and recommendations for improvements, and actively solicit feedback during and after the programs in order to enhance the learning experience of each course offered. We also value the fun of learning and the exchange of ideas and opinions. We hope to create a stimulating educational experience that students reflect on positively for the duration of their careers.
DEPARTMENT OF EMS EDUCATION STAFF

Program Director: Daniel Linkins, BHS, NRP, NCEE

Program Medical Director: Catherine Henry, MD

Primary Faculty: Daniel Linkins, BHS, NRP, NCEE
Charles Feiring, BS, NRP

Clinical Coordinator Daniel Linkins, BHS, NRP, NCEE

Adjunct Faculty: John Dugan, BA, NRP
Kirk Hallett, AAS, NRP
James Kelly, AAS, RN, NRP

Assistant Instructors: Selected Emergency Medical Services and Paramedics as approved by the Program Medical Director and Program Director who have demonstrated experience and expertise.

Guest Faculty: Selected specialists and experts covering specific topics or skills.

PROGRAM PHYSICAL RESOURCES

3.1 Classrooms/Laboratories: JTCC will provide adequate classroom space, laboratories, clinicals, and other facilities. JTCC will provide administrative offices for program staff and faculty. Additional facilities may be utilized for supplemental educational activities, and may include contracted, public, or college-owned facilities.

3.2 Equipment/Supplies: Appropriate and sufficient equipment, supplies and storage space is provided for student use and for teaching the didactic and supervised clinical practice components of the curriculum. Instructional aids, such as, documents, reference materials, equipment and demonstration aids will be provided when required for use by the didactic or supervised clinical education components of the curriculum. All training equipment and supplies are dedicated to training and are not utilized for actual patients at any time. Expendable supplies are available to the program with simulated medication or expired medications and other supplies as needed.

3.3 Learning Resources: Students will have ready access to a supply of current books, high-speed internet access, journals, periodicals and other reference materials related to the curriculum to enhance student learning. Clinical subjects, reference materials, audio and visual resources and computer software and hardware will be available in sufficient number and quality to enhance student learning. The JTCC libraries are available to the students to allow them access to these and additional resources needed for successful student learning.
PROGRAM CLINICAL RESOURCES

4.1 General Statement: The majority of the Emergency Medical Services clinical education will be provided by regional acute care hospitals and regional EMS agencies with which JTCC holds contracts. Students will have access to an adequate number of patients, appropriately distributed by disease, injury, gender and age to meet the requirements of the program. However, students may be required to schedule rotations beyond the minimum hours in order to meet these requirements. Student will have access to patients who present with common problems encountered in the delivery of pre-hospital care. Students shall have access to direct patient care responsibilities but will not be used, under any circumstances, as a substitute for essential personnel, and their care must be directly supervised by appropriate clinical faculty and preceptors.

4.2 Clinical Affiliations: Clinical affiliations have been established and confirmed in written agreements with all hospitals that provide clinical internships for all students. Students will be precepted and supervised in all clinical areas by program instructors and/or healthcare facility personnel (physicians, nurses, allied health). Clinical student to instructor ratio will not exceed 2:1. Clinical areas should have adequate patient volume with direct patient care responsibilities for students. All preceptors shall be authorized by the facility to function as a direct patient care provider at or above the paramedic scope of practice for the assigned area. All preceptors will have a preceptor manual available for reference. Clinical areas utilized may include but are not limited to the following:

- Emergency Department
- Critical Care
- Anesthesia
- Triage (Emergency Department)
- Labor and Delivery
- Respiratory Care
- Pediatrics
- Primary Care Clinical
- Physician’s Offices
- Wound Care Centers

Clinical objectives will include direct patient care responsibilities for students.

4.3 Field Internships: Field internship affiliations will be established and confirmed in written affiliation agreements with agencies licensed by the Virginia Office of Emergency Medical Services, who are under appropriate medical direction and have field preceptors available to provide field internships for all students. All field internship experiences will not exceed a student to preceptor ratio of 2:1. Such agreements also prohibit any unsupervised students from functioning as the sole provider of pre-hospital care while performing clinical internships. Field Internships include direct patient care responsibilities required for successful completion of the Program’s educational objectives. Affiliated agencies agree to provide students with the opportunity to progress in patient care responsibilities to the level of independent function on EMS contacts.
4.3.1 **Field Agency Prerequisites:** All agencies providing field internships have established medical quality control programs and are functioning under the local protocols.

4.3.2 **Field Internship Preceptors:** Paramedic personnel approved by the agency’s Medical Director will provide supervision of students. All preceptors must be certified at or above the level of the program for which the student is enrolled, and must successfully complete preceptor orientation. Preceptors serve at the discretion of JTCC’s Program Medical Director.

4.3.3 **Field Internship Hours:** There is no limit to the amount of hours student may accumulate in the field. All students must meet **ALL** minimum program requirements for hours **AND** competencies. Generally, students will need to schedule significantly more than the minimum hours in order to meet the program competency requirements.

**STUDENTS**

5.1 **Mandatory Student Prerequisites:** All applicants for entrance into the Program are required to meet the following minimum criteria:

- For Basic (EMT) programs, students must meet or exceed:
  - Must be **AT LEAST** 18 years of age: unless a waiver and parental consent form is obtained **FROM STUDENTS 16 AND 17** years of age at the start of the class.
  - Current and unrestricted driver’s license (unless concurrent enrollment high school student).
  - Must pass MTE modules 1-4 and be eligible for enrollment in English 111 as demonstrated by math and English placement testing or completion or MTE (Math Essentials) and ENF (English Fundamentals) modules.
  - An applicant must demonstrate a minimum of a 2.5 GPA in most recent 2 semesters of course work (either high school and or most recent college work as supported by official transcripts provided to the program).
  - Prove and maintain health insurance coverage throughout the program
  - Demonstration of appropriate immunizations as required by state, field, and clinical sites of the program or signed waivers for each of the immunizations (NOTE: sites may not accept waivers for some immunizations).
  - Provide a criminal background check.
  - Satisfactory results of character references which must include
    - An educator (from an accredited secondary or post-secondary educational institute)
    - A current or former supervisor
    - A co-worker or other professional reference
  - Complete the online HIPAA, Safety, and Social Media Training
  - Submit current CPR card at the Healthcare Provider or Professional Rescuer level from one of the following Virginia OEMS approved courses:
· American Heart Association - Basic Cardiac Life Support - "Healthcare Provider"
· American Red Cross - "CPR/AED for the Professional Rescuer and Healthcare Provider" or “CPR/AED for Lifeguards”
· American Safety and Health Institute – "CPR-PRO"
· Emergency Care and Safety Institute -"Professional Rescuer"
· Medic First Aid - BLS for Professionals "BLSPRO"
· National Safety Council – "Healthcare and Professional Rescuer"

CPR is a Virginia Office of EMS requirement, and no exceptions to the above requirement will be made. CPR Card must be valid at the beginning of the course, and must remain valid throughout the program. No online-only programs are accepted under any circumstances.

- For Advanced Life Support Programs, maintain all basic requirements, plus:
  - A current EMT certification or higher from the Commonwealth of Virginia.
  - Pass the EMT competency assessment if >1 year since obtaining initial EMT certification.
  - Must be at least 18 years old (no exceptions).
  - High School Diploma or GED.

5.2 Additional Student Recommendations: It is recommended, but not mandatory that all applicants for the Program also meet the following criteria.
- Limit outside work to 20 hours per week or less, due to the intensity of the program requirements.
- Establish internet access at home.
- Arrange personal schedule to allow additional study and clinical time to meet all requirements, and form study groups with other students.
- Work with an experienced EMS mentor.
PROGRAM POLICIES

6.1 Admission: The Emergency Medical Services Training Program is an equal opportunity program. Students shall not be discriminated against with regard to disability, age, race, color, creed, gender, sexual preference, veteran status, or national origin. All students must be 18 years of age or older and possess a high school diploma or equivalent degree on the start date of the Advanced Life Support Programs. Transfer students may be admitted upon successful demonstration of competency at their highest level of current certification. Students passing the National Registry certification exam greater than one year prior to the start of classes will be required to take and pass an admissions test for entrance at their current certification level. This will apply to students taking bridge courses or students transferring during program.

6.2 Faculty: Faculty recruitment will be non-discriminatory with regard to disability, race, color, creed, gender, sexual preference, veteran status, and national origin. Faculty must be able to perform the duties of an EMT and Paramedic, in accordance with the functional job description provided by the Virginia Office of EMS. Faculty must maintain current credentials compliant with Virginia Office of EMS requirements, and must be approved by the Program Medical Director.

6.3 Textbooks and materials: All textbooks and student learning aids for the Program shall be purchased by the student. Certain required texts will be available through the College bookstore. Textbook substitutions will be allowed only at the discretion of the Program Director. Students must also have a laptop or tablet computer for use in class, laboratory, and clinical settings for clinical and skills documentation and out of class required assignments.

6.4 Student Professional Liability Insurance: Students are covered in clinical and field internship under the college’s liability insurance.

6.5 Academic Standards: Students will be evaluated relative to the cognitive, psychomotor, and affective educational domains. By entering the Program, students agree that the Program staff shall be the sole judges of performance in both academic and non-academic areas.

6.5.1 Academic Evaluation System and Grades: There is a five-level evaluation system for the Program phases, in adherence to college policy with the following designations:

1. Excellent (A) – indicates extraordinary intellectual and creative performance and superior mastery of the course of study. This level reflects an academic average between 92 and 100%.

2. Above Average (B) – Indicates acceptable performance and knowledge at a level sufficient to allow the student to progress. This level reflects an academic average between 85 and 91%.
3. **Average(C)** – Indicates performance and knowledge at a level below what is expected but still academically eligible to stay in the program with encouragement and guidance to seek additional help and resources. This level reflects an academic average between 80 and 84%.

4. **Fail (F)** – Indicates unacceptable performance and/or knowledge of the subject. This level reflects an academic average of less than 80%. The student may repeat the course with the approval of the program director and program medical director. Students requesting special permission must have a written action plan for successful completion of the course requirements. If the student fails the same course twice, the student will be dismissed from the program.

*Note: Students must maintain an overall GPA of 2.0. Additionally, students must earn an 80% or higher in all EMS courses.

Students must complete all course requirements by the original test window for NREMT. This is defined as two years from the course end date, as announced by the OEMS Course Approval for which the student originally enrolled. Students who fail to graduate and obtain certification within this time period will be required to reapply, and repeat the entire program.

### 6.5.2 Grading Content:

Grades during the Didactic and Laboratory phase will be determined on the basis of the following:

1. **Didactic Content:**
   - (a) Homework assignments – 15%
   - (b) Special Assignments – 5%
   - (c) Quizzes – 10%
   - (d) Public Education Project/Research Papers – 10%
   - (e) Adaptive Tests - 10%
   - (f) Tests – 25%
   - (g) Final Exam – 25%

2. Students must pass the final exam with a score of 80% or higher. One retest with a different version may be permitted only if the student’s cognitive grade is >80% with the first attempt. If the student does not successfully pass the final exam on the repeat attempt, the final grade may not exceed the highest final exam score.

3. Each written exam is graded on the basis of 100% and minimum-passing score for all exams is 80%.

4. At the end of the course, a final grade will be computed. Any student not achieving a grade of 80% and the recommendation of the faculty will not be permitted to take the National Registry Exam.

5. The student will have successfully passed all required skills as outlined in the course program requirements guided by the National and Virginia EMS Education Standards for each certification level. Each practical
examination is graded on the basis of pass or fail. Additionally, individual skills require successful completion of defined “critical criteria” and a failure to complete defined critical criteria would constitute a failure of that skill. Students must complete 80% of all lab skills for each course. 100% of required lab and clinical skills must be successfully completed for testing eligibility (this applies to all certification levels).

6 Students will also be evaluated on the Affective Domain. The National Association of EMS Educators has established a grading rubric, which will be used by faculty to evaluate each student during each course in the program. While 80% will be considered passing for an individual course, students must pass the affective domain with “competent” scores in all categories by the end of the program for testing eligibility (this applies to all certification levels). For each evaluation, a rating of “not yet competent” in any of the following items will result in failure of the affective domain: Integrity, Empathy, Self-Motivation, Time Management, Respect, Patient advocacy.

7 The final grade posted for each course will be based on the lowest of the three learning domains: Cognitive, Psychomotor, and Affective.

8 Students must successfully complete a capstone practical and cognitive assessment at each certification level before being released to take the certification exam. Affective criteria will also be scored in the capstone assessment. Students may not test at higher levels without completing the lower level capstone assessments. EMT certification must be obtained before progressing to any advanced life support program.

6.6 Clinical / Field Internship Standards: Successful completion will be determined on the basis of the following:

1 A satisfactory pattern of performance as evidenced by internship performance evaluations

2 Satisfactory performance of the Affective Domain.

3 Satisfactory completion of hours and skills and demonstration of competence in all required areas. (Up to 20% of the requirements of a particular competency may be accomplished in simulation with permission from the Program Medical Director, if the student has completed at least 200% of the required hours in the designated area with preceptor-documented lack of opportunity to obtain the competencies, with the exception of field team leads).

6.6.1 Performance Evaluations: Performance evaluations will be completed for each student, using a series of defined behavioral objectives and a standardized rating scale:

1 An evaluation form and Standards for Evaluation will be provided to the student and preceptor prior to the clinical / field internship phase. These will be submitted electronically.
The rating scale is designed to show progression from novice to competent, entry-level performance. Students must meet competency requirements of each phase of internship.

6.6.2 Frequency of Evaluation: The student’s performance will be reviewed at the end of each course and periodically by the Program Director, Medical Director and/or Primary Faculty and/or Adjunct Faculty, clearly identifying:

1. Areas of satisfactory performance
2. Areas of unsatisfactory performance
3. Remediation steps or plans to rectify unsatisfactory performance

6.6.3 Requirements for Completion of the Clinical / Field Internship: At the conclusion of the scheduled clinical / field internship for each certification level:

1. A student must achieve a consistent “satisfactory” pattern in each evaluation category to pass the clinical / field internship.
2. Students who do not receive a satisfactory summative evaluation during the minimum period of internship may be offered an opportunity to extend the period of internship by repeating the course. Students will be required to pay tuition for the repeated course. A student failing the second, repeated internship phase shall be subject to academic dismissal. In extenuating circumstances, the Medical Director, Program Director, and Division Dean may authorize a third and final attempt to complete the requirements.
3. At each certification level, students must successfully complete required clinical rotations and receive authorization from the Program Director and/or the Program Medical director before beginning field rotations and internship.

6.6.4 Personality Conflicts with Field Preceptors: If a student perceives that a personality conflict is developing with his/her preceptor, it is expected that the student will attempt to resolve the problem by discussing it directly with the preceptor. If this method of resolution is ineffective, the student will ask for the assistance of the Clinical Coordinator or Program Director, who will inform the Medical Director of the situation. The student may be assigned to a different preceptor or to a different unit to resolve the issue. Unresolved issues will be handled by the Clinical Coordinator or Program Director in collaboration with the agency’s designated representative. The Program Medical Director must be notified in such cases. It will not be acceptable for any student to claim personality conflict if a final recommendation of failure is received by the Program.

6.6.5 Failure of the Clinical / Field Internship: The student may receive a failing grade for the clinical / field internship if s/he:

1. Fails to comply with recommendations for remediation as described in section 6.6.3 above, or
(2) Does not successfully complete the educational assignments as described in section 6.6 above, or
(3) Does not consistently receive “satisfactory” ratings on each of the points of evaluation on the Student Evaluation Form
(4) Fails to submit satisfactory documentation of clinical/field experiences.
(5) Displays unsatisfactory behavior or provides unsafe patient care.

The Program Medical Director may revoke authorization for clinical practice at any time, resulting in inability to complete the clinical and field requirements of the program.

6.7 Successful Program Completion Requirements: Successful course completion is contingent upon successful completion of all academic and clinical requirements. A document containing educational and clinical objectives for all course requirements will be provided to all students. It is the responsibility of the student to maintain and properly submit all clinical/field documentation with preceptor approval. All clinical/field documentation will be audited before a student is considered to have successfully completed the clinical requirements of the Program. Incomplete or improper documentation will be rejected, and no credit will be awarded.

6.7.1 Program Completion Summary: All students must successfully complete the following requirements for initial Emergency Medical Services Course completion:
(1) Compliance with the John Tyler Community College attendance policies.
(2) Successfully complete all written and practical examinations
(3) Successfully complete all Clinical / Field Internship rotations
(4) Successfully complete the minimum competencies required
(5) Complete all graduation requirements for the certificate or degree program in which the student is enrolled (EMT certification eligibility will be granted upon successful completion of EMS 111 and 120 or equivalent, and successful completion of capstone EMT assessments).

6.8 Student Eligibility for Virginia and National Certification: Students will receive a detailed description of the National Registry Practical Examination for the Emergency Medical Services Certification at which the student is applying. The program will assist the student in registering for the National Registry of Emergency Medical Technicians (NREMT) written and practical examinations. Upon successful completion of the National Registry examination (practical and written), results shall be forwarded to the Virginia Department of Health, Office of Emergency Medical Services, who will grant reciprocity and Virginia Emergency Medical Services Certification. Students will receive a description of the state certification procedure. Only students who successfully receive National Registry Emergency Medical Services status will be eligible for Virginia Emergency Medical Services certification after completion of this program.

6.9 Withdrawal: Students may drop classes and receive a full tuition refund through the first 15 percent of the semester or term. If they choose to drop a class and receive a full tuition refund, it is the student’s responsibility to look at the academic calendar and determine the
deadline for dropping a class and receiving a refund. The student can conduct the drop online using myTyler. **No refunds will be granted after the first 15 percent of the semester or term.** Students may withdraw from classes without academic penalty through the first 60 percent of the semester or term. Once again, it is the student’s responsibility to use the academic calendar to determine this date and meet the necessary deadline. If the student wishes to withdraw from a class, he or she should complete a Registration / Schedule Change Form. After all the information on the form is complete and they have obtained the applicable signature, they must submit the form in person or via fax to the Admission and Records Office by the deadline.

6.10 **Attendance Requirements:** Students must attend a minimum of 85% of the class sessions and must complete 100% of practical skills. Course requirements will generally be more stringent than 85%.

6.10.1 **Didactic and Laboratory Phase:**

1. Classes will be scheduled for:
   a. Days, evenings and Saturdays with the schedule to be determined as course is announced.
   b. Saturday sessions with the schedule to be determined as course is announced.
   c. Schedules are subject to change due to unforeseen circumstances, such as weather, college closings, and availability of resources. Additionally, capstone assessments may be scheduled for non-class days.

2. The student must be present for at minimum, 85% of the didactic portion of the course. Absences that exceed this will be cause for dismissal.
   a. If a student misses a lecture due to absenteeism, it will be his/her responsibility to acquire the information and handouts from fellow students.
   b. The student will be held accountable for the information and skills presented during their absence.

3. Laboratory Skills- Following formative instruction in each category, students will be required to perform skills in the laboratory setting. Skill development should progress through stages of implementation, from imitation to evaluation.
a. Students will be required to complete the skills and numbers listed in the syllabus for each course. This will comprise the psychomotor domain score, and is a pass/fail category. At a minimum, students must demonstrate competency in all skills within the scope of practice of the certification program in which they are enrolled.

b. EMT students must at a minimum be required to complete the items listed in the Virginia Competency-Based EMT Program, however, instructors may add to these numbers. [https://www.vdh.virginia.gov/oems/Files_Page/Training/Competency-based%20EmergencyMedicalTechnicianInitialProgramOverview.pdf](https://www.vdh.virginia.gov/oems/Files_Page/Training/Competency-based%20EmergencyMedicalTechnicianInitialProgramOverview.pdf)

c. ALS students must complete two (2) successful, consecutive attempts at each skill with a peer before receiving instructor sign-off. If unsuccessful at the instructor evaluation, both the student and the peer evaluator must repeat the peer evaluations before retesting. Specific skills and numbers will be listed in the syllabus,
and must include all skills and procedures listed in the Virginia Office of EMS Scope of Practice for each corresponding certification level.

d. Skill progression in ALS programs begins with basic skill development, and then progress to scenario, cadaver (when available), and clinical implementation. Instructors may only sign students off to perform skills in the clinical and field environments after meeting the requirements in “c” above. However, high-risk and frequently performed procedures, including, but not limited to the following, require a specific number of successful instructor evaluations in the lab:

- 2-Gathering history form a patient
- 2-Adult Comprehensive patient assessment
- 2-Pediatric Comprehensive patient assessment
- 3-IV therapy (initiate)
- 2-IV Medication Administration
- 2-Medication Infusions (IV Piggyback)
- 2-IO Access
- 2-IM/SC Medication Administration
- 2-Direct Adult Endotracheal Intubation
- 3-Direct Pediatric Endotracheal Intubation
- 2-Cricothyrotomy (needle or surgical)
- 2-Trauma Intubation
- 2-Trauma Assessment
- 2-Pleural Decompression
- 2-Medical and Cardiac Physical Assessment
- 2-Synchronized Cardioversion
- 2-Defibrillation (unwitnessed arrest)
- 2-Abnormal Child Delivery and Newborn Care

6.10.2 Clinical Phase

1. Varied shifts are assigned during clinical: days, evenings, and/or nights.

2. Notification of any absence must be made to the Clinical Coordinator and the affected clinical area prior to the absence.
   
a. Students must contact the clinical instructor by email or phone (see syllabus for instructions).
   
b. Prompt notification to the clinical site is required if you are within a week of the clinical rotation. You must speak with the nurse manager of the department you were to visit. A voice mail may be left until voice contact can be made. Notify the Clinical Coordinator once you’ve made contact with the nurse manager. Be prepared to give the name of the nurse to the Clinical Coordinator.

3. All missed shifts must be made up as soon as can be arranged without conflicting with other students’ shifts. Prolonged illness will be dealt with
on an individual basis, and may result in a delay in completing the Clinical phase.

4. Excessive absences will not be tolerated.
   a. An absence will be awarded if the student cancels a clinical rotation, does not show up for a rotation, is sent home by the clinical site, or leaves a rotation early. Three tardies will be considered an absence. However, clinical sites reserve the right to refuse admission for late arrivals, which will award an absence.
   b. If more than two absences should occur, the student will fail the course.

6.10.3 Field Internship:
   1. Shifts will be varied, depending on preceptor availability.
   2. While the student is in the field internship, absenteeism is strictly prohibited except for major illness or other extenuating circumstances.
   3. The student is to arrive at least 15 minutes early, or as directed by the agency, and be properly attired and ready to begin the shift.
   4. A prolonged illness which prevents the student from meeting the educational objectives established for the field internship, or which prevents the student from participating in the care of a substantial number of patients, shall be cause to schedule the student for additional shifts. Unless these additional shifts can be scheduled within the established time frame, the students may be required to extend the field internship phase.
   5. Excessive absences will not be tolerated.
      a. An absence will be awarded if the student cancels a clinical rotation, does not show up for a rotation, is sent home by the clinical site, or leaves a rotation early. Three tardies will be considered an absence. However, clinical sites reserve the right to refuse admission for late arrivals, which will award an absence.
      b. If more than two absences should occur, the student will fail the course.

6.11 Inclement Weather: During inclement weather, Closure of the college will be sent out on Tyler Alert, be available on the college web site, as well as media outlets. Instructors may assign alternative assignments in place of class when the college is closed.
6.12 Academic Dismissal:

1. Indicated in the following situations:
   a. Failure to obtain an 80% in all EMS courses.
   b. Failure to receive a satisfactory evaluation upon repeating a clinical / field rotation.
   c. Failure to complete the Program within the time limits specified as a condition for granting a student’s request for a leave of absence.
   d. Violation of the Attendance Policy.

2. Procedure
   a. Any student for whom a recommendation for dismissal is considered will have received ample notification of unsatisfactory work. In cases of egregious or unsafe actions, advanced notice may not be provided.
   b. The student will be notified, in writing, of the following:
      (1) Factors the Program intents to consider in the dismissal proceedings.
      (2) The time and place for a meeting with the Program Director and Medical Director. During this meeting, the following will be reviewed:
         - Program Academic Standards Policy
         - Student’s signed statement, agreeing to be bound by the Program policies.
         - Program documentation regarding student’s deficient academic performance.
         - Student rebuttal
   c. At the conclusion of the meeting, if the student still has an issue, they may meet with the Department Chair and Medical Director, followed by the Division Dean, followed by the Dean of Student Affairs. However, by regulation of the Virginia Office of EMS, the Program Medical Director will have final authority to revoke clinical practice for any student considered a risk to patients due to cognitive, psychomotor, or affective deficiencies.
6.13 Standards of Behavior: JTCC Program students are expected to conduct themselves in accordance with the high ethical standards expected of health professionals. All student activity is educational in nature and students will use all scheduled time for educational experiences. The health and safety of all students, faculty, and patients will be adequately safeguarded at all times. Students will be provided with a clear description of the Program and its content, including learning goals, course objectives, Center policies, and competencies to be attained. Because JTCC Program graduates will assume responsibility for the health and welfare of the public as certified health care practitioners, students are expected to demonstrate levels of competence and patterns of behavior deserving of the public trust with which they will be vested. The Program has the right and responsibility to sever the relationship with any student considered unfit for a career in the health related professions. Allegations of prohibited conduct will receive fair and thorough review, with vigorous attempts to avoid arbitrary and capricious decision making. Further, students who violate policy and in addition commit a criminal offense, the matter will be brought to the attention of the appropriate law enforcement agency and, if warranted, prosecution will be pursued.

6.13.1 Prohibited Conduct:
1. Submitted material in assignments, examinations or other academic work which is based upon sources prohibited by the instructor or the furnishing of materials to another person for the purposes of aiding another person to cheat.
2. Submitting material in assignments, examinations and other academic work which is not the work of the student in question.
3. Knowingly producing false evidence or false statements, making charges in bad faith against any other person, or making false statements about one’s own behavior related to educational or professional matters.
4. Falsification or misuse of JTCC records, permits, or documents.
5. Violating existing Program policies or regulations relating to non-academic matters.
6. Exhibiting behavior, which is disruptive to the learning process or to the academic or community environment.
7. Conviction of a felony or misdemeanor as defined in the OEMS rules and regulations to prevent certification eligibility.
8. Disregard for the ethical standards appropriate to the practice of a health or related profession while a student.
9. Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other institutional activities including the institution’s public service functions or other authorized activities on institutionally owned or controlled property.
10. Obstruction or disruption interfering with freedom of movement, either pedestrian or vehicular, on institutionally owned or controlled property.
11. Possession or use of firearms, explosives, dangerous chemicals or other dangerous weapons or instruments on institutionally owned or controlled property e.g. clinical environment, classrooms, etc., in contravention of law or institutional rules.
12. Detention or physical abuse of any person or conduct intended to threaten imminent bodily harm or endanger the health of any person on any institutionally owned or controlled property.

13. Malicious damage, misuse, or theft of institutional property, or the property of any other person where such property is located on institutionally owned or controlled property, or, regardless of location, is in the care, custody, or control of the institution.

14. Refusal by any person while on institutional property to comply with an order of the Program Director or appropriate authorized official to leave such premises because of conduct prescribed by this rule when such conduct constitutes a danger to personal safety, property, or educational or other appropriate institutional activities on such premises.

15. Unauthorized entry to or use of institutional facilities, including buildings and grounds.

16. Illegal use, possession, or distribution of drugs or alcohol on JTCC grounds, while attending course sponsored events, or while participating in clinical or field settings.

17. Inciting others to engage in any of the conduct or to perform any of the acts prohibited herein. Inciting means that advocacy of proscribed conduct which calls upon a person or persons addressed for imminent action, and is coupled with a reasonable apprehension of imminent danger to the functions and purposes of the institution, including the safety of persons and the protection of its property.

18. Performance of any skill or procedure exceeding the student’s authorized scope of practice, or practicing skills outside of scheduled clinical or field rotations for which the student is not certified. Students may not perform skills in the lab or clinical setting until cleared to do so in that setting by the instructor. Such actions are considered practicing medicine without a license, and will be reported to the Virginia Office of EMS, and the student dismissed from the program.

6.13.2 Knowledge of Misconduct: Any person who witnesses or has first-hand knowledge of misconduct as described under Section 6.13.1 is obligated to send a written and documented report of the infraction to the Director and the Medical Director of the Program. Those determined to have acted in a manner inconsistent with the expected standards of behavior may be subjected to disciplinary action or dismissal from the Program.

6.13.3 Drug and Alcohol Policy: Students are prohibited to be on JTCC grounds, attend course sponsored events, and participate in clinical or field setting while impaired due to the use of alcohol and other drugs. Faculty will dismiss students immediately from the setting and may pursue further action as described in Section 6.13 if they determine a student is impaired. Faculty will base decisions on reasonable cause. Students may be required to submit to additional drug testing if behavior indicates a need. If faculty determine reasonable cause, the
Program Director will be notified, and drug testing will be arranged. Refusal to submit to re-testing will be grounds for dismissal from the program. **Definition: Reasonable Cause** is a reasonable good faith objective suspicion on the part of faculty that a Student has used drugs or alcohol prior to reporting to class, clinical or field sites and is impaired by drugs or alcohol. Reasonable Cause can be based on the Student’s performance, appearance or conduct, including but not limited to any of the following:

1. Odor of alcohol or other intoxicant about the Student or on the Student’s breath;
2. Abnormally impaired speech, stumbling, weaving, or other loss of motor coordination;
3. Unexplained animated signs of intoxication or influence of drugs on the part of the Student;
4. Other discernible signs of intoxication or influence of drugs on the part of the Student;
5. Possession of alcohol, drugs or associated paraphernalia;
6. A Student’s apparent lack of judgment, inattentiveness or specific unsafe act.

**6.14 Class Conduct:** Students while at the College, or any clinical affiliate, will conduct themselves in a professional manner. During clinical assignments, students will be expected to perform tasks within their scope of practice, and to do so without complaint.

**6.14.1 Policy Agreement Testimonial:** Students will be provided with a copy of applicable Program policies at the beginning of the program. This copy may be via access to an electronic version. After being given an opportunity to review the policies and have any questions answered, the students will be required to sign an agreement to abide by the policies as a condition of the student’s continued participation in the Program.

**6.14.2 Lecture Conduct:** During a presentation, common courtesy is expected. The students will remain seated during the lecture and not leave prior to the end of the presentation. The students are expected to arrive on time, prepared to begin and not delay the presentation by reason of tardiness.

1. Lectures will generally start as scheduled, and will incorporate breaks at reasonable intervals. Break periods are not “guaranteed”, and scheduling may require lectures which vary in length. Students should not disrupt the presentation to leave for a “scheduled” break. Also, due to scheduling, breaks may be for various periods of time.

3. Students are expected to return to classroom promptly for the next scheduled presentation, without summons from Program staff. Should students arrive late from a break, they will be counted tardy. Repetitive issues with returning from breaks will result in dismissal from the class with an absence.

4. Instructors are expected to be present and ready to present their lecture at least 15 minutes before lecture time. For laboratory sessions, all
instructors must be present 30 minutes prior to class, and are expected to remain 30 minutes after class for debriefing. If unable to meet their commitment they must contact the Program Director in advance, who will be responsible for the course content being covered by another qualified professional. The students must notify the Program Director if a lecturer has not arrived by class time.

6.14.3 Noise in the Classroom: In order to keep the educational integrity of the Program, noise in the classroom should be limited to interactive class discussions. Anyone disrupting the class will be subjected to consideration for violation of Section 6.14.

6.14.4 Student Advocacy: The Program staff strives to serve as student advocates. Whenever possible, Program staff will support student decisions in administrative, educational, and clinical matters. To do this most effectively, we request timely notification of any significant incident, problem or error.

1. If the student knows or feels that there may be some controversy regarding his or her actions (or inactions), it is best to call Program staff before we hear about the problem from other sources. This will allow program staff to respond proactively to an incident.

2. Students are requested to write incident reports regarding any significant problem or unusual occurrence. Promptly contact Program staff, who will advise you of the necessity and format of the incident report.

6.15 Group Structure:

1. The student body will be divided into groups of approximately equal size. The purpose of these groups is to facilitate skills training by lowering the student to instructor ratio. It becomes advantageous to break the class into smaller components, usually in the lab setting.

2. Upon determining the groups, the Program staff will appoint one student from each group to be responsible for overseeing that particular group. It will be the responsibility of the group leader to ensure that his or her specific group knows where to meet and how to get to specific locations.

3. A list of the groups and the designated group leader will be posted in the classroom or on Blackboard. Groups and group leaders will remain as assigned throughout the course, unless otherwise discussed.

6.16 Resolution of Problems: Student who have complaints of unfair and/or unlawful treatment have a Student Grievance Policy and Procedure described in the JTCC Student Handbook.

6.17 Representation of the Program:

1. Through their professional conduct, students represent this Program. The quality of medical care, written reports submitted, abilities to explain and/or justify the care provided, and even personal appearance all reflect the educational and professional philosophies of the Program. Personal pride and pride in the
Program are important. We have an excellent reputation in the health care community because our faculty and students take pride in their chosen profession.

2. Students should not make statements on behalf of the Program, or represent the Program or institution in administrative, financial, educational, or policy matters without the express authorization of the Program staff. Students may also not wear program attire in activities or locations that compromise the professional image of the program, such as bars, strip clubs, etc. Please ask program staff when wearing program attire.

3. Once you become a student in a professional EMS program, your public visibility options on social media may change. Examples of social media include but are not limited to blogs, microblogs, wikis, virtual worlds, Facebook, MySpace, YouTube, Twitter and Flickr. You are subject to scrutiny by a wider audience, including future employers. Do not post confidential or sensitive information about John Tyler Community College or its community affiliates including patients, other students, faculty or staff. Do not post comments or use language that could reflect poorly on you, the College, or the EMS Program. Students who participate in social networking represent not only themselves, but also John Tyler Community College and the EMS program. Think before you post. Conduct yourself professionally at all times in all social settings, virtual or otherwise. Use privacy settings when appropriate. You do not have college permission to use the John Tyler Community College name. You do not have permission to discuss faculty, clients or other students. You do not have permission to use images of the EMS Program, the College or any faculty or staff. What you write, post or display is your responsibility, and so are any repercussions. The consequences of violating this policy may include disciplinary action up to and/or including EMS program dismissal.

6.18 Honor Code: Program students are responsible for conducting themselves in a manner which is above reproach at all times. The Program staff maintains that above all, ethical conduct, especially honesty, is one of the most important attributes of a competent health care professional. As a result, Program quizzes and examinations will be proctored.

6.18.1 Ethics: Having adopted the high ethical standards of the Emergency Medical Services profession, the student is charged with the responsibility for the behavior of his or her colleagues as well as their own.

6.18.2 Ethical Standards: The Program expects the following from each student:

1. All assignments will be completed on an individual basis unless otherwise directed by the Program staff.
2. No resources will be consulted during examinations or quizzes unless specifically authorized.
3. Students will not receive assistance or assist other students from this or other programs in falsely completing requirements of EMS education.

6.18.3 Violation of Ethical Standards: Violations of this honor code are a breach of the Behavioral Standards. Students with knowledge of an infraction of this honor
code are obligated to provide this information to the Program staff immediately. Refer to 6.17 for chain of contact information.

6.19 Leave of Absence: Definition: Temporary suspension of participation in the Program, at the student’s request, to allow the student to resolve serious problems which require his or her immediate attention and which will interfere with the educational process.

1. Examples of circumstances for which leaves of absence (LOA’s) may be granted are family emergencies, protracted illness, or other extenuating circumstances.

6.19.1 Leave of Absence Procedure:
1. A leave of absence may be granted at any point during the program if the student has maintained acceptable academic performance.
   a. No student who is on academic probation will be granted a leave of absence. A student on academic probation must meet the requirements agreed upon in the probationary meeting, and thereby be returned to good standing, prior to being authorized to take a Leave of Absence.

2. Student must submit written request for a leave of absence, indicating reason(s) to the Program Director.

3. Student must schedule and meet with Program Director to discuss request and to establish plan for continuation of the Program if LOA is granted.

4. If LOA is granted, Student and Program Director will sign a document on which the following information is specified:
   a. Reason for LOA.
   b. Time table for LOA, and conditions or methods for resumption of the Program.

6.19.2 Leave of Absence Time Limits:
1. LOA granted during the Didactic and Laboratory phase:
   a. If absence will exceed the absence allowance, with a faculty recommendation, a student may be permitted a LOA. This will only be granted on a case by case basis with the approval of the Program Director and Program Medical Director.
   b. If absence is less than the permitted absences, the student shall be responsible for all materials and information. Acquisition of this information shall be indicated by successful completion of the examinations covering the missed material.
   c. Students granted a leave of absence will resume coursework at the next semester in which the course is offered. Students returning will be required to resume at the end of the last completed course. Students must still complete all requirements within the original certification eligibility period defined by NREMT and the Virginia Office of EMS Course Approval.
   d. When mitigating circumstances are present, the Program Director, Medical Director, and Division Dean may authorize a “Grade I Contract” for which the student may receive a temporary extension
to complete coursework. A minimum of 60% of all coursework must be completed to be eligible. Such contracts require all course requirements to be completed within a defined period, not to exceed one semester, or the grade will be changed to an “F”.

6.19.3 **Resumption of Student Status:** Rejoining the next class, as described above, will obligate the student to pay additional Program fees, and purchase the most current texts and materials, if updates have occurred. If a student is not enrolled in EMS curriculum classes for greater than one semester, the student will be required to resubmit to a drug test and background check upon re-entry. These will be completed at the student’s expense. This shall also apply to students who exit at any certification level, and resume to the next level.

6.20 **Pregnancy:** Those students who become pregnant *after being accepted but prior to enrollment* into the Program will be allowed, at their choosing, to enroll in a subsequent class within one academic year without going through the competitive application process.

Students who become pregnant *after enrolling in the Program* will be counseled individually. Students should be aware that pregnancy and childbirth during the program may result in their having to delay a portion of their training and graduation. JTCC’s EMS program will not dismiss a student from the program, or mandate restrictions of activities. If a student chooses to remain active in the program, the student will be expected to meet all program requirements.
6.21 **Student Health Issues:** Students are required to provide the Program with a complete and accurate medical history and other information necessary to ensure the health of the student, staff, and patients. This information shall be provided at the beginning of the course, and in a format prescribed by the Program.

6.21.1 **Infectious Disease:** The student must be free of infectious disease. A student’s participation in the Program may be restricted or prohibited if the student is found to have a communicable disease which would present a serious threat to the health of the student or any other person. The below table includes the required vaccinations, verifications, and special conditions regarding disease prevention.

<table>
<thead>
<tr>
<th>Vaccination</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles, Mumps &amp; Rubella (MMR)</td>
<td>2 vaccines or titer</td>
</tr>
<tr>
<td>Varicella</td>
<td>2 vaccines or titer</td>
</tr>
<tr>
<td>PPD</td>
<td>Negative PPD, chest x-ray (if positive), or Quantiferon Gold test within 30 days of start of program</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>3 vaccines or titer. If in process, will be required to complete on schedule as a condition of retention.</td>
</tr>
<tr>
<td>Tdap</td>
<td>Must be current through target graduation date</td>
</tr>
<tr>
<td>Current seasonal flu vaccine</td>
<td>Spring and Fall semesters only</td>
</tr>
</tbody>
</table>

6.21.2 **Caring for Patients:** Students should expect to participate in the care of patients with infectious diseases during their educational activities:

1. Students will follow universal precautions to avoid transmission of or infection from infectious diseases. The procedures deemed necessary shall be those recommended by the Centers for Disease Control.
   a. It shall be the responsibility of the clinical unit or EMS agency to provide adequate protective materials (e.g., disposable gloves, masks, eye protection), or to ensure that the student is not put in a position where unprotected exposure is likely. Some EMS agencies may require the student to supply his or her own HEPA filter masks as protection against airborne pathogens.
   b. It shall be the responsibility of the Program, clinical unit, or EMS agency to instruct the student about accepted infection control procedures applicable to the student’s activities in respective locations.
   c. It shall be the responsibility of the student to use the protective barriers provided, and to follow the instructions given, to minimize
the risk of being infected by or transmitting any infectious diseases.

6.21.3 **Student Illness:** Students are expected to exercise prudence in attending mandated classes or clinical sessions when ill. Health care professionals at clinical sites are empowered to restrict the activities of, or prohibit a student from completing a clinical shift. Prolonged illness may be cause for scheduling the student for an extended clinical or field internship phase, as described in the Leave of Absence policy. Injury or illness that may compromise ability to safely provide patient care will require physician medical clearance before returning to the clinical or field environment.

6.22 **Student Exposure to Pathogens:** Should a JTCC Emergency Medical Services Program student have an exposure to a pathogen, the following protocol will need to be followed:

1. Notify the Director of the Emergency Medical Services Program or Designated Infection Control Officer that an exposure has occurred: 24/7 Emergency Clinical Hotline 804-554-0940.

2. The student will fill out an agency or hospital Infectious Disease Report Form located in every Emergency Room within the region. The student will do this as soon as possible after the incident.

3. Any cost associated with the incident will be the responsibility of the student, or the agency. Students are required to carry current health insurance for this purpose.

6.23 **Clinical Procedures Performed on Students:** Clinical procedures will be demonstrated by instructors and/or performed by students on each other. Any procedures performed on students must be directly supervised by an instructor. This is done for the following reasons:

1. Artificial training aids may be inadequate, or students may surpass the educational benefits of the training aids and need to perform the procedures on human subjects to gain the requisite experience to practice pre-hospital emergency medicine efficiently and effectively.

2. Students must become accustomed to the variability of normal human anatomy and physiology.

3. Students gain insight into the patient’s perspective during the performance of procedures.

6.23.1 **Procedures which may be performed:**

1. Comprehensive physical examination
2. Electrocardiographic monitoring
3. Glucose monitoring
4. Other procedures for which the benefits of practice outweigh the potential risks
6.23.2 Informed consent
1. For each procedure, student will be provided with the following:
   a. Description of the procedure
   b. Risks and possible complications
   c. Educational benefits
   d. Recognition of complications and instructions on how to deal with those complications
2. If, after being provided with the information listed above, and having any questions related to those procedures answered to their satisfaction, students will sign a consent form allowing or disallowing specific procedures to be performed on them.
   a. Consent forms will be kept as part of the student record.
   b. If, at a later date, but prior to the performance of the procedure(s), the student wishes to change her decision, another informed consent form will be completed.
   c. Consent shall not be coerced, and refusal to allow a procedure to be performed shall not be cause for any academic or nonacademic disciplinary action.

6.24 Patient Confidentiality:
1. Program and Patient Charting Forms submitted for review and the clinical and field internship logs should not have patient names, hospital identification numbers, or any other protected health information noted on them.
2. Patient condition and/or therapy are not to be discussed with anyone not directly involved in that patient’s care. Cases may be discussed as part of the educational process of the Program. During these case presentations, every effort will be made to protect the patient’s confidentiality. Any discussions regarding patient condition or care will be undertaken in an area and under circumstances which prevent dissemination of information to others not directly involved in the patient care conference.
3. If patient care assessment or management problems are perceived, or questions rose regarding the care, the case may be discussed in private with the Program Director or Medical Director.

6.25 Program Office: Program office hours are Monday through Friday from 8:00 a.m. to 5:00 p.m., not including holidays. The Program office is located on the Chester Campus Moyar Hall, M117.

6.25.1 Personnel:
1. Department Chair – Daniel Linkins
2. Full Time Faculty – Charles Feiring
3. Administrative Assistant – Aretha Harris
6.25.2 Messages:
1. Students shall be responsible for the timely acquisition of program information made available by the following:
   a. Blackboard in classroom (didactic phase and limited use in clinical classes)
   b. Email postings
   c. Blackboard Announcements
   d. Handouts

6.26 Student Representative: A student will be selected within the first month to assist the Program staff in the administration and organization of the class. This appointment is made solely by the Program staff through the student body.

6.26.1 Duties of the Student Representative:
1. Serve as a liaison between the students and the Program staff. Field all concerns of students and bring them to the attention of the Program director.
2. Maintain an accurate record of lecturer and the specific title/topic of presentation.
3. Maintain an accurate attendance record. This will include the sign in sheet with arrival times of late students and departure time of individuals leaving class early, and CME sheet for EMS personnel attending for continuing education credits. This is to be submitted to the instructor at the end of each class session.
4. Collect an extra copy of all lecture handouts.
5. Encourage and verify completion of the course evaluations.
6. Advise the Program Director of any lecturers who are more than ten (10) minutes late, and transmit any ensuing instructions from Program staff to the class.
7. Ensure that the classroom remains neat and orderly at all times. The student representative will also have the responsibility to see that training materials used during lab sessions are replaced in the storage areas and/or secured, with the assistance of classmates.
8. Contact the instructor and/or Program Director to report any unsafe or unsanitary conditions in the classroom.
9. Contact Program staff in the event of defective audiovisual equipment.

6.27 Laboratory Duties: Students may assist the Program staff in the organization and preparation of lab time.

6.27.1 Laboratory Duties Include:
1. Assist program staff in setting up laboratory areas before lab sessions.
2. Replace equipment and supplies in designated areas after laboratory sessions.
3. Assist with inventory count/replenishment of supplies.
4. Other duties as assigned.
5. All students will be required to successfully complete lab preparation and clean-up and ambulance pre-shift and post-shift checks throughout the semester.

6.28 **Discrepancies in Grading:** The Program recognizes that mistakes can be made during the grading of evaluation instruments (exams and quizzes), and seeks to provide students with an avenue to correct oversights.

Students have a professional obligation to accept their responsibility in poor performance on evaluation instruments. Blaming staff for their performance deficit will not be tolerated, and will result in the initiation of progressive discipline.

Students will refrain from approaching the staff person responsible for grading *immediately after* the evaluation instruments are returned to them. If there are questions or concerns, the student will contact the staff person to arrange a time and place for such discussion.

Before meeting with staff to discuss points of concern, students will be prepared to present concerns by referencing class notes or textbook pages. Points will not be awarded to students based on their intent, but by what was written on the quiz sheets.

Quizzes are normally returned to students. Student examination keys will not be returned to them, but will be available so that students can review them while in the presence of staff by appointment. Copies of the exam booklets will also be on file so that the students can evaluate their performance. Students are not to leave the program office with them. Students who compromise any examination in any way, such as taking screenshots of questions, taking exam keys from the office, or any other collection or distribution of exam or quiz material will subsequently receive a zero on the exam in question, and be subject to failure of the course and dismissal from the program upon review of the incident.

6.29 **Dress Code for Classroom Sessions:** Students must be attired in uniform as outlined in the course syllabus.
6.30  **Dress Code for Clinical Internships:** Professional attire is required for clinical rotation as outlined in the course syllabus. In the interest of patient comfort, perfumes and after-shave lotions should be avoided. Hair should be neat and trimmed. Hair that is shoulder-length or longer should be pulled back off the shoulders. Certain clinical areas may require the use of hospital scrubs, these will be provided for you. All students will display student identification cards on their outermost garments in all clinical areas.

**The JTCC Uniform:**

- Grey Polo Shirt with JTCC EMS Logo on the front. These will be available in the JTCC Bookstore. Since we include the uniform in our syllabus you can use financial aid to procure these shirts. **These are required for clinical rotations.**
- Solid navy blue or black jackets or outerwear may be worn, but **must have the JTCC logo clearly visible on either the left chest or left shoulder.**
- Navy blue uniform pants and solid black belt.
- Clean and polished, black safety boots with non-slip, oil-resistant sole: steel or composite toe is highly recommended.
- No hats of any kind in class or hospital. **Solid** navy blue hats may be worn in field rotations at the discretion of the field agency and preceptor.
- Uniform must be clean and wrinkle-free with shirt tucked in at all times.
- Picture ID (complimentary by security staff at JTCC) with approved skills worn above the waist while in clinical and field setting.
- Uniforms will be worn in the classroom and clinical setting at all times.

6.31  **Smoking Policy:** Smoking is permitted in designated college, agency and hospital areas only when permitted. Smoking is prohibited on most hospital campuses. As representatives of the healthcare field, students are encouraged not to smoke.

6.32  **Access to Student Files:** Any student shall have access to their personal class records upon written request. This request should be made to the Program Director. The Program Director and student issuing the request will then review the student’s file.

6.33  **Curriculum Development and Review:** The Program staff welcomes and encourages written feedback regarding any aspect of the JTCC Emergency Medical Services Program.

6.33.1  **Evaluation:** Students will be asked to complete evaluations of didactic presentations, skill labs, clinical and field rotations. Clinical and field preceptors will be asked to complete evaluations of each student at the end of each clinical and field shift performed under their supervision.

1. The feedback provided shall be considered confidential, and information determined from the contents of the evaluations will be disseminated outside of the Program only in a summary, without identification of the student or the preceptor, unless specifically authorized by the student and/or preceptor.
2. These evaluations will be maintained in a permanent Program file, and will be used to refine the curriculum and ensure the selection of optimal instructors and preceptors in subsequent educational programs.

3. Written feedback to a clinical or internship site without prior authorization from the Program Director is strictly prohibited.

6.33.2 **Questionnaires:** A questionnaire will be sent to each clinical site at the conclusion of the course to solicit perceptions regarding areas of strength and areas needing increased preparation which were observed in the student body as a whole.

1. The questionnaires will be reviewed and summarized in combination with the written evaluations received from each student regarding the particular clinical site. This summary shall be part of the permanent Program file.

6.33.3 **Focus Groups:** At the end of each program, a focus group of 4-5 students will meet with Program staff to discuss class strengths, and areas needing improvement. The Program Director will ask for student volunteers to form the focus group.

6.33.4 **Course Revisions:** Prior to the start of a new academic year, the Director shall review the curriculum with the Medical Director and make revisions.
Section 7:

PROGRAM RECORDS

7.1 General Statement: The program maintains all training records in hard copy format or electronically. All records will be made available to students upon written request. All files will be updated as needed. All hard-copy format student files are maintained in a locked office within the college office. Electronic records are located on a secured server. Only the Director, Medical Director, Course Coordinator and Primary Instructor are permitted access to these records. Each student shall be permitted to review his/her file upon request.

7.2 Program Files: Program files will contain for each course: summary of student attendance, summary of written exams, summary of skills performance, copies of all written exams with answer keys, copy of practical exam plan to include evaluations utilized. Also included for each course is a detailed syllabus, course approvals, copy of training center policies, and a copy of clinical policies.

7.3 Faculty Files: Faculty files will contain a listing of all topics and classes taught, student evaluations, current CV, and copies of current certifications.

7.4 Student Files: Student Files will contain student application, signed receipt of program manual, prerequisite credentials, attendance record, skill competency record, exams, quizzes, counseling forms, clinical evaluations, incident reports (as needed), signed Program Policy Agreement form. All adjunct and primary faculty will be required to submit all student files in a timely manner, and must keep all required files on premises. Adjuncts who fail to maintain and properly submit all records will not be permitted to continue teaching in the program.

7.5 Accreditation File: The Accreditation File will contain proof of current VAOEMS accreditation and any correspondence regarding the status of the JTCC EMS programs.

7.6 Record Storage: Student and faculty files will be maintained as directed by the Virginia Office of EMS Training Program Administration Manual, policy T-040 and T-045.
Section 8:

PROGRAM EVALUATION

8.1 **Purpose and Frequency:** The program will have a continuing system for reviewing the effectiveness of the educational program in achieving its stated goals and objectives through periodic review of course and instructor evaluations and focus group discussions.

8.2 **Methods:** Program evaluation methods shall emphasize gathering and analyzing data on the effectiveness of the program in developing competencies consistent with the state program goals and objectives.

8.3 **Outcomes:** Programs will routinely secure sufficient qualitative and quantitative information regarding the program graduates to demonstrate an ongoing evaluation of outcomes consistent with the graduate competencies specified by the education program. Sources of data will include, where appropriate, consideration of course completion, Virginia certification, and national certification. Outcome data will be collected and analyzed in a timely manner. Sources of data will include, but will not be limited to, surveys of graduates and employers on such matters as employment settings, type and scope of practice, salary, job satisfaction, education and skills adequately and inadequately addressed in the educational program; interview with program graduates and employers of graduates; and data on the evaluation of student performance on the national certifying examination and other national recognized standardized tests.

8.4 **Results of Ongoing Program Evaluation:** The results of ongoing evaluation must be appropriately reflected in the curriculum and other dimensions of the program. In particular, the program must systematically use the information obtained in its evaluation to foster student achievement in the program. Program evaluation shall be a continuing systematic process with internal and external curriculum validation in consultation with employers, faculty, preceptors, students, and graduates, with follow-up studies of their employment and national examination performance. Other dimensions of the program merit consideration as well, such as the admission requirements, the curriculum for the program, and the purpose and productivity of the Program. An EMS Advisory Committee will represent the communities of interest served. The committee shall be designated and charged with assisting the program in formulating appropriate goals and standards, monitoring needs and expectations, and ensuring program responsiveness to change. Communities of interest will include those individuals or entities with whom the program, its students, or its graduates relate during the performance of their training for duties. Members of the communities of interest will include but not be limited to:

- Emergency medical services providers, including ambulance supervisory personnel and administrative personnel where the students perform internships, and the employers of the program graduates.
Physicians, including the emergency physicians whom students and/or graduates deliver their patients as well as other physicians that may be encountered during their clinical settings such as pediatricians, internists, cardiologists and family practice physicians.

Hospital supervisory and administrative personnel to whom the students or graduates deliver their patients and who provide training sites for students.

Other training programs in the area.

Key government officials (representative of the regional EMS council).

Members of the public.

Police and Fire services.

Current Students.

Graduates of the program.

Faculty (ex officio).

Medical Director (ex officio).

Program Director (ex officio).

College administration (ex officio).
9.1 **General Statement:** The EMS Program utilizes the current Virginia and National Emergency Medical Services Education Standards and course content summaries as defined by JTCC and the Virginia Community College System for all EMS courses. Academic competency described in the curriculum must be demonstrated by all students for successful course completion. Standards of learning are on file for all classes. All requirements for successful program completion at the desired level will be completed prior to being allowed to take the relevant certification exams.

9.2 **JTCC Emergency Medical Services Didactic Curriculum:**

9.2.1 Emergency Medical Technician

**EMS 111 - Emergency Medical Technician**
Prepares student for certification as a Virginia and National Registry EMT. Focuses on all aspects of pre-hospital basic life support as defined by the Virginia Office of Emergency Medical Services curriculum for Emergency Medicine Technician. Prerequisite: EMS 100/equivalent. Co-requisite: EMS 120.
5 lecture hours; 4 lab hours; 9 hours per week
7 credits

*(EMS 112 and 113 will also satisfy the requirement for EMS 111)*

**EMS 112 - Emergency Medical Technician-Basic I**
Prepares student for certification as a Virginia and/or National Registry EMT-Basic. Focuses on all aspects of pre-hospital basic life support as defined by the Virginia office of Emergency Medical Services curriculum for Emergency Medicine Technician Basic.
Lecture 3 hours. Laboratory 2 hours. Total 5 hours per week.
4 credits

**EMS 113 - Emergency Medical Technician-Basic II**
Continues preparation of student for certification as a Virginia and/or National Registry EMT-Basic. Includes all aspects of pre-hospital basic life support as defined by the Virginia Office of Emergency Medical Services curriculum for Emergency Medicine Technician Basic.
Lecture 2 hours. Laboratory 2 hours. Total 4 hours per week.
3 credits
9.2.2 Advanced Emergency Medical Technician

**SDV 101 - Orientation to Health Sciences**
Introduces students to the skills which are necessary to achieve their academic goals, to services offered at the college and to the discipline in which they are enrolled. Covers topics such as services at the college including the learning resources center; counseling, and advising; listening, test taking, and study skills; and topical areas which are applicable to their particular discipline.
Lecture 1-3 hours per week.
1-3 credits

**EMS 151 - Introduction to Advanced Life Support**
Prepares the student for Virginia Enhanced certification eligibility and begins the sequence for National Registry Intermediate and/or Paramedic certification. Includes the theory and application of the following: foundations, human systems, pharmacology, overview of shock, venous access, airway management, patient assessment, respiratory emergencies, allergic reaction, and assessment based management. Conforms at a minimum to the Virginia Office of Emergency Medical Services curriculum. Co-requisite: EMS 170.
Lecture 3 hours. Laboratory 2 hours. Total 5 hours per week.
4 credits

**EMS 152 - ALS - Medical Care**
Continues the Virginia Office of Emergency Medical Services Advanced, Intermediate and/or Paramedic curricula. Includes ALS pharmacology, drug and fluid administration with emphasis on patient assessment, differential diagnosis and management of multiple medical complaints. Includes, but are not limited to conditions relating to diabetic, neurological, non-traumatic abdominal pain, environmental, behavioral, gynecology, and toxicological disease conditions. Prerequisites: Current EMT certification. Co-requisite: EMS 151.
Lecture 1 hours. Laboratory 2 hours. Total 3 hours per week.
2 Credits

9.2.3 Intermediate Emergency Medical Technician

**EMS 153 - ALS - Basic ECG Recognition**
Focuses on the interpretation of basic electrocardiograms (ECG) and their significance. Includes an overview of anatomy and physiology of the cardiovascular system including structure, function and electrical conduction in the heart. Covers advanced concepts that build on the knowledge and skills of basic dysrhythmia determination and introduction to 12 lead ECG.
Lecture 2 hours per week.
2 credits
EMS 154 - ALS - Cardiac Care
Continues the Virginia Office of Emergency Medical Services Intermediate and/or Paramedic curricula. Includes ALS pharmacology, drug and fluid administration with emphasis on patient assessment, differential diagnosis and management of cardiac conditions. Prerequisites: Current EMT certification. Pre/Co-requisites: EMS 151 and EMS 153.
Lecture 1 hours. Laboratory 2 hours. Total 3 hours per week.
2 Credits

EMS 157 - ALS - Trauma Care
Continues the Virginia Office of Emergency Medical Services Intermediate and/or Paramedic curricula. Utilizes techniques which will allow the student to utilize the assessment findings to formulate a field impression and implement the treatment plan for the trauma patient. Prerequisites: Current EMT-B certification and EMS 151.
Lecture 2 hours. Laboratory 2 hours. Total 4 hours per week.
3 credits

EMS 159 - ALS - Special Populations
Continues the Virginia Office of Emergency Medical Services Intermediate and/or Paramedic curricula. Focuses on the assessment and management of specialty patients including obstetrical, pediatric, and neonates.
2 lecture hours; 2 lab hours; 4 Hours per week
Prerequisites. EMS 151 and EMS 153; Pre or Co-requisites EMS 155
3 credits

9.2.4 Paramedic

BIO 141 - Human Anatomy and Physiology I
Integrates anatomy and physiology of cells, tissues, organs, and systems of the human body. Integrates concepts of chemistry, physics, and pathology. Part I of II.
Lecture 3 hours. Laboratory 2-3 hours. Total 5-6 hours per week.
4 credits

BIO 142 - Human Anatomy and Physiology II
Integrates anatomy and physiology of cells, tissues, organs, and systems of the human body. Integrates concepts of chemistry, physics, and pathology. Part II of II.
Lecture 3 hours. Laboratory 2-3 hours. Total 5-6 hours per week.
4 credits
HLT 143 - Medical Terminology I
Provides an understanding of medical abbreviations and terms. Includes the study of prefixes, suffixes, word stems, and technical terms with emphasis on proper spelling, pronunciation, and usage. Emphasizes more complex skills and techniques in understanding medical terminology. Part I of II.
Lecture 3 hours per week.
3 credits

ENG 111 - College Composition I
Introduces students to critical thinking and the fundamentals of academic writing. Through the writing process, students refine topics: develop and support ideas; investigate, evaluate, and incorporate appropriate resources; edit for effective style and usage; and determine appropriate approaches for a variety of contexts, audiences, and purposes. Writing activities will include exposition and argumentation with at least one researched essay.
Lecture 3 hours per week.
3 credits

ITE 115 - Introduction to Computer Applications and Concepts
Covers computer concepts and internet skills, and uses a software suite which includes word processing, spreadsheet, database, and presentation software to demonstrate skills. Recommended prerequisite keyboarding skills.
Lecture 3-4 hours per week.
3-4 credits

EMS 201 - EMS Professional Development
The purpose of this course is to prepare the EMS student to use community resources to facilitate personal and community wellness and fulfills the wellness and resource objectives of the Virginia Office of Emergency Medical Services Intermediate curriculum.
Lecture 3 hours. Total 3 hours per week.
Prerequisite: EMT/B Certification
3 credits

EMS 205 - Advanced Pathophysiology
Focuses on the pathological processes of disease with emphasis on the anatomical and physiological alterations of the human body by systems. Includes diagnosis and management appropriate to the advanced health care provider in and out of the hospital environment.
Lecture 4 hours. Total 4 hours per week.
Prerequisite: EMT/B Certification
4 credits

EMS 207 - Advanced Patient Assessment
Focuses on the principles of normal and abnormal physical exam. Emphasizes the analysis and interpretation of physiological data to assist in patient assessment and management. Applies principles during the assessment and management of trauma, medical, and specialty patients in laboratory environment.
Lecture 2 hours. Laboratory 2 hours. Total 4 hours per week.
3 credits
EMS 209 - Advanced Pharmacology
Focuses on the principles of pharmacokinetics, pharmacodynamics and drug administration. Includes drug legislation, techniques of medication administration, and principles of math calculations. Emphasizes drugs used to manage respiratory, cardiac, neurological, gastrointestinal, fluid and electrolyte and endocrine disorders and includes classification, mechanism of action, indications, contraindications, precautions, and patient education. Incorporates principles related to substance abuse and hazardous materials. Applies principles during the assessment and management of trauma, medical, and specialty patients in a laboratory environment.
Lecture 3 hours. Laboratory 2 hours. Total 5 hours per week.
4 credits

EMS 211 - Operations
Prepares the student in the theory and application of the following: medical incident command, rescue awareness and operations, hazardous materials incidents, and crime scene awareness. (Conforms to the current Virginia Office of Emergency Medical Services curriculum for EMT-Paramedics.)
Lecture 1 hour. Laboratory 2 hours. Total 3 hours per week.
2 credits
CLINICAL CURRICULUM

10.1 General Statement: The goals of the clinical instruction include the following: development of entry level competence in psychomotor skills, application of knowledge and skills to actual patient situations, adequate number of patient contacts, providing of experience to serve as a base clinical decision maker, and role modeling of professional attitudes and behaviors. All students will successfully meet the current requirements for the Virginia Office of Emergency Medical Services, National Registry of EMTs, and Accrediting Bodies. Should regulatory changes occur at national or state levels that require more than current JTCC standards, students will be notified and will be required to meet the higher standards. The program will track the number of times each student successfully performs each patient contact (age, pathologies, complaint, gender, and intervention). Students will start clinical rotations after adequate didactic instruction in each level. Clinical phases will be implemented progressively, accomplishing the goals of certification levels, establishing exit points at Emergency Medical Technician, Advanced EMT, Intermediate EMT, and Paramedic.

10.2 Clinical Curriculum Descriptions

Emergency Medical Technician

EMS 120 - Emergency Medical Technician - Basic Clinical
Observe in a program approved clinical/field setting. Includes topics for both EMS 111 and EMS 113, dependent upon the program in which the student is participating and is a co-requisite to both EMS 111 and EMS 113.
Lab 2 hours; 2 hours per week
1 credits

Advanced Emergency Medical Technician

EMS 170 - ALS Internship I (Formative)
 Begins the first in a series of clinical experiences providing supervised direct patient contact in appropriate patient care facilities in and out of hospitals. Includes but not limited to patient care units such as the Emergency Department, Critical Care units, Pediatric, Labor and Delivery, Operating Room, Trauma centers and various advanced life support units.
Laboratory 3-6 hours per week.
1-2 credits

Intermediate

JTCC EMS Advisory Committee   Page 40   Revised 6.2015
EMS 172 - ALS Clinical Internship II
Continues with the second in a series of clinical experiences providing supervised
direct patient contact in appropriate patient care facilities in and out of hospitals.
Includes but not limited to patient care units such as the Emergency Department,
Critical Care units, Pediatric, Labor and Delivery, Operating Room and Trauma
Laboratory 3-6 hours per week.
1-2 credits

Paramedic

EMS 242 - ALS Clinical Internship III
Continues with the third in a series of clinical experiences providing supervised
direct patient contact in appropriate patient care facilities in-and-out of hospitals.
Includes, but not limited to patient care units such as the Emergency Department,
Critical Care units, Pediatric, Labor and Delivery, Operating Room, Trauma
Centers and various advanced life support units.
Laboratory 3-6 hours per week.
1-2 credits

EMS 243 - ALS Field Internship III (Formative)
Continues with the third in a series of field experiences providing supervised direct
patient care in out-of-hospital advanced life support units.
Laboratory 3-6 hours per week.
1-2 credits

EMS 244 - ALS Clinical Internship IV
The fourth in a series of clinical experiences providing direct patient contact in
appropriate patient care facilities in-and-out of hospitals. Includes, but not limited
to patient care units such as the Emergency Department, Critical Care units,
Pediatric, Labor and Delivery, Operating Room and Trauma Centers. May be
repeated as necessary.
Laboratory 3-6 hours per week.
1-2 credits
## 10.3 Clinical Areas and Required Competencies:

Recommended Program Minimums-John Tyler Community College:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>EMT</th>
<th>AEMT</th>
<th>A-I Bridge</th>
<th>Intermediate</th>
<th>I-P Bridge</th>
<th>Paramedic</th>
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<tbody>
<tr>
<td>Emergency Department</td>
<td>16 hours</td>
<td>16 hours</td>
<td>8 hours</td>
<td>24 hours</td>
<td>24 hours</td>
<td>48 hours</td>
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<tr>
<td>Critical Care Area</td>
<td>N/A</td>
<td>8 hours</td>
<td>8 hours</td>
<td>8 hours</td>
<td>8 hours</td>
<td>16 hours</td>
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<tr>
<td>Pediatrics</td>
<td>N/A</td>
<td>8 hours</td>
<td>8 hours</td>
<td>16 hours</td>
<td>8 hours</td>
<td>24 hours</td>
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<tr>
<td>OR/Recovery</td>
<td>N/A</td>
<td>N/A</td>
<td>8 hours</td>
<td>8 hours</td>
<td>8 hours</td>
<td>16 hours</td>
</tr>
<tr>
<td>L&amp;D</td>
<td>N/A</td>
<td>N/A</td>
<td>8 hours</td>
<td>8 hours</td>
<td>8 hours</td>
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<tr>
<td>Other Setting</td>
<td>N/A</td>
<td>8 hours</td>
<td>8 hours</td>
<td>16 hours</td>
<td>8 hours</td>
<td>24 hours</td>
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<tr>
<td>PCD Rotation (ED)</td>
<td>N/A</td>
<td>8 hours</td>
<td>8 hours</td>
<td>16 hours</td>
<td>8 hours</td>
<td>24 hours</td>
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<tr>
<td>Total Clinical</td>
<td>16 hours</td>
<td>40 hours</td>
<td>56 hours</td>
<td>96 hours</td>
<td>80 168</td>
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<tr>
<td>Field Hours</td>
<td>24  24</td>
<td>24  24</td>
<td>48  48</td>
<td>48  96</td>
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<td></td>
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<tr>
<td>Patient Contacts</td>
<td>20  10 ED/10 Field</td>
<td>30  30</td>
<td>60  60</td>
<td>60  120</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trauma Assessment – Pediatric¹</td>
<td>N/A</td>
<td>2  3</td>
<td>5  5</td>
<td>5  10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Assessment – Pediatric¹</td>
<td>N/A</td>
<td>2  3</td>
<td>5  5</td>
<td>5  10</td>
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<td></td>
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<tr>
<td>Trauma Assessment – Adult</td>
<td>N/A</td>
<td>2  3</td>
<td>5  5</td>
<td>5  10</td>
<td></td>
<td></td>
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<tr>
<td>Medical Assessment – Adult</td>
<td>N/A</td>
<td>2  3</td>
<td>5  5</td>
<td>5  10</td>
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<td></td>
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<tr>
<td>Trauma Assessment – Geriatric</td>
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<td>2  3</td>
<td>5  5</td>
<td>5  10</td>
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<tr>
<td>Medical Assessment – Geriatric</td>
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<td>5  10</td>
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<tr>
<td>Cardiovascular Distress</td>
<td>N/A</td>
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<td>10  10</td>
<td>10  20</td>
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</tr>
<tr>
<td>Respiratory Distress</td>
<td>N/A</td>
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<td>10  10</td>
<td>10  20</td>
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<td></td>
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<tr>
<td>Altered Mental Status</td>
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<td>10  10</td>
<td>10  20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstetrics/Delivery</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A  N/A</td>
<td>2  2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neonatal Assessment &amp; Care</td>
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<td>N/A</td>
<td>2  4</td>
<td>2  4</td>
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<td></td>
</tr>
<tr>
<td>OB Assessment</td>
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<td>N/A</td>
<td>5  5</td>
<td>5  10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Administration</td>
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<td>15  15</td>
<td>30  30</td>
<td>30  60</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Access</td>
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<td>25  10</td>
<td>35  35</td>
<td>20  55</td>
<td></td>
<td></td>
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<tr>
<td>Airway Management*</td>
<td>N/A</td>
<td>20  15</td>
<td>35  35</td>
<td>30  65</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Live Intubation</td>
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<td>N/A</td>
<td>3  3</td>
<td>3  6</td>
<td></td>
<td></td>
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<tr>
<td>Ventilation of Non-intubated patient**</td>
<td>N/A</td>
<td>20  N/A</td>
<td>N/A  N/A</td>
<td>N/A  20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALS Team Lead***</td>
<td>N/A</td>
<td>12  16</td>
<td>28  30</td>
<td>30  58</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Airway management must be 100% successful in the last 40% of required attempts at each certification level. Airway management may be any intervention or treatment of a patient with a respiratory complaint. May include any combination of lab scenarios, low- or high-fidelity simulations, cadavers, or live patients across all age groups. **Ventilations include any positive-pressure ventilations (CPAP, BVM, Supraglottic airways, etc). May include any combination of lab scenarios, low- or high-fidelity simulations, cadavers, or live patients. ***ALS Team Leads must be 90% successful (no prompts) at the Intermediate and Paramedic level of certification.
*Airway management includes comprehensive management of a patient requiring respiratory or airway support, and is not specific to an individual skill. Airway management attempts must be 100% successful in the last 40% of total attempts within the program. As an example, a student using proper technique may be unsuccessful in intubating a patient with a complicated airway, but still successful in airway management by using alternate means. Airway management requirements may be met by any combination of live patients, cadavers, high or low definition simulation, or laboratory scenarios, but must include complete management from initial assessment of the patient to stabilization, encompassing any interventions necessary to achieve that goal.

**Ventilation of a non-intubated patient may be achieved in lab, clinical, or field environments, and includes the entire process of successfully ventilating a patient using positive-pressure means (CPAP, Bi-PAP, BVM, or Ventilation with supraglottic airways, or mouth-to-mask). A single successful ventilation competency requires at least one minute of successful delivery of ventilations, and requires documentation of proper use of equipment and technique.

***Students must successfully complete the above number of skills for each course.

- **DEFINED AGE GROUPS:**
  - Pediatric: 0-17 years
    - Students must assess at least one (1) patient in each age group at the Intermediate level, and at least two (2) patients in each age group at the Paramedic level. Age groups required are:
      - Neonate (0 – 1m)
      - Infant (>1m – 1yr)
      - toddler/pre-schooler (>1yr – 5 yrs)
      - school-aged (6 yrs. – 12 yrs.)
      - adolescent (13 yrs. – 17 yrs.)
  - Adults: 18-64 years
  - Geriatric – 65+ years

Note: The above listed clinical hours and successful skills counts are the minimum mandatory hours and skills required. It is possible that significantly more clinical hours may be required to complete the clinical portion of the program. Therefore emphasis is placed on the successful completion of the competencies to fulfill the program requirements for completion of the program.

10.4 **Documentation of Clinical Experience:** Objective and subjective evaluation tools will be utilized to track the students’ progress in evaluation of their required competencies. This program will utilize an electronic tracking system as determined by the program. The student will be required to have a device that is suitable for use with the electronic tracking system which will be purchased and maintained by the student.
FIELD INTERNSHIP

11.1 General Statement: The Center will verify that the student has achieved entry level competence, and is able to serve as a team leader in a variety of prehospital advanced life support emergency medical situations. The Program will facilitate a field internships with a one to one relationship with a competent and experienced paramedic preceptor. Agencies providing field internship shall demonstrate medical accountability by supplying adequate medical supervision. The student will be in the direct supervision of preceptors who are currently credentialed and field-cleared paramedics. All field internships will occur on a fully equipped, advanced life support vehicle, capable of voice telecommunications with on-line medical direction. At no time on a field internship shall a student substitute for paid personnel or a required team member for the agency. Field internships will be performed following completion of enough didactic and clinical education to ensure each student will achieve the desired competencies.

11.2 Field Internship Course Descriptions:

11.2.1 Intermediate EMT

EMS 173 - ALS Field Internship II (Summative)
Continues with the second in a series of field experiences providing supervised direct patient care in out-of-hospital advanced life support units.
Laboratory 3 hours per week.
1 credits

11.2.2 Paramedic

EMS 245 - ALS Field Internship IV (Summative)
Continues with the fourth in a series of field experiences providing supervised direct patient care in out-of-hospital advanced life support units. May be repeated as necessary.
Laboratory 3-6 hours per week.
1-2 credits
*Students will also be required to participate in an online cognitive review with optional face-to-face lab time. Students will be required to pass two adaptive tests weekly with “good” rating in all NREMT Modules.

11.3 Documentation of Field Internship: Objective and subjective evaluation tools will be utilized to track the student progress in evaluation of their required competencies. This program will utilize an electronic tracking system as determined by the program. The student will be required to have a device that is suitable for use with the electronic tracking system which will be purchased and maintained by the student. The Field Internship consists of EMS 173 at the Intermediate Level, and EMS 245 at the Paramedic level. The purpose of the field internship is to develop and evaluate student performance functioning as an independent provider. Students will be critically evaluated, as this phase of the program is considered a Capstone Internship. The numbers listed in these courses are to be evaluated as summative
evaluations. Students will be required to pass 90% of the final summative team leads, and receive passing affective evaluations in all categories of professional behavior. EMS 245 will also have online cognitive review, requiring 2 Computer Adaptive Tests weekly with “good” results in all NREMT categories.
Appendix A:

BLS and ALS FUNCTIONAL JOB DESCRIPTIONS
Functional Position Description for the Basic Life Support Provider

Introduction

The following is a position description for the Emergency Medical Technician (EMT) within Atlantic EMS Council states. This document identifies the minimum qualifications, expectations, competencies and tasks expected of the EMT.

Qualifications for State Certification

To qualify for state certification, the applicant must at a minimum:

1. meet minimum state entry requirements.
2. meet course requirements such as attendance and grades.
3. successfully complete all certification/licensure examination(s).

Competencies

The EMT must demonstrate competency in handling emergencies utilizing basic life support equipment and skills in accordance with the objectives in the U.S. Department of Transportation National EMS Education Standards for the EMT to include having the ability to:

- verbally communicate in person, via telephone and telecommunications using the English language;
- hear spoken information from co-workers, patients, physicians and dispatchers and in sounds common to the emergency scene;
- ability to lift, carry, and balance up to 125 pounds (250 with assistance) a height of 33 inches, a distance of 10 feet;
- read and comprehend written materials under stressful conditions;
- document, physically in writing, document physically patient information in prescribed format;
- demonstrate manual dexterity and fine motor skills, with ability to perform all tasks related to quality patient care in a safe manner;
- bend, stoop, crawl, and walk on uneven surfaces;
- meet minimum vision requirements to operate a motor vehicle within the state.
Description of Tasks

The Basic Life Support Provider must:

- Receives a dispatched call, verbally acknowledges the call, reads road maps, identifies the most expeditious route to the scene, and observes traffic ordinances and regulations.
- Upon arrival at the scene, ensures that the vehicle is parked in a safe location. Safely performs size-up to determine scene safety including the presence of hazardous materials, mechanism of injury or illness, and the total number of patients. Performs triage and requests additional help as necessary.
- In the absence of public safety personnel, takes safety precautions to protect the injured and those assisting in the care of the patient(s).
- Using body substance isolation techniques, protects the patient(s) and providers from possible contamination.
- Inspects for medical identification emblems, bracelets or cards that provide patient emergency medical care information.
- Determines nature and extent of illness or injury, checks respirations, auscultates breath sounds, takes pulses, auscultates/palpates blood pressure (including proper placement of the cuff), visually observes changes in skin color, establishes priority for emergency care. Based on assessment findings renders emergency care to adults, infants and children.
- Skills performed include but are not limited to: establishing and maintaining an airway, ventilating patients, cardiac resuscitation, use of automated external defibrillators where applicable. In addition, provides prehospital emergency care of single and multiple system trauma such as controlling hemorrhage, bandaging wounds, treatment of shock (hypoperfusion), spinal immobilization and splinting of painful swollen or deformed extremities.
- Manages medical patients to include, but are not limited to: assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies and suspected poisonings.
- Performs interventions and assist patients with prescribed medications, including sublingual nitroglycerine, epinephrine auto injectors, and metered dose aerosol inhalers observing safety measures for others and self.
- Responsible for the administration of oxygen, oral glucose and activated charcoal.
- Reassures patients and bystanders by working in a confident, efficient manner.
- Functions in varied environmental conditions such as lighted or darkened work areas, extreme heat, cold and moisture.
- Performs in situations that create stress and tension on a regular basis.
- Where extrication is required, assesses extent of entrapment and provides all possible emergency care and protection to the patient. Uses recognized techniques and equipment for removing patients safely (to include proper strap placement). Communicates verbally for additional help as needed.
- Complies with regulations for the handling of crime scenes and prehospital deaths by notifying the appropriate...
Functional Position Description for the Basic Life Support Provider

- authorities and arranging for the protection of property and evidence at that scene.
- Lifts and moves patients into the ambulance and assures that the patient and stretcher are secured, continues emergency medical care enroute in accordance with local protocols.
- Determines most appropriate facility for patient transport. Reports to the receiving facility, the nature and extent of injuries, and the number of patients being transported.
- Observes patient enroute and administers care as directed by medical control or local protocol. Able to maneuver to all points in the patient compartment while transporting with a stretched patient. Assists in lifting and carrying patient and appropriate equipment from ambulance and into receiving facility.
- Reports verbally and in writing, observations and emergency care given to the patient at the scene and in transit to the receiving staff for record keeping and diagnostic purposes. Upon request, provides assistance to the receiving facility, staff.
- Disposes of contaminated supplies in accordance with established guidelines, decontaminates vehicle interior, and/or supplies for sterilization.
- Maintains ambulance in operable condition which includes cleanliness, orderliness and restocking of equipment and supplies. Determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure.
- Checks all medical equipment for future readiness. Maintains familiarity with all specialized equipment.
- Attends continuing education and or refresher training programs as required by EMS agency, medical direction, and/or certifying agency.
- Meets qualifications within the functional job analysis of the EMT.
Functional Position Description for the Advanced Life Support Provider

Introduction

The following is a position description for the Advanced Life Support Provider within Virginia. This document identifies the minimum qualifications, expectations, competencies and tasks expected of the Advanced Life Support Provider.

Qualifications for State Certification

To qualify for state certification, the applicant must at a minimum:

1. meet minimum state entry requirements.
2. meet course requirements such as attendance and grades.
3. successfully complete all certification/licensure examination(s).

Competencies

The Advanced Life Support Provider must demonstrate competency in handling emergencies utilizing basic and advanced life support equipment and skills in accordance with the objectives in the Virginia EMS Education Standards for the EMT-Enhanced or Intermediate and/or the U.S. Department of Transportation National EMS Education Standards for the Paramedic to include having the ability to:

- verbally communicate in person, via telephone and telecommunications using the English language;
- hear spoken information from co-workers, patients, physicians and dispatchers and in sounds common to the emergency scene;
- ability to lift, carry, and balance up to 125 pounds (250 with assistance);
- ability to interpret and respond to written, oral, and diagnostic form instructions;
- ability to use good judgment and remain calm in high-stress situations and take on the role of a leader.
- read road maps, drive vehicle, accurately discern street signs and address numbers;
- read medication/prescription labels and directions for usage in quick, accurate, and expedient manner;
- communicate verbally with patients and significant others in diverse cultural and age groups to interview patient, family members, and bystanders;
- discern deviations/changes in eye/skin coloration due to patient’s condition and to the treatment given;
- document, in writing, all relevant information in prescribed format in light of legal ramifications of such;
- perform with good manual dexterity all tasks related to advanced emergency patient care and documentation;
- bend, stoop, balance, and crawl on uneven terrain;
- withstand varied environmental conditions such as extreme heat, cold, and moisture;
Functional Position Description for the Advanced Life Support Provider

- perform quickly, precise, practical mathematical calculations pertinent to ratio and proportion of medication and supplies used in emergency patient care.

Description of Tasks

The Advanced Life Support Provider must:

- be independent, confident, able to work independently without defined structure, have good stable reasoning ability with ability to draw valid conclusions expediently relevant to patient’s condition, often, using limited information;
- have knowledge and skills relevant to position and be able to implement them in stressful situations;
- be cognizant of all legal, ethical, and moral obligations inherent within scope of practice;
- be able to perform mathematical calculations/ratios and apply them in expedient, practical manner;
- have successfully completed an approved curriculum with achievement of passing scores on written and practical certification examinations as defined by programmatic guidelines;
- and at any given time, performs any or all tasks performed by a lower level EMT;
- may supervise activities of students or interns, and/or may engage in writing of journal articles or teach. Meets qualifications within the functional job analysis;
- meet minimum vision requirements to operate a motor vehicle within the state.
Appendix B:

POLICY AGREEMENT TESTIMONIAL
I, ________________________________, acknowledge that I have received a copy of the JTCC EMS Student Handbook, and agree to follow all of the policies, procedures, and guidelines noted therein. I understand that my enrollment in this program is a commitment to the profession of Emergency Medical Services, and my academic and professional performance will be regularly evaluated. Successful completion of the program is subject to my academic performance and faculty evaluation of professional and ethical behavior. I have been given a chance to ask questions regarding the policies and requirements set forth in this manual, and understand that failure to abide by these policies will result in failure, disciplinary action, or dismissal from the program.

Signature: _______________________________    Date: ________________
JTCC EMS Applicant Interview Process

Upon completion of the Application for Admission, students will contact the Program Director for an interview. An interview will be scheduled with the Program Director, Medical Director, and/or designated faculty, in which the following information will be discussed:

- Review of the student’s application information and background
- Review of the Program Curriculum, student expectations, schedule, and resources available to aid in student success.
- Review the rigors of the program, and the need to discuss the schedule with family and friends, and develop a schedule that is conducive to meeting the requirements of the program.
- Answer any questions the student may have prior to enrolling in the program.
- Tour of program facilities, upon request, if class schedules permit.

The interview is not designed to decide whether or not the student will be admitted, but to verify that the student has met the requirements for admission, and understands the expectations and requirements to be successful in the program. Interviews may be conducted in the form of a group information session and orientation, but should be conducted after the student has applied to the program, and prior to enrollment in courses.
JTCC EMS Entrance Exam Policy

John Tyler Community College EMS Program accepts students wishing to transfer in from other institutions, or who have completed one or more of the previous certification levels.

Students who have obtained initial National Registry certification within one year will not be required to take the entrance test for their current certification level. Students who have completed any certification level greater than one year prior to the start of class must successfully complete JTCC’s Capstone Cognitive Assessment for the certification level they currently hold, prior to admission. ACLS, PALS and PHTLS certifications must be obtained before beginning 200-level courses and maintained throughout.

If a student is not successful in completing the capstone assessment, the student will be required to complete a refresher course specific to the objectives at which the student was unsuccessful. Content must be approved by JTCC’s Program Director or Medical Director, and the student will be required to retake and pass the assessment at the lower certification level to be admitted. This applies to all students wishing to “bridge” to higher certification levels. Students may only enter at the level at which they are certified and can demonstrate current knowledge and competency at their current certification level.

Students accepted into another accredited VCCS EMS Education program may be permitted to transfer during a course. The student will be required to complete testing to demonstrate competency in the content covered by their original program by taking final exams for courses they wish to transfer. Additionally, students must be able to produce documentation of successful completion of all requirements applicable to the transfer courses as defined by JTCC’s course content summary or syllabus. To graduate, students must meet all program requirements set forth in JTCC’s EMS curriculum, documentation of all coursework must be transferred from the original school.

Students must also maintain their current certification throughout the program. Failure to maintain all required certification will result in immediate dismissal from the program.
John Tyler Community College
Emergency Medical Services
Laboratory Manual

Department of Emergency Medical Services Education
Division of Math, Natural and Health Science

Current 2015

Affective

13101 Jefferson Davis Highway
Chester, Virginia 23831
804-706-5134
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Section 1:
Laboratory Policies and Procedures

1. Laboratory Preparation Policy:
   In preparation for time in the laboratory each student is required to select and assemble the proper equipment needed for a skill or scenario. This includes but is not limited to:

   - Selecting and assembling proper equipment for specific skill as defined in the skill sheet(s)
   - Preparing manikins or simulators for skills or scenarios
   - Assembling the proper PPE (See 1.3 PPE Guidelines).
   - Checking supplies and equipment (including Ambulance simulators) at the beginning of each session. Due to the simulated reality of the program, simulated scenarios will not be stopped or paused due to missing or unavailable equipment that was not found during the laboratory preparation period.

1.1.1 Laboratory Preparation Procedure:

   A detailed skill sheet will be available to each student in an electronic format. At the beginning of each laboratory session, an individual student shall be charged in overseeing his or her class in completing this check sheet. The instructor or class representative shall delegate this student at the beginning of a laboratory shift on a rotational basis. The student overseeing the shift check sheet can delegate roles to classmates on which items to check off. This check sheet must be verified by the delegated student and another student. If significant items are found to be missing at the start of the next class, the instructor will be informed, and the student who supervised the previous inspection and restocking will receive a failing grade for that inspection. This will be reflected in the affective domain grade.
1.2 Laboratory Cleanup Policy:

Each student is responsible for the maintenance and cleanliness of all EMS laboratories. Equipment and supplies shall be returned to the proper location that it is stored. If a student is unsure where a piece of equipment is placed, he should ask another student or an instructor. Laboratory cleaning includes but is not limited to:

- Returning equipment to its proper location
- Restocking ambulance simulators and jump-bags
- Cleaning all equipment, the laboratory, and manikins, re-packing jump-bags, monitors, and other such items the way they were found.

Students should be aware of the time left in the laboratory and should allot themselves enough time to properly clean and restock by the end of lab time. All students are required to participate in the laboratory cleanup procedure, and will not be dismissed until all restocking and cleaning procedures are completed properly.

1.2.1 Laboratory Cleanup Procedure:

A detailed skill sheet will be available to each student in an electronic format. At the beginning of each laboratory session, an individual student shall be charged in overseeing his or her class in completing this check sheet. The instructor or class representative shall delegate this student at the beginning of a laboratory shift on a rotational basis. The student overseeing the shift check sheet can delegate roles to classmates on which items to check off. This check sheet must be verified by the delegated student and another student. If significant items are found to be missing at the start of the next class, an instructor will be informed, and the student who supervised the preparation procedure will receive a failing grade for that inspection. This will be reflected in the affective domain grade.
1.3 PPE Guidelines:

Each student is required to wear appropriate PPE in the lab at all times. A minimum of gloves is required when handling all manikins and simulators. The appropriate PPE in each competency skill sheet is required when performing that skill. PPE required will be determined by the scenario.

1.4 Prohibited Materials in Laboratory:

Neither food nor drink is allowed in the laboratory at any time. The program also accepts and coincides with JTCC’s ‘Policy on Weapons’ as found in the JTCC Student Handbook.

1.5 Progression of Skills:

Following formative instruction in each category, students will be required to perform skills in the laboratory setting. Skill development should progress through stages of implementation, from imitation to evaluation. Refer to the EMS Student Handbook and EMS Program Administrative Manual for specifics.
Section 2:

Student Expectations

2.1 Laboratory Conduct:

Students are expected to follow the Standard of Behavior, Class Conduct, and Honor Code as stated in the *EMS Student Handbook* and *JTCC Student Handbook* at all times in the laboratory.
Lab Manual Appendix: A

BLOODBORNE PATHOGENS POLICY/PROCEDURE
General Statement for Clinical Practice in Hospitals

John Tyler Community College EMS faculty follows the policies and procedures of the hospitals in which they are practicing in accordance with affiliation agreements. At the beginning of each instructional year EMS faculty review the required safety training materials for their clinical sites and ensure that students also receive safety training according to the policies of the particular affiliating institutions in which they are placed. Safety training includes training on blood borne pathogens exposure and control as is required of hospital staff. Documentation of this orientation and review is completed and placed in student and instructor files. Additionally, student’s study and practice universal precautions as taught by faculty in EMS 111 and EMS 151.

EMS students are expected to provide documentation of hepatitis B series vaccinations with their history and physical information upon admission to the program as outlined in the EMS student handbook.

Procedures for Clinical Laboratory Exposure

Students and instructors in the school’s clinical laboratories are expected to follow universal precautions and medication administration procedures when practicing injection technique. Responsibilities of EMS students and faculty are as follows:

1. Use standard precautions when practicing any skill or procedure that exposes you to body fluids.
2. Do not eat, drink, apply cosmetics, or handle contact lenses in an area where there is a chance of exposure to blood and body fluids.
3. Wear appropriate PPE for the task you are performing and dispose of it properly after use.
4. Place sharps in sharps container. Do not recap needles.

If any potential exposure occurs:

1. Wash the infected area with soap and water or proper disinfectant towellette, and flush eyes or other mucus membranes with copious amounts of water, as applicable.
2. Notify instructor or preceptor immediately for further instructions, and to had the contaminated area cleaned.
   a. If on JTCC Campus, notify security to have the appropriate incident report completed.
   b. If in a clinical or field setting, follow the facility’s or agency’s Infection Control Policy.
   Note: post-exposure treatment will be at the expense of the student in most cases.
3. Notify the EMS Program Director immediately at 805-554-0940 (24 hours/day). The Program Director or a properly credentialed designee will investigate the incident and determine whether an exposure occurred, and whether any action is required. If an exposure has occurred, the Program Director work with the agency or facility contacts on post-exposure follow-up, or will provide instructions on how to receive testing or care.
HANDLING BIOHAZARDOUS WASTE

A. The EMS Program Director or Instructor shall ensure that faculty and students follow safe procedures in handling Biohazardous waste.
B. Contaminated sharps shall be discarded immediately or as soon as feasible after use. They must be placed in containers that are closeable, puncture resistant, leak proof on the sides and bottom and labeled Biohazardous or color-coded (red) as Biohazardous waste material.
C. During class, container for contaminated sharps shall be:
   1. Easily accessible to employees and located as close as is feasible to the immediate area where sharps are used.

Accidental Exposure to Blood or Body Fluids

The JTCC exposure policy is on display ___________________________________________. The student is responsible for familiarity and adherence to these policies. If the student is exposed in any classroom or clinical setting, the student should:

1. Notify the following parties immediately and follow any instructions that are given.
   A. Clinical or Field preceptor.
   B. Instructor or Department Chair
   C. Hospital EMS Liaison

2. Complete the hospital or agency Incident Report and/or Exposure Report Form and submit the documents to the all parties above within 24 hours.

3. Follow-up treatment with your personal physician is highly recommended. Students are responsible for scheduling follow-up visits and any costs associated with them.

GUIDELINES FOR DIRECT EXPOSURE INCIDENTS TO BLOOD-BORNE PATHOGENS

- Gloves will be worn by students when:
  - There is a possibility of hand contact with blood or OPIM
  - Handling or touching contaminated items or surfaces
    Note: Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an “exposure barrier.”

- Masks and eye protection or face shields will be used whenever there is the possibility of splashes, sprays or droplets of blood or OPIM.

- Protective clothing will be worn whenever potential exposure to the body is anticipated.

A POLICY

Students should be familiar with the Exposure Control Plan contained in this section.
To prevent percutaneous exposure (needle sticks or cuts) students must be extremely cautious when handling needles, scalpels, and/or any type of sharp instrument, surface, or material contacted during the performance of assigned duties.

To prevent mucous membrane and/or cutaneous exposure, protective clothing and equipment shall be worn appropriate to the task (e.g., gloves, barrier mask, face/eye protection, head/shoe coverings, and long-sleeved, fluid-resistant gown).

B. Work practice controls shall include but not be limited to, the following:

1. Each location shall provide hand-washing facilities, which are readily accessible to students.

2. Recommended methods of storage or disposal of sharps:
   a. Used needles, scalpel blades and other non-reusable sharps shall not be bent, broken, recapped or resheathed by hand. They shall be disposed of as soon as feasible by placing them in puncture-resistant sharps containers located as close as practical to the work area. Any recapping or needle removal must be done with a mechanical device (such as forceps).
   b. Other reusable sharps, which might include scissors, trocar tips or other sharps instruments, are to be stored after decontamination in a puncture-resistant container which is leak proof on sides and bottom and is labeled "Decontaminated". This container does not have to be closeable. The employee, faculty and student should be very cautious when reaching into the container for a reusable sharp instrument.
   c. Sharps containers should not only be puncture-resistant but also leak proof on sides and bottom and closeable. They should be labeled with a Biohazardous label. The lid is to be closed before removal or replacement to prevent spillage or protrusion of the contents during handling. The container must be kept upright and not allowed to overfill.
   d. If any glass container is contaminated with blood, such as a coroner's blood sample, is broken, the employee shall not pick up the broken glass with his/her hands. A mechanical device, such as forceps, should be used to prevent a puncture. Broken glass is to be placed in an approved sharps container.

LABELS AND SIGNS

The most obvious warning of possible exposure to bloodborne pathogens is the use of labels and signs. JTCC will use both biohazard labels (red-orange or fluorescent orange in color with the biohazard symbol and the text, “BIOHAZARD”, in a contrasting color) and bags and equipment that are color-coded in red.

Warning labels will be firmly attached to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, and any other containers used to store, transport or ship blood or other potentially infectious materials.
EXPOSURE INCIDENT PROCEDURES AND FOLLOW-UP
JTCC recognizes that exposure incidents can occur even though all exposure prevention practices are strictly followed. Procedures for post-exposure evaluation and follow-up are outlined below, should exposure to bloodborne pathogens occur.

EXPOSURE INCIDENT PROCEDURES
An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials resulting from the performance of a student’s duties.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

In the event of an exposure incident, JTCC will immediately investigate the exposure incident and make sure that the student receives consultation and treatment, if required, as soon as possible.

The Associate Dean or the Superintendent of Buildings and Grounds in case of custodial personnel will investigate every exposure incident that occurs at JTCC and take immediate action and will report the incident and the results to Human Resources on the appropriate form (see Addendum E). This investigation will include:

- The date and time the incident occurred
- Where the incident occurred
- What potentially infectious materials were involved in the incident (blood, amniotic fluid, etc.)
- Under what circumstances the incident occurred, including the type of task being performed
- The cause of the incident, whether by accident or an unusual circumstance such as an equipment malfunction, power outage, etc.
- Any personal protective equipment being used at the time
- Identification and documentation of the source individual, unless identification is infeasible
- Actions taken as a result of the incident

If the infectivity status of the source individual is unknown, the blood will be tested as soon as feasible after the individual’s consent is obtained. If consent is not obtained, this will be documented in writing by the person investigating the incident. If the source individual’s blood is available and the individual’s consent is not required by law, the blood shall be tested and the results documented. The exposed employee will be informed of the results of the source individual’s testing.

The exposed employee’s blood will be collected as soon as feasible after consent is obtained and will be tested for HBV and HIV serological status. If the employee does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. The appropriate health care facility will be informed of the 90-day requirement. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

The exposed employee will be offered post-exposure prophylaxis, when medically indicated, as well as counseling and medical evaluation of any reported illnesses. JTCC does not at this time recommend the protocol of administering AZT prophylaxis in the event of an HIV exposure incident.

Blood collection, testing, post-exposure prophylaxis, counseling and medical evaluation will be provided by a designated healthcare facility within reasonable proximity to the campus where the employee works. These services will be provided under Worker’s Compensation.
The following information will be provided to the healthcare professional evaluating an employee after an exposure:

- A copy of the Bloodborne Pathogens Standard
- A description of the exposed employee’s duties as they relate to the exposure incident
- The documentation of the route of exposure and the circumstances under which exposure occurred
- Results of the sources individual’s blood testing, if available
- All medical records relevant to the appropriate treatment of the employee, including vaccination status

Human Resources will obtain and provide the employee with a copy of the evaluating healthcare professional’s written opinion within 15 days of the completion of the evaluation. The written opinion will be limited to the following information:
- The employee has been informed of the results of the evaluation
- The employee has been told of any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation of treatment.

**Note:** All other findings shall remain confidential and shall not be included in the written report. In addition, Facilities Planning and Support Services will generate OSHA Report Form 200.

### EMS PROGRAM GUIDELINES

#### General Statement for Clinical Practice in Hospitals

John Tyler Community College EMS faculty follows the policies and procedures of the hospitals in which they are practicing in accordance with affiliation agreements. At the beginning of each instructional year EMS faculty review the required safety training materials for their clinical sites and ensure that students also receive safety training according to the policies of the particular affiliating institutions in which they are placed. Safety training includes training on blood borne pathogens exposure and control as is required of hospital staff. Documentation of this orientation and review is completed and placed in student and instructor files. Additionally, student’s study and practice universal precautions as taught by faculty in EMS 111 and EMS 151.

EMS students are expected to provide documentation of hepatitis B series vaccinations with their history and physical information upon admission to the program as outlined in the EMS student handbook.

#### Procedures for Clinical Laboratory Exposure Prevention

Students and instructors in the school’s clinical laboratories are expected to follow universal precautions and medication administration procedures when practicing injection technique. Responsibilities of EMS students and faculty are as follows:

5. Use standard precautions when practicing any skill or procedure that exposes you to body fluids.

6. Do not eat, drink, apply cosmetics, or handle contact lenses in an area where there is a chance of exposure to blood and body fluids.
7. Wear appropriate PPE for the task you are performing and dispose of it properly after use.

8. Place sharps in sharps container. Do not recap needles.

9. Wash hands and any contaminated skin immediately upon completion of assigned tasks.

10. Remove any contaminated clothing for proper disinfection.

If any potential exposure occurs:

4. Wash the infected area with soap and water or proper disinfectant towellette, and flush eyes or other mucus membranes with copious amounts of water, as applicable.

5. Notify instructor or preceptor immediately for further instructions, and to had the contaminated area cleaned.
   a. If on JTCC Campus, notify security to have the appropriate incident report completed.
   b. If in a clinical or field setting, follow the facility’s or agency’s Infection Control Policy.
      Note: post-exposure treatment will be at the expense of the student in most cases.

6. Notify the EMS Program Director immediately at 805-554-0940 (24 hours/day). The Program Director or a properly credentialed designee will investigate the incident and determine whether an exposure occurred, and whether any action is required. If an exposure has occurred, the Program Director work with the agency or facility contacts on post-exposure follow-up, or will provide instructions on how to receive testing or care.

HANDLING BIOHAZARDOUS WASTE

D. The EMS Program Director or Instructor shall ensure that faculty and students follow safe procedures in handling Biohazardous waste.

E. Contaminated sharps shall be discarded immediately or as soon as feasible after use.
   They must be placed in containers that are closeable, puncture resistant, leak proof on the sides and bottom and labeled Biohazardous or color-coded (red) as Biohazardous waste material.

F. During class, container for contaminated sharps shall be:
   1. Easily accessible to employees and located as close as is feasible to the immediate area where sharps are used.
   2. Kept upright throughout use.
   3. Replaced routinely and not allowed to overfill.

G. When moving containers of contaminated sharps from the area of use, the containers shall be:
   1. Closed immediately before removal or replacement to prevent spillage or protrusion of constants during handling, storage, transport or shipping.
   2. Placed in a secondary container if leakage is possible. The second container must be:
      a. Closeable.
      b. Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping.
      c. Labeled or color-coded (red) as Biohazardous waste.

E. Other Biohazardous waste shall be placed in containers, which are:
   1. Closeable.
   2. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
3. Labeled as Biohazardous or color-coded (red) to indicate they contain Biohazardous waste.
4. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

F. Outside contamination of the Biohazardous waste containers occurs, it shall be placed in a second container. The second container shall be:
   1. Closeable.
   2. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
   3. Labeled as Biohazardous or color-coded (red) to indicate it contains Biohazardous material.
   4. Closed before removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

G. Disposal of all Biohazardous waste shall be done by a licensed hazardous waste disposal company specifically permitted to handle Biohazardous waste, which operates in accordance with applicable federal, state and local regulations. Retain all bills of lading (manifests) from the disposal company as evidence of proper disposal.
EMS Lab Agreement

As a student in the John Tyler Community College, EMS Program, I agree to the following items:

1. I will follow all policies and procedures as prescribed by the instructor.
2. I will follow Universal Precautions Guidelines.
3. I will wear Personal Protective Equipment assigned to me when present in the EMS Lab.
4. I will leave all chemicals, equipment and related items in the laboratory unless given permission by the instructor.
5. I will not leave laboratory area until it has been decontaminated as the Laboratory Decontamination Policies state.
6. I will not allow other students not attending the class into the Lab.
7. I will not use abusive language, eat, drink or smoke in the Lab.
8. I will not do any procedures unless authorized by the instructor.
9. I will not leave the Lab without first removing my PPE, and will wash my hands immediately upon exiting the lab.
10. I understand that post-exposure treatment in class, laboratory, clinical, or field environments will be at my own expense, and it is my responsibility to maintain proper health insurance coverage for such incidences.

Student Name (Printed) ____________________________________________

Student Signature ________________________________________________

Instructor signature_______________________________________________

John Tyler Community College
13101 Jefferson Davis Highway
Chester, VA 23831
**Informed Consent for Live Skills Practice**

This form is called an “Informed Consent” Form. The purpose of this form is to verify that you have received this information and have given your consent to the procedure to be performed on you as a training exercise. You should read this form carefully and ask questions of your instructor so that you understand the procedure before you decide whether or not to give your consent. If you have questions, you are encouraged and expected to ask them before you sign this form.

The procedures will be performed by the EMS student/instructor named below:
Name of student/instructor performing the procedure: ________________________________
Procedure to be performed: ______________________________________________________

All procedures carry the risk of unsuccessful results, complications, injury or even death, from both known and unforeseen causes, and no warranty or guarantee is made as to result. You have the right to be informed of:

- the nature of the procedure, including other care, treatment or medications;
- Potential risks or side effects of the operation or procedure

You have the right to give or refuse consent to any proposed operation or procedure at any time prior to its performance. Your signature on this form indicates that:
- you have read and understand the information provided in this form;
- your instructor has adequately explained to you the procedure set forth above, along with the risks, benefits, and the other information described above in this form;
- you have had a chance to ask questions;
- you have received all of the information you desire concerning the procedure;
- you authorize and consent to the performance of the procedure and the anesthesia.

Student on which the procedure will be performed: ________________________________

Student Name: ____________________________________________
Student Signature: ________________________________________

Date: ____________________________________________

Instructor Name: ____________________________________________
Instructor Signature: ________________________________________

Date: ____________________________________________
Clinical experience Summary (NHTSA National Standard Curriculum)

Typically, clinical education for the paramedic takes place in both the hospital and field environments:

**Hospital Clinical** - Because of the unpredictable nature of emergency medicine, the hospital environment offers two advantages in paramedic education: volume and specificity. In the hospital setting, the paramedic student can see many more patients than is possible in the field. This is a very important component in building up a “library” of patient care experiences to draw upon in clinical decision making. The use of multiple departments within the hospital enables the student to see an adequate distribution of patient situations.

In addition to emergency departments, which most closely approximate the types of patients that paramedics should see, clinical education should take advantage of critical care units, OB/GYN, operating rooms/anesthesia, recovery, pediatrics, psychiatric, etc. This will help assure a variety of patient presentations and complaints. These also provide a more holistic view of health care and an appreciation for the care that their patients will undergo throughout their recovery. This places emergency care within context. Paramedic programs throughout the country have created clinical learning experiences in many environments. There is application to emergency medical care in almost any patient care setting. When a particular location lacks access to some patient populations, educational programs have created innovative solutions. Programs are encouraged to be creative and seek out clinical learning experiences in many settings. Examples include: morgues, hospices, nursing homes, primary care settings, doctors’ offices, clinics, laboratories, pharmacies, day care centers, well baby clinics, and community and public health centers.

**Field Clinical** - It is unreasonable to expect students to derive benefit from being placed into a field environment and performing. Field clinical represents the phase of instruction where the student learns how to apply cognitive knowledge and the skills developed in skills laboratory and hospital clinical to the field environment. In most cases, field clinical should be held concurrently with didactic and hospital clinical instruction.

Field instruction, as well as hospital clinical, should follow a logical progression. In general, students should progress from observer to participant to team leader. The amount of time that a student will have to spend in each phase will be variable and depend on many individual factors. One of the largest factors will be the amount and quality of previous emergency care experience. With the trend toward less and less EMT experience prior to paramedic education, program directors must adjust the amount of field experience to the experience of the students.
The goals of the clinical instruction include the following: development of entry level competence in psychomotor skills, application of knowledge and skills to actual patient situations, adequate number of patient contacts, providing of experience to serve as a base clinical decision maker, and role modeling of professional attitudes and behaviors. All students will successfully meet the current requirements for the Virginia Office of Emergency Medical Services, National Registry of EMTs, and Accrediting Bodies. Should regulatory changes occur at national or state levels that require more than current JTCC standards, students will be notified and will be required to meet the higher standards. The program will track the number of times each student successfully performs each patient contact (age, pathologies, complaint, gender, and intervention). Students will start clinical rotations after adequate didactic instruction in each level. Clinical phases will be implemented progressively, accomplishing the goals of certification levels, establishing exit points at Emergency Medical Technician, Advanced EMT, Intermediate EMT, and Paramedic.

Clinical Curriculum Descriptions

Emergency Medical Technician

EMS 120 - Emergency Medical Technician - Basic Clinical
Observe in a program approved clinical/field setting. Includes topics for both EMS 111 and EMS 113, dependent upon the program in which the student is participating and is a co-requisite to both EMS 111 and EMS 113.
Lab 2 hours; 2 hours per week
1 credits

Students will complete a minimum of 16 hours in the Emergency Department and perform 10 successful patient assessments. Students will also complete a minimum of 24 hours in an ambulance, and perform 10 successful patient assessments. The total minimum requirement is 24 hours and 20 patient contacts. Minimums for each area must be met.

10.2.2 Advanced Emergency Medical Technician

EMS 170 - ALS Internship I (Formative)
Begin the first in a series of clinical experiences providing supervised direct patient contact in appropriate patient care facilities in and out of hospitals. Includes but not limited to patient care units such as the Emergency Department, Critical Care units, Pediatric, Labor and Delivery, Operating Room, Trauma centers and various advanced life support units.
Laboratory 3-6 hours per week.
1-2 credits
**EMS 172 - ALS Clinical Internship II**  
Continues with the second in a series of clinical experiences providing supervised direct patient contact in appropriate patient care facilities in and out of hospitals. Includes but not limited to patient care units such as the Emergency Department, Critical Care units, Pediatric, Labor and Delivery, Operating Room and Trauma Centers. Co-requisite: EMS 151.  
Laboratory 3-6 hours per week.  
1-2 credits

**EMS 242 - ALS Clinical Internship III**  
Continues with the third in a series of clinical experiences providing supervised direct patient contact in appropriate patient care facilities in-and-out of hospitals. Includes, but not limited to patient care units such as the Emergency Department, Critical Care units, Pediatric, Labor and Delivery, Operating Room, Trauma Centers and various advanced life support units.  
Laboratory 3-6 hours per week.  
1-2 credits

**EMS 243 - ALS Field Internship III (Formative)**  
Continues with the third in a series of field experiences providing supervised direct patient care in out-of-hospital advanced life support units.  
Laboratory 3-6 hours per week.  
1-2 credits

**EMS 244 - ALS Clinical Internship IV**  
The fourth in a series of clinical experiences providing direct patient contact in appropriate patient care facilities in-and-out of hospitals. Includes, but not limited to patient care units such as the Emergency Department, Critical Care units, Pediatric, Labor and Delivery, Operating Room and Trauma Centers. May be repeated as necessary.  
Laboratory 3-6 hours per week.  
1-2 credits
Clinical Areas and Required Competencies:

Recommended Program Minimums—John Tyler Community College:

<table>
<thead>
<tr>
<th>Requirement</th>
<th>EMT</th>
<th>AEMT</th>
<th>A-I Bridge</th>
<th>Intermediate</th>
<th>I-P Bridge</th>
<th>Paramedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department</td>
<td>16 hours</td>
<td>16 hours</td>
<td>8 hours</td>
<td>24 hours</td>
<td>24 hours</td>
<td>48 hours</td>
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<tr>
<td>Critical Care Area</td>
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<td>N/A</td>
<td>8 hours</td>
<td>8 hours</td>
<td>8 hours</td>
<td>16 hours</td>
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<tr>
<td>Pediatrics</td>
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<td>8 hours</td>
<td>16 hours</td>
<td>8 hours</td>
<td>24 hours</td>
</tr>
<tr>
<td>OR/Recovery</td>
<td>N/A</td>
<td>N/A</td>
<td>8 hours</td>
<td>8 hours</td>
<td>8 hours</td>
<td>16 hours</td>
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*Airway management must be 100% successful in the last 40% of required attempts at each certification level. Airway management may be any intervention or treatment of a patient with a respiratory complaint. May include any combination of lab scenarios, low- or high-fidelity simulations, cadavers, or live patients across all age groups.

**Ventilations include any positive-pressure ventilations (CPAP, BVM, Supraglottic airways, etc). May include any combination of lab scenarios, low- or high-fidelity simulations, cadavers, or live patients.

***ALS Team Leads must be 90% successful (no prompts) at the Intermediate and Paramedic level of certification.
*Airway management includes comprehensive management of a patient requiring respiratory or airway support, and is not specific to an individual skill. Airway management attempts must be 100% successful in the last 40% of total attempts within the program. As an example, a student using proper technique may be unsuccessful in intubating a patient with a complicated airway, but still successful in airway management by using alternate means. Airway management requirements may be met by any combination of live patients, cadavers, high or low definition simulation, or laboratory scenarios, but must include complete management from initial assessment of the patient to stabilization, encompassing any interventions necessary to achieve that goal.

**Ventilation of a non-intubated patient may be achieved in lab, clinical, or field environments, and includes the entire process of successfully ventilating a patient using positive-pressure means (CPAP, Bi-PAP, BVM, or Ventilation with supraglottic airways, or mouth-to-mask). A single successful ventilation competency requires at least one minute of successful delivery of ventilations, and requires documentation of proper use of equipment and technique.

***Students must successfully complete the above number of skills for each course.

- DEFINED AGE GROUPS:
  - Pediatric: 0-17 years
    - Students must assess at least one (1) patient in each age group at the Intermediate level, and at least two (2) patients in each age group at the Paramedic level. Age groups required are:
      - Neonate (0 – 1m)
      - Infant (>1m – 1yr)
      - toddler/pre-schooler (>1yr – 5 yrs)
      - school-aged (6 yrs. – 12 yrs.)
      - adolescent (13 yrs. – 17 yrs.)
  - Adults: 18-64 years
  - Geriatric – 65+ years

Note: The above listed clinical hours and successful skills counts are the minimum mandatory hours and skills required. It is possible that significantly more clinical hours may be required to complete the clinical portion of the program. Therefore emphasis is placed on the successful completion of the competencies to fulfill the program requirements for completion of the program.

10.4 Documentation of Clinical Experience: Objective and subjective evaluation tools will be utilized to track the students’ progress in evaluation of their required competencies. This program will utilize an electronic tracking system as determined by the program. The student will be required to have a device that is suitable for use with the electronic tracking system which will be purchased and maintained by the student. Students will enter material into Platinum Planner. After completion, students will submit the documentation for review by the preceptor and instructor. The latest version of the user manuals can be found below:

[https://platinumplanner.com/assets/pdfs/Platinum-Planner-Student-Manual.pdf](https://platinumplanner.com/assets/pdfs/Platinum-Planner-Student-Manual.pdf)
Students may only perform skills within the current scope of practice (authorized by punched skills badge AND instructor signature on skills form), and may only do so while on scheduled rotations. All skills must be performed while under direct supervision of a properly credentialed and approved preceptor.
**ALS Programs Clinical Skills Approval**

This student may perform the listed EMS Advanced Life Support Skills once approved by their course clinical coordinator or lead instructor. Please contact the instructor listed below for questions.

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> Endotracheal intubation is prohibited for all levels except Intermediate and Paramedic.

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> This SOP represents practice maximums.
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Rotation-specific Objectives

EMT-PARAMEDIC CLINICAL AND FIELD INTERNSHIP OBJECTIVES (GLOBAL)

Goals

1. Become oriented to the hospital or EMS system in which field internship experiences will be completed.
2. Become familiar with the location and operation of medical, safety and communication equipment.
3. Participate in BLS and ALS patient care skills.
4. Demonstrate the ability to perform as a team member while caring for patients. As a team member, the student should work in history taking, patient assessment skills, and perform invasive and non-invasive procedures under the direct supervision of the Preceptor or RN.
5. Demonstrate the ability to perform as a team leader on BLS and ALS calls (prehospital EMS unit only).

Expectations

1. Review the attitudinal expectations, specific tasks, and terminal objectives with the Preceptor/RN at the beginning of each shift. The student must bring the complete objectives to the clinical experience.
2. Demonstrate initiative and interest in all learning activities.
3. Assist with all duty assignments, including housekeeping and pre-shift equipment checks.
4. Make effective and responsible use of “downtime.”
5. Be familiar with equipment and supplies and participate in the pre-shift check.
6. Report on time, in appropriate uniform (with name tag) and prepared to work and learn at the beginning of the shift.
7. Accept constructive feedback in a positive manner.
8. Review the location of medical, safety, and communications equipment in the given clinical setting.
9. Review how to use communication systems to summon help in an emergency.
10. Review the use of the radio/phone system to notify hospitals with patient information.
12. Provide safe, careful and patient oriented care in all patient encounters.
13. Complete comprehensive written patient care report on every patient encounter when functioning in the role of “team leader.”
15. Perform radio/phone notification to receiving hospital with patient information.
16. Successfully perform BLS and ALS procedures as permitted by the Preceptor/RN (including IV placement, medication administration, ventilation, etc.).
17. Perform radio/phone notification to receiving hospital with patient information, practice medical direction consults.
18. Recite or demonstrate knowledge of all medical standing orders, protocols or guidelines.
19. Recite or demonstrate knowledge of appropriate indications, dosage, administration route and method, contra-indications and side effects of any medication carried in the ambulance, in less than one minute.
20. Recognize the severity of the patient’s condition and conduct patient care in accordance to this severity.
21. Attempt to team lead calls where the patient is non-critical and will be treated with basic life support (non-invasive skills) only.
22. Serve as a team leader for all calls where the preceptor determines it’s appropriate.
Emergency Department
Clinical Goals and Objectives

In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, goals are defined as competencies that the program feels would benefit the student if presented with the opportunity to experience them. Objectives are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is to prepare students to assess and manage patients at the level of an EMT-Intermediate as well as to continue their accumulation of patient care experience and knowledge of EMS and its role in the health care system.

Goals: It is the goal of the emergency department rotations to expose students to as many patient assessment/management experiences as possible with an emphasis on developing proficiency in performing the technical skills taught during the first part of the course. These experiences may include, but are not limited to:

1. Insertion of nasogastric tubes.
2. Administration of medications via an infusion pump.
3. Administration of RSI protocol medications followed by intubation.
5. Exposure and assistance with other procedures not commonly performed in the prehospital setting such as:
   a. Placement of central venous lines
   b. Placement of arterial lines
   c. Endoscopic procedures
   d. Neurological assessments
   e. Hemodynamic monitoring
   f. Urinary catheterization
3. Assisting in cases of cardiac arrest as directed. Students may perform electrical dysrhythmia therapy.

Objectives: At a minimum, students will be expected to accomplish the following objectives during each Emergency Department rotation:

1. Perform patient assessments, including recent and past medical history and physical exam. The assessment should include taking and recording vital signs and a review of all systems.
3. Operate oxygen administration equipment and give oxygen as many times as possible.
4. Establish IV access as many times as possible.
5. Administer medications as many times as possible.
6. Record mechanism of action, dosage, route of administration and indications for any medications given.
7. Draw and prepare blood samples for laboratory studies as many times as possible.
Intensive Care Unit
Clinical Goals and Objectives

In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, goals are defined as competencies that the program feels would benefit the student if presented with the opportunity to experience them. Objectives are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is to expose students to a variety of critically ill and injured patients and to allow them to practice their assessment skills. Although students may perform technical skills as permitted or requested, they should focus on each patient's diagnosis, key assessment findings, and treatment plans.

Goals: It is the goal of the intensive care unit rotations to expose students to as many patient assessment/management experiences as possible. As permitted by individual clinical sites, these experiences may include, but are not limited to:

1. Reviewing all charts.
2. Operating oxygen administration equipment and giving oxygen.
3. Performing peripheral IV insertion.
4. After observation and instruction, drawing blood samples via venipuncture or existing IV lines.
5. Inserting oral and/or nasogastric tubes.
6. Assisting in ambulating patients from bed to chair, lifting and turning patients.
7. Assisting in cases of cardiac arrest as directed including performing CPR, managing the airway, endotracheal intubation, and electrical and pharmacological arrhythmia therapy.
8. Evaluating results of laboratory tests, and correlating results with patient management.
9. Reviewing operation of mechanical ventilator equipment, noting various settings.
10. Maintaining airway in unconscious patients using manipulation, positioning, oral airways, and suctioning.
11. Performing aseptic endotracheal suctioning.
12. Observing and assisting in setting up and maintaining IV infusion pumps.
13. Exposure to critical care diagnostic procedures.
14. Exposure to long term treatment plans and care of patients with multiple organ system failure.
15. Treatment modalities not normally utilized in prehospital medicine.

Objectives: At a minimum, students will be expected to accomplish the following objectives during each Intensive Care Unit rotation:

1. Perform patient assessments, including recent and past medical history and physical exam. The assessment should include vital signs, a review of all systems, and notation of all IV tubes, drains, and invasive hemodynamic monitoring.
2. If permitted, prepare and administer medications as directed by assigned preceptor.
3. Observe and identify effects of pharmacological agents administered.
4. Evaluate and interpret ECGs.
5. Observe complications of complex multiple system injury or illness, including ARDS, renal failure, hepatic failure, DIC, and multiple organ systems failure.
Pediatric Clinic
Clinical Goals and Objectives

In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, goals are defined as competencies that the program feels would benefit the student if presented with the opportunity to experience them. Objectives are competencies that the student will be expected to obtain.

**Purpose:** The purpose of this rotation is to give students an opportunity to assess pediatric patients under the supervision of a staff pediatrician, physician assistant, or pediatric nurse practitioner.

**Goal:** It is the goal of the pediatric clinic rotations to expose students to as many experiences as possible involving assessment of common injuries and illnesses in pediatric patients.

**Objectives:** Students will be precepted by a staff pediatrician, physician assistant, or pediatric nurse practitioner. They will be expected to:

1. Accompany the preceptor on all patient contacts and reports.
2. Observe and assist assessment and management of each patient.
3. Discuss each patient's condition with the preceptor and document the following:
   a. Pathophysiology
   b. Common signs and symptoms
   c. Common treatment plans
   d. Prognosis
Labor and Delivery
Clinical Goals and Objectives

In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, goals are defined as competencies that the program feels would benefit the student if presented with the opportunity to experience them. Objectives are competencies that the student will be expected to obtain.

Purpose: The purpose of this rotation is to give students an opportunity to observe and assist with normal and abnormal deliveries as well as practice assessing the pregnant patient and newborn infant.

Goals: It is the goal of the intensive care unit rotations to expose students to as many patient assessment/management experiences as possible. As permitted by individual clinical sites, these experiences may include, but are not limited to:

1. Observe and assist abnormal deliveries including breech delivery, prolapsed cord, shoulder dystocia, and limb presentation.
2. Observe, assist in, and review management of patients with pregnancy induced hypertension, placenta previa, placental abruption, fetal distress, ruptured/leaking amniotic membranes, premature labor, and precipitous delivery.
3. Observe delivery via cesarean section.
4. Observe administration of epidural or subdural anesthesia.
5. Observe fundal massage after delivery.
6. Observe medication administration including magnesium sulfate and pitocin.
7. Observe assessment and management of postpartum complications including perineal injury, retained placenta, and prolapsed cord.
8. Observe and assist with neonatal resuscitation.
9. Observe and assist with management of meconium aspiration.

Objectives: At a minimum, students will be expected to accomplish the following objectives during each Labor and Delivery rotation:

1. Assess pregnant patients to include determining gravidity and parity, estimating length of gestation by measuring fundal height, determining EDC, identifying stage of labor, measuring contraction frequency and length, and recognizing imminent delivery.
2. Identification of the three stages of labor.
3. As permitted, observe and assist with normal vaginal deliveries.
4. As permitted, evaluation of neonate by determination of APGAR score.
5. As permitted, observe and assist with routine care of newborn including evaluation of airway and ventilation, suctioning, oxygen administration, clamping/cutting umbilical cord, and temperature control.
6. As permitted, inspect placenta.
7. As permitted, inspect umbilical cord and attempt to identify artery and veins.
Operating Room
Clinical Goals and Objectives

In addition to the Global Clinical Objectives, certain clinical experiences are best suited to the attainment of specific knowledge and skills. In this context, goals are defined as competencies that the program feels would benefit the student if presented with the opportunity to experience them. Objectives are competencies that the student will be expected to obtain. Preceptors should be reminded that the clinical setting, specifically the operating room, may be the only opportunity for students to obtain live intubations before practicing on their own on critical patients. Preceptors are strongly encouraged to discuss common complications of airway management, and how patients may present differently in a less controlled environment.

Purpose: The purpose of this rotation is to give students an opportunity to perform airway management procedures, under the guided supervision of a specialist in the field (generally an anesthesiologist). While students will be exposed to surgical procedures during this rotation, and have the opportunity to learn about such procedures, the primary purpose of this rotation is airway management, to include airway assessment, bag-valve-mask ventilation, endotracheal intubation, and confirmation procedures. Students should be involved in all steps of airway procedures (within their scope of practice), demonstrating competency in total airway management.

Goals: It is the goal of the operating room rotation to expose students to as many patient assessment and airway management experiences as possible. These experiences may include, but are not limited to:

1. Observe and/or assist with RSI protocol medications.
2. Observe monitoring of patients, including blood pressure, pulse, respirations, level of consciousness, arterial saturation, and end-tidal carbon dioxide detection.
3. Perform operation of oxygen administration equipment and oxygen administration.
4. Observe and assist with manual and mechanical ventilator support.
5. Observe and/or assist in preparation and administration of medications.
6. Observe effects of medications given.

Objectives: At a minimum, students will be expected to accomplish the following objectives during each operating room rotation:

Manage the patient’s airway before, during, and after anesthesia to include:

1. Proper positioning of head and shoulders.
2. Formation of an effective seal with a bag-valve-mask.
3. Effective ventilation with a manual ventilation device and mask.
4. Proper intubation of all ages and conditions of patients.
5. Proper placement of supraglottic airway devices.
6. Appropriate assessment of ETT placement, including ETCO2.
7. Proper securing of ETT.
8. Effective monitoring of patient condition.
Field Internship

Field Internship Summary (NHTSA Paramedic National Standard Curriculum)

Field Internship The final ability to integrate all of the didactic, psychomotor skills, and clinical instruction into the ability to serve as an entry level paramedic is conducted during the field internship phase of the program. The field internship in not an instructional, but rather an evaluative, phase of the program. The field internship should occur toward the end of the program, with enough coming after the completion of all other instruction to assure that the student is able to serve as an entry level paramedic. During the field internship the student should be under the close supervision of an evaluator. Field internship must occur within an emergency medical service which demonstrates medical accountability. Medical accountability exists when there is good evidence that the EMS provider is not operating as an independent practitioner, and when field personnel are under direct medical control of online physicians or in a system utilizing standing orders where timely medical audit and review provide quality improvement. Quality improvement is also a required component of EMS training. The role of medical direction is paramount in assuring the provision of highest quality out-of-hospital care. Medical Directors should work with individuals and systems to review out-of-hospital cases and strive to achieve a sound method of continuous quality improvement.

FIELD INTERNSHIP CURRICULUM

General Statement: The Program will verify that the student has achieved entry level competence, and is able to serve as a team leader in a variety of prehospital advanced life support emergency medical situations. The Program will facilitate a field internships with a one to one relationship with a competent and experienced paramedic preceptor. Agencies providing field internship shall demonstrate medical accountability by supplying adequate medical supervision. The student will be in the direct supervision of preceptors who are currently credentialed and field-cleared paramedics. All field internships will occur on a fully equipped, advanced life support vehicle, capable of voice telecommunications with on-line medical direction. At no time on a field internship shall a student substitute for paid personnel or a required team member for the agency. Field internships will be performed following completion of enough didactic and clinical education to ensure each student will achieve the desired competencies.

Field Internship Course Descriptions:

Intermediate EMT

EMS 173 - ALS Field Internship II (Summative)
Continues with the second in a series of field experiences providing supervised direct patient care in out-of-hospital advanced life support units.
Laboratory 3 hours per week.
1 credits
Paramedic

EMS 245 -ALS Field Internship IV (Summative)
Continues with the fourth in a series of field experiences providing supervised direct patient care in out-of-hospital advanced life support units. May be repeated as necessary. Laboratory 3-6 hours per week.

1-2 credits
*Students will also be required to participate in an online cognitive review with optional face-to-face lab time. Students will be required to pass two adaptive tests weekly with “good” rating in all NREMT Modules.

Documentation of Field Internship: Objective and subjective evaluation tools will be utilized to track the student progress in evaluation of their required competencies. This program will utilize an electronic tracking system as determined by the program. **The student will be required to have a device that is suitable for use with the electronic tracking system which will be purchased and maintained by the student.** The Field Internship consists of **EMS 173** at the Intermediate Level, and **EMS 245** at the Paramedic level. The purpose of the field internship is to develop and evaluate student performance functioning as an independent provider. Students will be critically evaluated, as this phase of the program is considered a **Capstone Internship**. The numbers listed in these courses are to be evaluated as summative evaluations. **Students will be required to pass 90% of the final summative team leads, and receive passing affective evaluations in all categories of professional behavior.** EMS 245 will also have online cognitive review, requiring 2 Computer Adaptive Tests weekly with “good” results in all NREMT categories.