EAST CENTRAL COLLEGE

EMS PROGRAMS

Student Handbook
2023 - 2024

Dear ECC EMT or Paramedic Student,

Welcome to the East Central College EMS Program! Whether you chose our program to obtain experience in the medical field or to further your education to become a paramedic, it is our hope that your education is rewarding and motivates you to embrace your role in the health care team and implement the highest standards of care for your patients. The curriculum provided to you, will provide the general knowledge and skills to begin your career as an entry-level EMT or Paramedic. We believe you are a mature adult learner and will participate fully in all learning activities to meet the expectations, rigor, and demands of the courses you are enrolled in.

Please read this Student EMS Handbook carefully. The intent of the Handbook is to clearly state the policies of the EMS program. This Student Handbook presents policies, procedures, and general information intended to assist you during the EMT and Paramedic programs. This Handbook should be used in conjunction with other official documents prepared and distributed by East Central College.

The EMS program reserves the right to change, delete or add any information without previous notice and at its sole discretion. Furthermore, the provisions of this document are designed by the college to serve as guidelines rather than absolute rules, and exceptions may be made on the basis of particular circumstances. The forms you sign should be reviewed very carefully. Your acknowledgement will be submitted to the Allied Health office. They will be placed in your student file along with all required certifications, paperwork, and student reports during the time you are within our program.

We are very proud of our program. We appreciate your input on ways we could make the program more helpful to you. You will be given formal opportunities throughout your course of study to evaluate faculty, courses, and clinical education. You will be asked to participate in a graduate survey one year after graduation. Your responses are important to us.

We look forward to getting to know you better and teaching you to become the very best EMS professional.

Respectfully,

Jenifer M. Goodson, BS, Paramedic

EMS Program Director

EAST CENTRAL COLLEGE
EMS PROGRAM

I, the undersigned, have received, read, and fully understand the classroom and clinical policies in the Student Handbook for EMS, which was reviewed and updated August 2022.

I have received, read, and fully understand the College academic policy regarding class attendance and student conduct found in the East Central College Student Handbook.

I understand that personal information may be required by the clinical sites (i.e., criminal background check, immunizations, etc.). I give my permission for this information to be divulged for that purpose alone. Refer to individual policies relating to personal information.

I fully understand that in order to be placed at a clinical site or to participate in clinical experiences, I must comply with all clinical site compliances (I.e., required immunizations, drug screenings, criminal background checks, etc.).

_____
Signature

_____
Printed Name (please print legibly)

_____
Date

Notice of Non-Discrimination
East Central College does not discriminate on the basis of race, color, religion, national origin, ancestry, gender, sexual orientation, age, disability, genetic information, or veteran status. Inquiries/concerns regarding civil rights compliance as it relates to student programs and services may be directed to the Vice President of Student Development, 131 Administration Building, 1964 Prairie Dell Road, Union, MO 63084, (636) 584-6565 or stnotice@eastcentral.edu.

East Central College

Request for Release of Information

East Central College complies with the Family Educational Rights and Privacy Act of 1974 (FERPA)*, a federal law that protects the privacy of student education records. All information other than directory information is restricted and will not be released without first obtaining the student's signed consent. East Central College defines directory information as follows:

- Student name
- Parent's name
- Address
- Telephone number
- Date and place of birth
- Major field of study
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Dates of attendance
- Most recent previous school attended

I request the release of additional information to the persons listed below for the purpose of discussing my academic progress at East Central College.

- Care plans and student assignments will be available in an area that other students/persons have access.
- Agree to notify Allied Health office if file has restrictions for release of general information.
- Allow release of information to potential employers regarding academic and clinical performance, as requested.
- Allow release of information to clinical sites regarding academic and clinical performance. May also include criminal background checks, drug screening results or other information per contractual agreement.
- This release is valid from date of signature forward.

Print Name (legibly): _____

Student Signature: _____

Student ID: _____

Date: _____

Witnessed by: _____ Date: _____

*FERPA contains provisions for the release of personally identifiable information without student consent to financial aid organizations, health agencies in emergencies, court officials, third parties with valid subpoenas and others as defined in the provisions of the Family Educational Rights and Privacy Act. Please consult the East Central College Registrar if you have questions regarding FERPA.

Table of Contents

CODE OF ETHICS OF THE NATIONAL ASSOCIATION OF EMTs

Code of Ethics for EMS Practitioners

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public well-being.
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals, or the community at large.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care.
- To assume responsibility in upholding standards of professional practice and education.
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.
- To be aware of and participate in matters of legislation and regulation affecting EMS.
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.
- To refuse participation in unethical procedures and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

Originally written by: Charles B.Gillespie, M.D., and adopted by the National Association of Emergency Medical Technicians, 1978. Revised and adopted by the National Association of Emergency Medical Technicians, June 14, 2013.

STAR OF LIFE

It is appropriate that Emergency Medical Services (EMS) be distinctively identified for the benefit of not only EMS providers but also their patients and the general public. Recognizing the need for a symbol that would represent this critical public service and be easily recognized by all, the National Highway Traffic Safety Administration (NHTSA) created the "Star of Life" and holds priority rights to the use of this registered certification mark.

Adapted from the personal Medical Identification Symbol of the American Medical Association, each bar on the "Star of Life" represents one of six EMS functions. The functions include:

1. Detection
2. Reporting
3. Response
4. On-Scene Care
5. Care in Transit
6. Transfer to Definitive Care

The serpent and staff in the symbol portray the staff of Asclepius, an ancient Greek physician deified as the god of medicine. Overall, the staff represents medicine and healing, with the skin-shedding serpent being indicative of renewal.

The "Star of Life" has become synonymous with emergency medical care around the globe. This symbol can be seen as a means of identification on ambulances, emergency medical equipment, patches or apparel worn by EMS providers and materials such as books, pamphlets, manuals, reports, and publications that either have a direct application to EMS or were generated by an EMS organization. It can also be found on road maps and highway signs indicating the location of or access to qualified emergency medical care.

Functional Job Analysis

EMT-Basic Characteristics

EMT-Basics work as part of a team. Thorough knowledge of theoretical procedures and ability to integrate knowledge and performance into practical situations are critical. Self-confidence, emotional stability, good judgement, tolerance for high stress, and a pleasant personality are also essential characteristics of the successful EMT-Basic at any level. EMT-Basics also must be able to deal with adverse social situations, which include responding to calls in districts known to have high crime rates.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition which would not be adversely affected by lifting, carrying, and balancing at times, patients in excess of 125 pounds (250, with assistance). EMT-Basics must be able to work twenty-four-hour continuous shifts. Motor coordination is necessary for the well-being of the patient, the EMT-B, and co-worker over uneven terrain.

Comments

Driving the ambulance in a safe manner, accurately discerning street names through map reading, and the ability to correctly distinguish house numbers or business locations are essential to task completion in the most expedient manner possible. Use of the telephone for transmitting and responding to physician's advice is also essential. The ability to describe orally concisely and accurately to physicians and other concerned staff one's impression of the patient's condition is critical as EMT-Basics work in emergency conditions in which there may be no time for deliberation. EMT-Basics must also be able to accurately summarize all data in the form of a written report. Verbal and reasoning skills are used more extensively than math. Math does play a part, however, in determining medication ratios per patient's body weight.

Paramedic Characteristics

The paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The Paramedic must have excellent judgment and be able to prioritize decisions and act quickly in the best interest of the patient, must be self-disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at optimum level in a non-structured environment that is consistently changing.

Even though the Paramedic is generally part of a two- person team generally working with a lower skill and knowledge level Basic EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs including narcotics. Therefore, the Paramedic must not only be knowledge about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsant, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholinergics, cholinergic, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmic, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, anti-inflammatory, serums, vaccines, anti-parasitic, and others.

The Paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing and documenting the effects of the drugs administered, keeping one's own pharmacological knowledge base current as to changes and trends in administration and use, keeping abreast of all

contraindications to administration of specific drugs to patients based on their constitutional make-up and using drug reference literature.

The responsibility of the Paramedic includes obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage, and dosage. The Paramedic must take into consideration that many factors, in relation to the history given, can affect the type of medication to be given. For example, some patients may be taking several medications prescribed by several different doctors and some may lose track of what they have or have not taken. Some may be using non-prescription/over the counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food, is imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind that the drug may cross the placenta.

The Paramedic must be cognizant of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns, geriatric patients and the physiological effects of aging such as the way skin can tear in the geriatric population with relatively little to no pressure. There must be an awareness of the high abuse potential of controlled substances and the potential for addiction, therefore, the Paramedic must be thorough in report writing and able to justify why a particular narcotic was used and why a particular amount was given. The ability to measure and re-measure drip rates for controlled substances/medications is essential. Once medication is stopped or not used, the Paramedic must send back unused portions to proper inventory arena.

The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer rectal medications, and comply with universal pre-cautions and body substance isolation, disposing of contaminated items and equipment properly.

The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs.

The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician.

The Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgment along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The Paramedic must be able to provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life-threatening emergency situations.

The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid

emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, in excess of 125 pounds. Motor coordination is necessary because over uneven terrain, the patient's, the Paramedic's, and other workers' wellbeing must not be jeopardized.

Comments

The Paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments or hospitals. Response times for nature of work are dependent upon nature of call. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the Paramedic who works primarily with 911 calls in districts known to have high crime rates. Thus, the particular stresses inherent in the role of the Paramedic can vary, depending on place and type of employment.

However, in general, in the analyst's opinion, the Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex, and care of the patient must be started immediately. In essence, the Paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance.

The Paramedic must be able to make accurate independent judgments while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

Use of the telephone or radio dispatch for coordination of prompt emergency services is required, as is paper, depending on place of employment. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to dispatcher and other concerned staff, one's impression of patient's condition, is critical as the Paramedic works in emergency conditions where there may not be time for deliberation. The Paramedic must also be able to accurately report orally and in writing, all relevant patient data. At times, reporting may require a detailed narrative on extenuating circumstances or conditions that go beyond what is required on a prescribed form. In some instances, the Paramedic must enter data on computer from a laptop in ambulance. Verbal skills and reasoning skills are used extensively.

MISSION STATEMENT

The East Central College EMS Program empowers graduates to pass the National Registry Emergency Medical Services practical and cognitive exams. The graduates of the EMS program enrich our communities by contributing to the service work force, and provide safe, competent, professional care in a diverse and ever-changing health care profession.

Goal:

"To prepare competent entry-level Emergency Medical Technician-Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains, with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder Levels."

EMS Student Learning Outcomes

Affective Domain

Students will be able to apply the eleven attributes of the professional paramedic:

- Integrity
- Empathy
- Self-motivation
- Appearance/Personal hygiene
- Self-Confidence
- Communications
- Time Management
- Teamwork and diplomacy
- Respect
- Patient advocacy
- Careful delivery of service

Psychomotor Domain

Students will be able to perform a detailed patient assessment which includes a focused mental and/or physical history utilizing clinical judgment and reasoning while on the scene treating an ill or injured patient(s).

Students will be able to perform basic life support skills, as well as advanced and invasive skills such as intravenous therapies, drug administration, EKG rhythm interpretation, endotracheal intubation, and defibrillation/cardioversion to treat an ill or injured patient(s).

Students will be able to manage/supervise a team of emergency medication technicians, paramedics, firefighters, or other healthcare providers while on the scene treating an ill or injured patient(s).

Cognitive Domain

Students will be able to integrate pertinent patient information and assessment findings to formulate a treatment plan for the ill or injured patient.

Students will be able to function as a member of the paramedic profession, practicing with the profession's moral, ethical, legal, and regulatory framework.

EMT Student Learning Outcomes

Students will be able to:

- Utilize therapeutic communication to care for culturally diverse patients.
- Apply basic anatomy and physiology knowledge to assess and prioritize patient treatment to transport.
- Identify life-threatening situations and demonstrate BLS skills.
- Maintain professionalism and recognize moral and ethical dilemmas.
- Utilize critical thinking to prioritize a medical or trauma patient, complete an appropriate assessment, and develop a plan of action.
- Recognize, execute, and manage patients with appropriate medications according to their scope of practice in accordance with local and state protocols.

COURSE COMPLETION POLICY

Only students who complete the entire course of study (EMT or Paramedic) at East Central College will receive course completion and eligibility for licensure examination, unless prior written arrangements are completed with the program director.

All students enrolled in EMS programs at East Central College are expected to complete the program requirements in a timely manner. The following time frames will apply.

EMT

Students shall complete the 1-semester EMS 109/EMS 110 courses and will be expected to take National Registry practical examinations at the next available exam date following successful course completion. Upon successful completion of practical examination testing, students will arrange for cognitive testing at the earliest convenience.

Intro to Paramedic

Introduction to Paramedic Lecture

Introduction to Paramedic is designed as a preparatory course for any student who will be enrolling in an upcoming paramedic class, or any EMT wishing to enhance current skills. The student will receive instruction in medical terminology, math, pathophysiology, assessment, a review of BLS skills, and additional emergency medical training which will enhance existing job skills and provide a sound knowledge base for entrance into the paramedic training program.

This course is separate from the Paramedic classes and there are no exams that require a 75%. The student must receive a 75% or better overall to move onto Paramedic I.

Introduction to Paramedic Clinical

Introduction to Paramedic students are required to complete 96 hours of clinical that include 84 hours of ride time on an ambulance and 12 hours in an emergency department. The purpose of Intro to Paramedic clinical is to allow EMT's with less than one year of experience, to engage in and have additional experiential hours prior to beginning the paramedic program.

Credit for Experiential Learning

Students may request to receive credit for experiential learning for EMS 122, Intro to Paramedic Clinical, if the student:

- Is a licensed EMT **and**,
- Has more than one year's experience as an EMT **and,**
- Is current employee of an ambulance district in good standing

In order to received credit for experiential learning, the student must submit a formal letter to the EMS Program Director from the ambulance district Chief with whom the student works. The letter must state the length of employment of the student in said district, whether the student is employed full-time or part-time, the call volume of the district, and if the student is in good standing with the district. The official letter must be sent via USPS or emailed to the Program Director at jenifer.goodson@eastcentral.edu.

Credit for experiential learning will be at the discretion of the Program Director.

PARAMEDIC

Completion:

Students shall complete all Paramedic classes (Paramedic 1-6) in consecutive order at East Central College. Clinical and lab courses for each class must be taken concurrent during the appropriate semester at East Central College. If the student has not completed all clinical requirements by the end of Paramedic 6, EMS 290 (Paramedic Field Internship) must be taken in the semester immediately following. Any student not completing the clinical requirements within 18 months from the start of Paramedic 1 will submit a formal letter to the Program Director stating the reasons an extension is needed**. At No Time** will a Paramedic student be given more than two years for completion.

ELIGIBILITY FOR READMISSION

1. Readmission must occur within two (2) years from the beginning of the semester not completed or the entire program must be repeated.
2. ***Application for readmission can be made only twice.***
3. A student can be readmitted only ***once***. Readmission is effective with the beginning of the first EMS class for which the student is registered.
4. A student who withdraws or who has not been successful in the first semester of the program is required to reapply to the program and meet the same requirements as listed in the Admission Criteria.

The student will be considered for admission with all other eligible applicants.

5. Violations of the EMS Code of Conduct may deem a student ineligible for readmission.
6. Students who have failed two EMS courses at another institution are not eligible for admission.

Students may not transfer credits from another institution to satisfy the core Paramedic classes (Paramedic 1-6 lecture, Paramedic 1 lab, Paramedic 2-5 clinical, and Paramedic Field Internship). Credit, with proof of license or certification may be accepted for additional classes (EMT, BLS, ACLS, PALS, PHTLS) according to current college policies and guidelines.

Paramedic course completion will not occur until all clinical are complete, both psychomotor and cognitive finals are passed, and final evaluations are done, not the date that the book is turned in. For a student to receive a Certificate of Completion for the Paramedic program, they must:

1. Complete all classroom content
2. Maintain an average of 75% or better on all exams in each paramedic course, and pass the course with a 75% or better
3. Obtain a 70% on the Comprehensive Final exam
4. Pass the Practical Final exam which includes three scenarios with the following areas: Cardiac, Peds, Medical/Trauma
5. Complete a minimum number of clinical hours in the following areas:
   OR: 32
   Respiratory Therapy: 16
   Cardiac Cath Lab: Optional
   ICU: 24
   ER: 156
   OB: 24
6. Complete a minimum number of Assessments in each of the following areas:
   Age Groups: A total of 108 medical assessments with the following minimums.
   - Pediatrics: 30 total with the following minimums in each age category.
     - Newborn: 2
     - Infant: 2
     - Toddler: 2
     - Pre-School: 2
     - School Age: 2
     - Adolescent: 2
   - Adult: 60
   - Geriatric: 30

   Problem/Complaint
   - Psychiatric: 6
     - 1 psychiatric scenario must be successfully completed prior to internship Obstetrics: 6
     - 2 complicated deliveries must be successfully simulated prior to internship Distressed Neonate: 4
     - 1 distressed neonate following delivery must be successfully simulated prior to internship Chest pathology/complaint: 20
     - 1 cardiac-related CP simulated scenario must be successfully simulated prior to internship
   - Cardiac Arrest: 1

1 cardiac arrest simulated scenario must be successfully simulated prior to internship

Cardiac Dysrhythmias: 15

Medical Neurologic complaint/pathology: 4

1 geriatric stroke simulated scenario must be successfully simulated prior to internship

Respiratory pathology/complaint: 20

1 pediatric and 1 geriatric simulated respiratory distress/failure scenario must be successfully completed prior to internship

Other medical conditions/complaints: 20

Examples include gastrointestinal, genitourinary, gynecologic, abdominal issues, infectious disease, endocrine disorders, overdose/substance abuse, toxicology, hematologic disorders, EENT, non-traumatic musculoskeletal disorders

Total of 27 Trauma assessments with the following minimums:

1 pediatric and 1 adult simulated trauma scenario must be successfully completed prior to internship

7. Complete the following EMT or Prerequisite skills successfully before performing any ALS skill Insert NPA
Insert OPA
Perform oral suctioning Perform FBAO-adult Perform FBAO-infant
Administer oxygen by NC, face mask
Ventilate with a BMV: adult, pediatric, neonate
Apply a tourniquet
Apply a cervical collar
Perform spinal motion restriction
Lift and transfer a patient to the stretcher Splint a suspected long bone injury Splint a suspected joint injury
Stabilize an impaled object
Dress and bandage a soft tissue injury
Apply an occlusive dressing to an open wound to the thorax Perform an uncomplicated delivery
Assess vital signs
Perform a comprehensive physical assessment
Perform CPR: adult, pediatric, neonate

8. Complete the following ALS/BLS skills within lab/clinical/internship Establish IV access 27

Administer IV infusion medication 4

Administer IV bolus medication 12

Administer IM injection 4

Establish IO access 6

Perform PPV with BVM 14

Perform endotracheal suctioning 4

Perform endotracheal intubation 12

Perform FBAO removal using Magill Forceps 4

Perform cricothyrotomy 4

Insert supraglottic airway 12

Perform needle decompression of the chest 4

Perform synchronized cardioversion 5

Perform defibrillation 4

Perform transcutaneous pacing 4

Perform chest compressions 4

9. Complete the Paramedic Internship

PURPOSE: To prepare the student to perform as a competent, entry-level

paramedic. The Field Internship may only begin:

1) Completion of EMS 221 (Paramedic 5)
2) Successful completion of the minimum BLS and ALS skills required and any scenarios that are required
3) Successful completion of minimum hospital hours.
4) Successful completion of all hospital IV starts.
5) Completion of the minimum number of assessments for Adults, Geriatrics, and Pediatrics
6) Completion of 48 hours with approved preceptors
7) Approval by the Program Director, Clinical Coordinator, Preceptor(s), and Chief/Administrator (or designee) for the clinical site.
8) Preceptor training must be completed with a passing score of 70%

Field Internship students will meet the following requirements with an approved preceptor:

Minimum of 250 hours

Minimum of 50 patient contacts in which the internship student performed an assessment of the patient under the direct supervision of an assigned preceptor. These patient contacts must include a mixture of ALS and BLS patient contacts, as well as a mixture of medical and traumatic situations.

Minimum of 15 ALS Team Leads in which the internship student performed an assessment, as well as developed and directed a plan of care while under the direct supervision of an assigned preceptor, but without preceptor intervention. These may be included in the minimum of 50 patient contacts.

Minimum of 10 IV starts within the out of hospital environment.

10. Be current in BLS, ACLS, PALS, and PHTLS

11. Student must meet all guidelines for graduation and apply for the appropriate certificate or degree in Paramedic Technology.

Student Behavior Guidelines

Students will be expected to behave in a professional behavior at all times when representing East Central College. Those times will include, but not be limited to, on campus, at hospital clinical sites, and at field internship sites. This also includes any time the student is wearing an EMS Clinical uniform or clinical shirt. The Code of Ethics of the National Association of EMT's, as found in East Central College's EMS Programs Policy Manual, will be used as the guideline for ethical behavior. ***ALL*** students should familiarize themselves with these policies.

EMS students will be expected to follow all East Central College policies and posted guidelines. This includes college smoking policies and posted parking areas. These policies and guidelines will be enforced, regardless of any college enforcement. Students found violating these policies and guidelines will be subject to disciplinary action as outlined in the EMS Program Policy Manual.

Any clinical site indiscretions, leading to a complaint, can result in the suspension of a student's clinical privileges, until further investigation is completed, and possible removal from the program after an appropriate investigation. Clinical sites also have the ability to prohibit students from returning to their location.

Student behavior will include, but not be limited to, showing respect to the faculty, staff, adjuncts, lab assistants, and clinical partners. Any rudeness, disrespect, or disruption of class/clinical/lab can result in the student being excused from the area with an ***unexcused*** absence for that day.

Examples of uncivil & unprofessional behavior are below (***NOT*** inclusive):

- Inability to meet set deadlines (applications, vaccinations, etc.)
- Failure to notify faculty/staff if late or unable to attend scheduled appointment
- Discounting or ignoring solicited input from faculty regarding classroom or clinical performance or professional conduct.
- Knowingly withholding information from faculty, peers, & clinical staff
- Not responding to email, letters, or voicemail that require a reply
- Sending emails, text message, or comments on Canvas discussion boards that are inflammatory/disrespectful in nature
- Demeaning, belittling, or harassing others
- Defaming the character of a classmate, instructor, preceptor, clinical site or ECC
- Rumoring, gossiping about or damaging a classmates/instructors/clinical staff members reputation
- Speaking with a condescending attitude
- Yelling or screaming at faculty, peers, clinical staff, or clients & their families
- Display of temper or rudeness that may or may not escalate into threatened or actual violence
- Threatening others: this refers to physical threats, verbal/nonverbal threats, and implied threats
- Inappropriate posting on social media related to ECC EMS experience
- Illegally removing college property, clinical site, or client property from the premises
- Destruction of any college, clinical site, or client property
- Falsifying or fabricating clinical experiences
- Documenting care that was not performed or falsifying a client record
- Knowingly accessing a client's health record that is not in your direct care.

Chain of Command

Within EMS, a "Chain of Command" is followed in both day-to-day operations and when mandated by the Federal Emergency Management System (FEMA) for National Incident Management System (NIMS).

Therefore, the EMS Program at East Central College will follow a similar "Chain of Command". When a student has an issue or question, it should **FIRST** be addressed to the appropriate instructor.

Current Lecture Class questions/issues: Primary Instructor(s)
Current Clinical Class questions/issues: Clinical Coordinator
Advising, future classes, etc.: Program Director

IF the question or issue cannot be answered/resolved, the student should then contact the Program Director, Jenifer Goodson. For program specific issues, the Program Director will have the final decision, with consult from the Medical Director(s) and Advisory Board if necessary. For questions or issues relating to college regulations, the student may then contact the Dean of Health Science, followed by the Vice President, Academic Affairs. The college appeals policies may be utilized in these situations.

Professional Appearance (DRESS CODE)

1. Clinical experience should be attended in full dress uniform.

2. Complete uniform dress includes:
   - A. Clean uniform
     1. Women:
        - a. Navy Blue/black slacks or EMS pants, clinical shirt, black belt
          Midriff may ***NOT* be exposed during any activity.**
        - b. Proper foundation garments shall be worn.
        - c. May wear long sleeve blue/black shirt underneath short sleeve for cold weather

     2. Men:
        - a. Navy Blue/black slacks or EMS pants, clinical shirt, black belt,
        - b. Proper foundation garments shall be worn.
        - c. May wear long sleeve blue/black shirt underneath short sleeve for cold weather
        - d. Facial hair should be neatly trimmed or groomed, thereby following clinical site policy

     3. All students:

        - ***b.*** Professional, clean, black boots or black tennis shoes. Boot***s must be clean and water resistant.***
        - c. East Central College student identification.
        - d. Hair should be neat, clean, and worn appropriately. Men and women with hair length below the neck shall have hair pulled back off the face and tied securely. Extreme hair styles and/or non-natural/fad colors, including sprayed coloring, are not appropriate. For infection control purposes, hair shouldn't hang over or come in contact with clients or equipment. In certain areas/departments, additional measures like hair coverings or hair nets may be required.
        - e. Fingernails short and clean; No artificial nails or nail tips; intact, clear polish with

short natural tips allowed.

f. Personal Hygiene: i.e., prior to attending ***ALL*** clinical experiences, students are expected to bathe, apply deodorant, and brush teeth.

g. Jewelry. The only visible jewelry that is acceptable includes:
   1. One ring only.
   2. Watch, with a second hand, should be worn at all times.
   3. If worn, earrings should be small, stud posts in a non-dangling style and in good taste and two (2) per ear.

h. Make-up can be worn in good taste; no perfume/cologne.

i. Body piercing: ***None can be visible.*** All must be tastefully covered. No "gauge" holes, facial piercings , or tongue piercings allowed. All must be filled with a flesh-colored plug or adhere to clinical site policy.

j. Tattoos/Body Art: ***Tattoos must be non-offensive in nature based on racial, sexual, religious, ethnic, or other characteristics or attributes of a sensitive or legal protected nature and must be covered if required by clinical site policy.***

k. Personal cell phones and other means of electronic personal communication are NOT to be worn or carried in the clinical setting, unless approved by clinical facility and the clinical instructor.

3. Outside Employment:
   If an EMS student is employed in any agency, the student may not wear the school's name pin or patch while at work.

4. Pre-planning or other clinical site experiences: EMS students are required to wear their full uniform at clinical sites for any clinical experience or school-sponsored function. Examples include In-service, continuing education opportunities, clinical pre-planning, etc.

5. No smoking or drinking alcoholic beverages in uniform. Students should be free from the odor of smoke or other offensive odors.

Policies for Class Attendance

Class attendance is required to complete the program. Students may miss the equivalent of two weeks of class time per semester during the Spring and Fall semesters. Students may miss the equivalent of one week content during the summer semester. Attendance includes arriving on time and staying for the entire class.

- Late calls: students who are tardy due to a late call will be required to attach any supporting documentation to verify the late call. All late calls will be verified by Instructional staff. Students who claim a late call that is found to be false will be held to the same standards as "Academic Dishonesty."
- Planned absence on an exam day: Students who have a planned and pre-approved absence that coincides with a written exam will be given the opportunity to complete the exam PRIOR to the absence date. Arrangements in these circumstances must be made with the Lead instructor for your course and shall be requested in writing.
- Unplanned absence on an exam day: An absence that has not been pre-approved on the date for a scheduled written exam will result in a 0-point assessment. The student will have the option to test if it is scheduled within seven (7) calendar days of the initial exam date.

Due to the complex nature of class content, students must attend all scheduled classes. ***The individual student will be responsible for content missed during an absence.***

Upon the discretion of the instructor, only one (1) examination may be made up per semester. Any subsequent examination missed due to absence will be given the grade of "0". The student is to notify the instructor (or the Department Administrative Assistant) if the instructor is unavailable) ***before*** class time in order to be excused from the examination for that day. If the student does not call, the instructor has the privilege to deny the student the opportunity to make up the examination.

A "pop quiz" may not be made up, as this negates the purpose of the "pop quiz." The quiz missed will be recorded as "0". If a student arrives late for class and after the "pop quiz" has been given, that student will not be allowed to take the "pop quiz," and will receive a "0".

Policies for Clinical Attendance

There are no excused absences from clinical. Unexcused absences follow the same guidelines as in the "Policies for Class Attendance" section above. It is ***mandatory*** that, if you must be absent from a scheduled clinical experience (hospital or ambulance), you ***MUST*** contact the clinical site ***and*** the Clinical Coordinator ***in advance*.**

*****No-call/No-shows or more than 3 absences from clinical will result in:**

1st offense: Letter of Understanding
2nd offense: 2-week clinical probation
3rd offense: Will be considered a "Ethical/Professional Violation", student will receive an "F"

Students with schedule changes **must** contact the clinical coordinator by email at wayne.prince@eastcentral.edu or at (636) 584-6623, if the change will occur prior to the Clinical Coordinator's next scheduled office period. Otherwise, wait and talk with the Clinical Coordinator, and make the change at that time.

***This policy will be strictly enforced. We do this to maintain attendance and the standard of education expected by this institution, and the Missouri Bureau of Emergency Medical Services.

EMS Skills Laboratory

Purposes of the Lab:

- Clinical Simulations
- Lab Classes
- Client Care Skills: Practice & Testing
- Remediation

Practice Time:

Skills practice in the Lab is mandatory prior to testing on the student's own time.

- Instructors are available to guide students to become proficient with clinical skills during designated times.
- Students are highly encouraged to ask questions/get clarification to assure that skills testing is successful on the first attempt.

For Lab/Practice Bring:

Clinical Identification Badge
Skill Proficiency Check Lists
Pen with black ink
Stethoscope
Scissors
Watch with secondhand capability
Other supplies as needed
Paramedic student: Field guide

1. **There are no excused absences from skills lab experiences.** If absence occurs, specific recommendations will be made for additional skills lab experience at the discretion of the EMS faculty.

2. Out of respect for fellow classmates, students are expected to abide by the following guidelines:

   a. Conduct self in a quiet orderly manner.
   b. Replace all media, books, or equipment after use.
   c. ***Do not interrupt*** an instructor during scheduled practice or checkout.
   d. Use all equipment with care and report any malfunction to an instructor, lab assistant, or Administrative Assistant.

   ⏭ ***Violation of these guidelines will result in the involved party/parties being asked to leave and that time considered an unexcused absence.***

3. Make up of snow days will depend upon the unit being studied at that time and the level of expertise of the students.

4. Students are responsible for cleaning up after themselves.

5. Any individual using equipment/supplies not approved for their current lab assignment or found using equipment/supplies in an inappropriate manner will be subject to dismissal from the program.

6. Food or Drink will not be allowed in the clinical labs at any time.

Laboratory Dress Code:

Practice Time

- Clothing must be in good taste.
- Name badge are required when in the lab.
  - Badge must be worn to be visible to clients at their eye level.

Please dress modestly which means:

- **NO cleavage, backs, bellies, behinds, bra straps or boxers (or any underwear)** are allowed to be exposed in the lab. Students in violation will be asked to leave the lab and return when dressed appropriately. (If in doubt, wear something else).

Skills Proficiency Testing/Simulations/Scheduled Lab Days

- Full EMS uniform. See dress code policy in EMS Student Handbook.
- Faculty have the right to refuse lab access if students are not dressed properly for testing and/or lab practice.

Clinical Lab Guidelines

I have read the Clinical Lab Guidelines and had my questions answered. I agree to follow the guidelines at all times when in the Clinical Lab. Non-adherence to these expectations may constitute dismissal from the Clinical Lab.

_____ _____

Signed Date

_____

Print Name

East Central College

Information and Consent Form

For valuable consideration, I do hereby authorize East Central College, a public corporation, and those acting pursuant to its authority to:

a. Record my participation and appearance on video tape, audio tape, film, photograph, digital media or any other medium.
b. Use my name, likeness, voice, and biographical material in connection with these recordings.
c. Exhibit or distribute such recording using a private digital video network, or other mechanisms, in whole or in part without restrictions or limitation for any education purpose which East Central College, a public corporation, and those acting pursuant to its authority, deem appropriate.
d. To copyright the same in its name or any other name it may choose.

I hereby release and discharge East Central College, a public corporation, its successors and assigns, its officers, employees and agents, and members of the Board of Trustees, from any and all claims and demands arising out of or in connection with the use of such images, audio, photographs, film, tape, or digital recordings including but not limited to any claims for defamation or invasion of privacy.

I hereby consent to the release of said video tape, audio tape, film, photograph, digital media or any other medium for the above-stated purposes and in accordance with the terms stated above, pursuant to the consent provisions of the Family Educational Rights and Privacy Act, 20 U.S.C. 1232 et.seq.

Name: _____

Address: _____

Phone #: _____

Signature: _____

Parent/Guardian
Signature (if under 18): _____

Date: _____

Clinical Guidelines

Clinical will start at various times depending on the site. Students will be allowed to sign up for clinicals no further than thirty (30) days from the current date to allow all students equal opportunity for choice shifts. Clinicals will run concurrent with hospital shifts and students will be allowed to do one (1) shift per day. There must be a minimum of eight (8) hours between clinical shifts if scheduling on consecutive days.

During a clinical, he/she is expected to remain at that department or site, and to participate actively in the workings of that department as allowed by the clinical agreements. Active participation will include the daily workings of the site or department, patient care, documentation, cleaning of site or rooms, participating in morning or evening briefings, and anything else deemed necessary by the clinical site or department preceptors.

Should a student be suspected of attending a clinical while under the influence, or suspicion of influence, of any intoxicating product will be immediately asked to submit to a blood and urine test at the student's expense. Clinical privileges will be suspended pending results of the test. If the test is positive, the student will be counseled as to the circumstances with probable suspension from the program. If the student refuses the test, he/she will be automatically dismissed from the program.

Students are responsible for assuring that their Clinical Evaluation Forms are signed by the preceptor assigned to them and that the student information section is complete. This should be completed as the shift is finished to include the hours present. **All** clinical hours must be accounted for on Clinical Evaluation Forms and signed for on Clinical Accountability Log.

All clinical skills will be performed only while at an approved clinical site with an approved preceptor. Any misrepresentation, by a student, of his/her needs or abilities could result in the student's dismissal from the program. Students shall only perform skills within their scope of practice. Performance of Advanced Life Skills at sites, or during times other than those approved, will result in notification of the Bureau of Emergency Medical Services.

Those students needing to document skills and/or assessments may only do so on currently registered patients in the hospital department they are assigned to for the day. Pre-hospital skills and assessments may only be completed on patients whom an ambulance report is written by the service. The student and preceptor must be on the ambulance call to document the skills, runs, and assessment.

Students may only document the time in which they are present at the clinical site/department. If a student arrives late or leaves early, the clinical documentation must reflect the actual time that he/she was at the clinical site/department.

Any student found forging a preceptor's signature or documenting clinical hours, skills, or assessments that were not actually completed, or were completed in violation of EMS Program Policies, will be subject to dismissal from the class/program for violation of East Central College's Academic Honor Code. The Academic Honor Code is found in the East Central College Student Handbook, available on the college website.

Only Paramedic students will be allowed to do clinical rotations between semesters, provided the student is a registered student in the upcoming EMS course. At no time will any student be allowed to do clinical rotations without being currently registered in an EMS clinical course at East Central College.

Students scheduled for clinical rotations at Fire Department based EMS will not be allowed to participate in situations where the ambulance was not dispatched.

POLICIES FOR CLINICAL EXPERIENCE

1. ***Students are expected to be punctual.*** If tardiness is anticipated, students must notify the clinical site at least 15 minutes prior to scheduled time of work. Students who are more than 30 minutes tardy without prior notification will not be allowed in the clinical area and will be considered absent for the day. Students who fail to notify the department of absence or tardiness will not be allowed to return to the clinical area until they have met with the Clinical Coordinator and/or EMS Program Director. Failure to notify the Clinical Coordinator of absence or tardiness is considered cause for program probation/dismissal.

2. The student may not leave the clinical area unless he/she has permission from the preceptor

3. ***Professionalism:*** A student will be asked to leave the clinical setting (considered an absence) by the instructor for unsafe and/or unprofessional behavior. Possible examples include, but are not limited to:
    a. lack of or incomplete preparation.
    b. illness.
    c. appearance not in compliance with EMS dress code.
    d. inability to meet clients' needs.
    e. under the influence of drugs and/or alcohol (refer to East Central College Board Policies and Procedures Manual).
    f. uses of tobacco while in uniform or any odor of tobacco.
    g. cell phone/smart watch disruption.
    h. violation of Mandatory Safety Policy.
    i. violation of Code of Professional Conduct and Student Civility Policy.

4. Students will perform procedures ***only*** under direct supervision of preceptor.

5. Students are not permitted to serve as a witness for **legal documents**.

6. Students should assume responsibility in the proper use and care of clinical site equipment. If a student breaks or damages any article, he/she must report the damage to preceptor and Clinical Coordinator. Clinical site equipment is not to be removed from the clinical site.

7. Discussions regarding a patient's medical information should be only those which are professional and necessary at the clinical site. All students should abide by HIPPA regulations.

8. Patients should be referred to by name, never room number or diagnosis.

9. Students will communicate with peers, members of the health care team, and patients in a quiet, professional manner.

10. Students will conduct themselves in a professional manner in all clinical area. ***NO smoking, gum chewing, eating, or drinking while in the clinical setting other than in designated areas.***

11. Students are to refrain from conversing with fellow students at any time, regarding patients and hospital policies and procedures.

12. Students must equip themselves with watch, bandage scissors, writing pens, penlight, stethoscope, notebook, clinical books/logs. Paramedic students must have their field guide.

13. Written assignments related to the clinical experience will not be accepted after the assigned due date. ***This constitutes an absolute zero (0).*** Permission from the individual instructor must be obtained if written assignments are to be turned in late. The permission must be obtained from the instructor ***prior*** to the due date.

14. Paramedic students have 48 hours to document and submit clinical documentation in Platinum Planner. If the documentation is not received, the student will lose all skills and assessments completed for that clinical.

15. Incident/Accident Special Report:

* In the event of an incident/accident involving a student, it is the responsibility of the student to report it to the instructor, as soon as possible, during the clinical period.
* In the event a student is involved in an incident/accident, the student is financially responsible for any necessary medical care, for the student and any clients involved.

16. Prevention of Disease Transmission:

a. Students are required to maintain appropriate infection control measures and follow standard precautions.
b. Any break in the integrity of the skin should be covered while in the clinical area and reported to the preceptor, clinical coordinator, and program director.

19. **Personal Health Insurance. *Note:*** Students will be responsible to provide their ***own*** health insurance while on ECC campus *(refer to ECC College Catalog)*, as well as clinical sites.

21. **HIPAA:** All students involved in courses requiring a clinical experience will be required to undergo privacy training at East Central College in accordance with the Federal HIPAA (Health Insurance Portability and Accountability Act) Privacy Rule implemented on April 14, 2003.

20. No student shall schedule clinical times during scheduled class time. Any student violating this rule shall receive a two-week suspension from clinical privileges, as well as having the entire shift invalidated. Any skills or assessments performed during the shift will also be invalidated.

23. All clinical shifts must be scheduled in advance through the clinical coordinator.

24. Any student found performing skills outside of their level of training shall be subject to dismissal from the program. In addition, any student found performing ALS skills outside of previously scheduled clinical shifts will be subject to dismissal from the program. These offenses will also be forwarded to the Missouri Unit on EMS for investigation.

25. All students shall undergo a criminal background check and drug screen prior to each semester.

MANDATORY SAFETY POLICY

1. EMS is concerned with the welfare of human beings, and the nature of EMS is such that inadequate or incompetent practice may jeopardize the client. Therefore, it is the personal responsibility and must be the personal commitment of each individual EMT or Paramedic to maintain competence in practice, whether as a student or a licensed professional.*

2. According to legal standards, EMT and Paramedic students are expected to provide the same level of care that a professional would provide.

3. It is to the end of protecting the client, upholding the intent of the law, and maintaining the highest standard of EMS care that the Mandatory Safety Policy is initiated.

4. Each EMS course that has a clinical component includes the mandatory safety standard. Violation can result in the student failing clinical and the course and may result in dismissal from the program.

5. Some examples of behavior that could be considered to violate this standard include the following:
   a. Negligent EMS practice:
      1) Failure to comply with fall precaution procedures.
      2) Medication error
      3) Contributing to the injury of a client
      4) Inappropriate/inadequate preparation for the assigned clinical experience.
      5) Disorganization in the clinical setting
      6) Breach of professional confidentiality in any setting.
      7) Failure to report an incident/accident in a timely fashion.
      8) Failure to report significant assessment findings to your instructor immediately.
      9) Unprofessional behavior
      10) Violation of the Civility Policy
      11) Failure to follow clinical facilities' policies
   b. Dishonest Communication:
      1) Written
      2) Spoken
   c. Clinical attendance under the influence of drugs and/or alcohol. (Refer to the East Central College Board Policies and Procedures Manual.)
   d. Incivility as defined by policy.

MEDICATION GUIDELINES
(For EMT-Paramedic Program *Only*)

1. Are to be checked by preceptor ***prior*** to administration.

2. The "RIGHTS" of Medicine Administration
   A. Right drug
   B. Right dose
   C. Right route
   D. Right time
   E. Right patient
   F. Right documentation

3. Rules of General Safety in Medication Administration
   A. Verify all medications.
   B. No medication is to be administered without a physician's order or protocols
   C. Prior to administering a medication, always verify the medication administration record to see when the medication was given last.
   D. Medications must be verified by an instructor/preceptor prior to administration.
   E. Calculations should be verified by a second person (preceptor/instructor).
   F. Never leave medications unattended.
   G. Do not administer medications prepared by anyone else.
   H. Never administer unlabeled or illegibly labeled medications.
   I. Identify the client prior to administering medication by two client identifiers.
   J. Ask the client about possible allergies and always verify potential allergies with the client/medical record/significant other.
   K. Remain with the client until medication has been taken.
   L. Properly discard all unused medications and equipment (needles/syringes/tablets).
   M. Negligence in any of the rules of general safety in medication administration constitutes unsafe practice (see Mandatory Safety Policy).

4. Documentation
   A. All medications must be documented according to the institutions' policy.
   B. All medications must be documented during administration or immediately afterward or as advised by the preceptor
   C. Medication errors should be reported immediately to the preceptor and Clinical Coordinator.

PHARMACOLOGY EQUIVALENTS

Throughout the semester, plan to memorize the following:

Metric	Apothecary/Household
5 mL	1 tsp (t)
15 mL	1 T (tbs)
30 mL	1 (fluid ounce) (oz)
1000 mL	1 Liter (L)
1000 mg	1 gram (g)
1000 mcg	1 milligram (mg)
1 Kg	2.2 pounds (lbs.)

GRADING POLICY

1. To successfully complete each Paramedic course, the student must achieve an overall average of 75% on combined exams. The 75% does not include pop quizzes, homework, or other assignments.

2. A student can retake one exam in each 5-week course. The student will get to keep the higher score unless it is above a 75%. In this case, the student will receive a 75%.

3. Students must obtain a 70% or better on the Comprehensive Final. Students are allowed 1 retest.

4. Any student caught cheating or violating the East Central College Academic Honor Code will receive an "F" for the course.

5. The student must obtain a passing clinical grade to pass the course.

6. To pass clinical, the student must meet the Mandatory Safety Objective.

7. The clinical component will consist of evaluation of patient assessment and clinical hours as dictated by the state Bureau of EMS or CoAEMSP and the ECC EMS Advisory Board.

8. Students will be required to complete a minimum number of clinical requirements each semester to pass the appropriate clinical course.

9. A grade of "Incomplete" will not be given for any clinical course without the consent of the Clinical Coordinator and Program Director. A request for a grade of "Incomplete" must be submitted in writing at least 7 days prior to the end of the semester. This request must detail reasons why the required clinical hours were not completed. A grade of "Incomplete" will only be given for extreme circumstances that prohibit the student from completing the minimum number of clinical hours.

CANCELLATION OF CLASS

Theory:

Cancellation of lecture class will be decided in accordance with the College policy. Please refer to this policy in the College Catalog.

Clinical:

Clinical will be held unless the student receives word from the Clinical Coordinator

Health Policy

Students are responsible for their own health maintenance throughout the EMS program. Neither the College nor the health care agency where the student obtains clinical experience is responsible for needed medical care. Students are strongly advised to make arrangements for adequate health insurance coverage.

Each clinical agency enforces specific health requirements, and the EMS student is obliged to meet the current requirements of the agency in which clinical experience is provided. Proof of current immunization and selected diagnostic testing such as tuberculin testing, rubella vaccine or titer levels will be required prior to entering clinical agencies. EMS students are expected to inform faculty of any health problems that might interfere with clinical experience in a timely fashion. The student will be asked to leave the clinical area, if in the judgment of the faculty member, the student or client's health may be compromised**. The College (ECC Board Policies and Procedures Manual, *3.16 Student Health/Safety*)** has the right and obligation to require individual students to have additional tests, examinations, immunizations, and treatments to safeguard both the health of the student and clients in health facilities. As soon as pregnancy or any medical problems are diagnosed, the student is ***required*** to bring a written statement from their doctor permitting them to continue in the EMS Program at a level that allows his/her meeting ***all*** clinical/course objectives.

In the event of an exposure by needle-stick, other puncture wounds, or by other means such as splashes, the students will adhere to the following policy. This policy will be given to students in the first semester.

Following an exposure, it will be the student's responsibility to:
1. Report the incident immediately to the preceptor in charge of the clinical rotation.
2. Report the incident to the appropriate person at the health care facility immediately after the exposure occurs.
3. Report the incident to the department of infection control and complete the appropriate exposure form.

The Clinical Coordinator will:
1. Confer with the clinical facility's designated employee risk nurse, or district chief.
2. Write a complete report of the incident.

Students should be aware that neither the College nor the clinical facility is responsible for any occupational hazards encountered during the course of study. Any treatment or referral to a consulting physician will be at the student's expense.

Allergen and Latex Guidelines:

East Central College attempts to maintain a latex and allergen safe environment. It is NOT possible to assure latex-free or other allergen-free environments in either the lab or clinical settings. Any student with an allergy; latex or other, must notify the clinical lab instructor prior to entering the lab or clinical setting. **It is the student's responsibility** to avoid causative allergens or latex whenever possible and to take the appropriate measures should an allergic reaction occur

EAST CENTRAL COLLEGE

ALLIED HEALTH PROGRAMS
IMMUNIZATION REQUIREMENT POLICY

A. Students in the EMS Program are required to show proof of immunity to measles, rubella, and varicella-zoster (chickenpox).

1. MEASLES:

a. Note signed by physician stating that the individual has had the disease, date, and proof of serological (blood test) screening which reads "reactive" (proof of immunity).

b. Immunization record: Date must be after 1968 (when vaccine was made available). Documentation must include dates of the last two (2) doses.

2. RUBELLA:

a. Note signed by a physician stating that the individual has had the disease and the date; and the diagnosis is supported by serial (2) serological tests at the time of the disease; or,

b. Immunization record: Date may be as early as 1969, for persons who were residing in St. Louis, or 1970, if living elsewhere in Missouri; documentation must include dates of the last 2 vaccinations; OR**,**
Proof of serological (blood test) screening which reads "reactive" (proof of immunity).

3. HEPATITIS "B" VACCINE:

a. Note signed by physician stating that the individual has initiated the Hepatitis "B" vaccine series with vaccination dates.

b. It is recommended to speak with your healthcare provider in regard to immunity, if your Hepatitis B immunizations are older than 10 years old.

4. VARICELLA-ZOSTER (CHICKENPOX) or SHINGLES

a. Note signed by physician stating the individual has had the disease and date of disease; or

b. Immunization record: date must be 1995 or later and includes dates of two doses or a proof of reactive varicella titer.

B. If acceptable proof of immunity is not available for measles/rubella (positive titer and date, or 2-dose vaccine dates), the individual is required to receive the appropriate immunization with proper precautions taken for Rubella.

C. Influenza vaccination: Clinical sites require an annual influenza vaccination. It is the student's responsibility to maintain compliance with clinical site requirements. ***Proof of vaccination is required each year by October 15th, or the date specified by the clinical site.***

D. COVID vaccination: Clinical sites require the Covid vaccine. It is the student's responsibility to maintain compliance with clinical site requirements. ***Proof of vaccination is required each year by September 15th, or the date specified by the clinical site.***

E. T-dap: Tetanus, Diphtheria & Pertussis:

1. Immunization Record should indicate three dates (series) of immunization. A booster is recommended every ten years; **OR,**

2. Recent proof of immunization ***by date*** in the last 10 years.

Additional Vaccines

Documentation or titers for additional vaccines may be required by individual clinical sites. Students must comply with these additional requirements in order to attend these clinical sites.

Students with concerns regarding the vaccination policy should schedule an appointment with the Program Director or Dean as soon as possible

Understand that if you are not able to comply with the vaccination policy, you may not be able to be placed at a clinical site or participate in clinical experiences.

If you are unable to comply with the clinical facility mandates, this would be considered a clinical absence.

EAST CENTRAL COLLEGE
EMERGENCY MEDICAL SERVICES PROGRAMS

TUBERCULOSIS TESTING POLICY

1. Students are required to be tested for tuberculosis before attending clinical the first semester and annually until graduation.

2. The Missouri Division of Health recommends the intradermal injection over the prong (Tine) type and the 2-step method for those who have not previously received the 2-step method. The EMS program supports these recommendations. In addition, many of the clinical locations require this process.

3. On admission to the program, ***ALL*** students are required to have the 2-step TB Method. Second year students are required to have the standard one-step TB Method.

4. Documentation of the test includes:
   a. Type of test
   b. Date of test
   c. Result of test
   d. Signature of the physician or nurse administering the test.
   e. The above should be recorded on official stationary, or on the physical examination form.

5. Students with a baseline positive, or newly positive, test result for m. tuberculosis infection or documentation of previous treatment for TB disease should receive one chest radiograph result (within the last 2 years) to exclude TB disease. Instead of participating in annual serial testing, the student should complete a symptom screen assessment annually.

NOTE: Problems or questions should be discussed with the EMS Coordinator ***before*** the test is done.

Source: CDC, *Recommendations & Reports Guidelines for Preventing the Transmission of mycobacterium tuberculosis in Health-care Settings*

EAST CENTRAL COLLEGE
1964 Prairie Dell Road
Union, MO 63084

TUBERCULOSIS QUESTIONNAIRE

PRINT NAME:_____**DATE:** _____

STUDENT:_____**DEPT:** _____

According to your student medical records, you do not receive annual TB skin testing. The reason for not receiving an annual TB skin test may include a previous history of a positive TB skin test, history of having received BCG Vaccine, allergic reaction to a previous skin test, or other medical contraindications. An initial negative chest x-ray is required (within the last two (2) years).

Chest x-rays are not required on an annual basis by East Central College. However, you should be aware of the symptoms of active pulmonary TB which include cough, chest pain, and hemoptysis. Systemic symptoms consistent with TB also include fever, chills, night sweats, becoming tired easily, loss of appetite, and weight loss. TB should be considered in persons who have these symptoms. Persons suspected of having TB will be referred for a complete medical evaluation by their personal healthcare provider at their expense.

Check the list below as to any symptoms you may have.

	Yes	**No**
Cough		
Chest Pain		
Hemoptysis (coughing & spitting up blood)		
Fever		
Chills		
Night Sweats		
Tire Easily		
Loss of Appetite		
Weight Loss		

SIGNATURE:_____DATE: _____

Please complete and return this questionnaire to the ECC EMS Department by the following date: _____

Source: CDC, *Recommendations & Reports Guidelines for Preventing the Transmission of mycobacterium tuberculosis in Health-care Settings,*

SUBSTANCE ABUSE AND DRUG TESTING POLICY

The EMS Program adheres to the East Central College policy on a drug and alcohol –free environment and intends to comply with Drug and Alcohol Abuse Program and the Drug-Free Schools and Communities Act Amendments of 1989.

The ECC Drug and Alcohol Policy states: "The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, narcotics, or alcoholic beverage on college premises or off-campus sites, or college sponsored functions is absolutely prohibited." Further details can be found, including disciplinary action, in the student handbook and ECC Board Policy.

Violations of this policy can result in disciplinary action up to and including discharge for employees and dismissal for students and referral for prosecution. Violations of this policy by students will be considered violation of the college disciplinary code, which may result in dismissal, suspension, or imposition or a lesser sanction.

Offers of acceptance to the EMS Program are made as conditional offers. The conditions include satisfactory completion of prerequisite courses, a satisfactory background check, and a negative drug, and/or controlled substance test. An applicant or current EMS student who refuses to authorize and pay for testing or who tests positive for drugs, alcohol, or controlled substances will not receive a final offer of admission or will not be allowed to continue in the EMS program.

A number of programs are available on campus and in the community to promote alcohol and drug awareness. In the Allied Health Department, content on chemical dependency and the impaired EMT/Paramedic is integrated into coursework required for the program. Policies will be reviewed with students during the admission process and during clinical orientation each semester. Student acknowledgement/consent forms to be tested for the presence of drugs, alcohol, and controlled substances will be signed when a conditional offer of admission to the EMS program is made.

To ensure compliance with the Drug Free Schools and Communities Act Amendments of 1989, EMS students will be tested:

1. as a condition of admission, readmission, or transfer to the EMS education program and
2. upon reasonable suspicion

Any student who tests positive for a drug or controlled substance must be able to verify that it was obtained legally and legitimately. If an initial drug or controlled substance test is positive, a second test on the same specimen will be performed to confirm the initial result. A positive test result on the confirming test will result in dismissal from the EMS program.

If an alcohol test is positive, a second test will be performed to confirm the initial result. Any confirmed alcohol result above 0% will be considered positive. A positive test result on the confirming test will result in dismissal from the EMS program.

Any student dismissed following a positive drug, controlled substance, or alcohol test will be removed from all EMS courses. A grade of "W" will be transcribed if prior to the College withdrawal date. A grade of "F" will be transcribed if the student is removed from courses following the college withdrawal date.

Students in clinical agencies are subject to the policies of East Central College and must also abide by the policies of the agency in which they are practicing as an EMS student. A student may be required to have alcohol or drug testing alone or in combination. Any student who refuses to submit to initial or subsequent testing will be dismissed from the EMS program.

The Program Director of the EMS Program must authorize reasonable suspicion testing on a student before such a test is administered. In the absence of the Director, the faculty, or designated administrator may authorize a test. Reasonable suspicion may include, but not be limited to accidents and injuries caused by human error, unusual or serious violations of rules, secured drug supply disappearance, irrational or extreme behavior, or unusual inattention or personal behavior, such as smelling of alcoholic beverages.

A student may not return to the clinical agency assigned until verification that the random drug test was negative. The student will be required to make up missed clinical experiences.

Students must abide by the terms of the above policy and must report any conviction under a criminal drug statute for violations occurring on or off college premises. A conviction must be reported within five (5) days after the conviction. Students convicted of involvement in a criminal drug offense will be dismissed from the EMS program.

Dismissed students will be reconsidered for admission one time. Dismissed students will be eligible for consideration of readmission to the EMS program upon successful completion and documented evidence of treatment remedying the rationale for dismissal.

I understand that this drug screening test is used for the sole purpose of determining my ability to enter client care areas in order to be able to complete the clinical requirements of the EMS program and I hereby consent to this test through Missouri Occupational Medicine – Washington, Missouri or TOMO Drug Screening, Rolla, Missouri. I have read and understand the Drug and Alcohol policies of East Central College and those of the EMS program as stated in this consent.

Full name (Print):_____

Address:_____

(Street)

_____

(City, state, zip code)

Date of birth: _____

Signature: _____

Medical Marijuana Policy

As of December 2018, Article XIV of the Missouri Constitution now allows for the possession and cultivation of marijuana for medical use, after voters approved a statewide ballot measure. Under the program developed by the Missouri Department of Health and Senior Services, Missouri physicians may certify that their patients are eligible for medical marijuana use. Patients who receive certification must then apply for an identification card authorizing their use of medical marijuana.

Please note, ***marijuana is still illegal at the federal level***. Regardless of whether medical marijuana is legal in Missouri, federal law requires that colleges and universities adopt and enforce drug-free workplace policies, as well as programs to prevent the unlawful possession, use, or distribution of illicit drugs by students and employees. Accordingly, because marijuana is still considered illegal under federal law as a "Schedule I" drug, ***East Central College must prohibit its distribution, possession, and consumption on property owned and operated by the College or its affiliates (clinical partner affiliations).***

Students and employees who are found in possession or under the influence of marijuana will be subject to disciplinary action in keeping with the College's policies and procedures. Please be advised that disability accommodations are not available for medical marijuana use. Students are encouraged to seek assistance with ACCESS services for options related to alternative accommodations. In the event that the authorized use of marijuana for medical purposes while off-campus impairs a student or results to student conduct violations, it may result in disciplinary consequences from the program and/or College.

CBD oils, supplements, and products derived from hemp are legal under both federal and Missouri law but may not be sold on campus. Individuals are cautioned to use these products at their own risk. ***These types of supplements may still be detected in small amounts or types and can result in a positive drug screen (AJN, 2/2021)***

Student Name (printed legibly): _____

Student Signature:_____Date: _____

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EMS PROGRAMS

Maternity / Health Policy

1. For the student's safety, upon receiving affirmation from the doctor that the student is pregnant or injured, the Clinical Coordinator must be given written permission from the doctor stating the student may participate in clinical. If there are any physical restrictions placed on the student by the doctor, these restrictions must be delineated in the written permission from the doctor. ***This written permission for clinical participation is mandatory.*** No student, who is pregnant or injured, will be allowed to attend clinical without it, thus constituting an unexcused absence. (The form granting permission can be obtained from the Health Science Administrative Assistant). This includes elective surgery which may compromise the student's ability to safely complete clinical experiences.

2. The student shall pass the course if she has:
   a. A passing theory grade when the theoretical portion has been completed, and
   b. A clinical grade of satisfactory.

3. These requirements must be met:
   a. The student must complete all theoretical requirements for the course.
      1. In the event that quizzes are missed, the percentage of the grade attributed to quizzes will be prorated according to the number missed. This percentage will be added to the percent attributed to tests.
      2. All tests missed must be taken by the date specified by the instructor. The dates will be set according to the situation and condition of the student.
   b. The student must demonstrate competence in all clinical objectives for the course.
      1. This can be determined at the time of the maternity leave or at the end of the semester if the student returns to clinical before the semester ends.
      2. The "Policies for Clinical Experience" shall be applied in the case of pregnancy.
   c. The student must submit a physician's note indicating that he/she can no longer attend clinical and/or lecture and that he/she can return to lecture and/or clinical.
   d. The student must assume responsibility for obtaining the notes and/or having the lecture taped.
   e. The theoretical component can be evaluated by any method deemed appropriate by the faculty member(s).

EAST CENTRAL COLLEGE
DEPARTMENT OF ALLIED HEALTH
EMERGENCY MEDICAL SERVICES PROGRAMS

Paramedic Clinical Internship

A student may not start internship until the following criteria have been met:

- All minimum hospital clinical hours have been completed.
- Preceptor packet has been completed by the student, preceptor, district chief, and been approved by the Clinical Coordinator and EMS Program Director
- Each preceptor has completed Platinum Planner preceptor training and passed the assessment with a minimum of 70%
- Each preceptor has met with or had a Zoom meeting with the Clinical Coordinator or EMS Program Director to go over expectations and how to use Platinum Planner.

Students are required to meet with the Clinical Coordinator or EMS Program Director prior to starting internship and at the half-way point of internship.

Students within the Internship portion of their Paramedic program may not ride with EMS Services with which they are employed. For the purpose of this policy, "employed" means, Part-time, Full-time, or Volunteer status, whether compensated or not.

Paramedic Internship students will successfully complete 25 team leads during the last 30 patient contacts of their internship. A successful team lead is a patient contact in which the student, under the supervision of an approved preceptor, performed the patient assessment, formulated a correct field impression of the patient's condition, and directed the appropriate treatment plan for the ambulance crew. The 25 team leads may be BLS or ALS. The student should strive to perform successful team leads during all patient contacts of the internship. During the entire internship, the student must complete at least 15 ALS team leads

Team Lead Criteria

In order to be counted as one of the successful Team Leads, the student must:

Perform an assessment and develop a plan of care under the direct supervision of an assigned preceptor, but without preceptor intervention.

In order to be counted as one of the ALS Team Leads, the student must:

Perform at least 2 of the following interventions on the patient (The interventions must be appropriate based on the current protocols of the ambulance service):

1) Cardiac Monitor (with rhythm interpretation)
2) IV Start
3) Medication administration

In the event that interventions have already been established prior to contact by the ambulance crew (hospital to hospital transfer for instance), monitoring all of the existing ALS interventions (cardiac monitor, IV's, medication infusions, etc.) will count as 1 ALS Intervention.

East Central College

EMS Paramedic Clinical Courses

Clinical Requirements

In order to successfully complete an EMS clinical course, the following hours must be completed:

1 Credit hour EMS Clinical course: 48 hours

2 Credit hour EMS Clinical course: 96 hours

Students doing independent study must follow all policies and procedures for EMS clinicals.

EAST CENTRAL COLLEGE
DEPARTMENT OF ALLIED HEALTH
EMERGENCY MEDICAL SERVICES PROGRAMS

Photography Policy

At no time will photographs or video recording take place within the EMS program without the express written consent of the Program Director. This includes classroom, lab, or clinical experiences. Should any photographs or video recording take place within the program, it will be by full time college personnel, for documentation of the student's progress or as part of classroom/lab experiences. Any other use, such as college advertising, will require the approval of the students involved.

Computer Lab

Clinical ID shall be visibly worn at all times when using the Allied Health Computer Lab (HS 129).

Advanced Placement

United States Armed Forces

In accordance with Mo Revised Statute 19 CSR 30-40.331 (N), An EMT-B licensee that was issued a license by the EMS Bureau pursuant to 19 CSR 30-40.342(2)(A) and section (3) indicating the licensee is a current or past member of the United States Armed Forces including National Guard and Reserves and has met the EMS Bureau's requirements for this license may present this license to a training entity certified by the EMS Bureau within two (2) years of the date of their honorable discharge if the licensee is a past member of the United States Armed Forces including National Guard and Reserves or at any time that the licensee is a current member of the United States Armed Forces including National Guard and Reserves.

Advanced placement will be done, according to state and course minimum training requirements, on a case-by-case basis according to documented prior military education.

EMERGENCY MEDICAL SERVICES PROGRAMS

CLASS DISCIPLINE POLICY STATEMENT

Failure to adhere to conduct guidelines described in the EMS Programs Policy Manual will cause disciplinary action to be taken as follows:

First Offense: Counseling session with Program Director and/or Clinical Coordinator resulting in a verbal warning, documented as such in the student's file.

Second Offense: Counseling session with Program Director and/or Clinical Coordinator resulting in a written warning. A detailed description of the incident will be placed in the student's file, with a copy sent to the Dean of Health Sciences.

Third Offense: Counseling session with Program Director, Clinical Coordinator, and Dean of Health Sciences resulting in probation and/or program dismissal depending on the severity of offense. A detailed description of the incident will be placed in the student's file.

EXCEPTIONS:
Exceptions to this policy, based on the initial violation, are as follows:

Cheating/Academic Honor Code Violations (page 22): Any instances of cheating or other violations of East Central College's Academic Honor Code (found in the student handbook), will result in an "F" for the course.

Clinical Issues (page 14-15): Any instances of falsification of skills, hours, assessments in a clinical facility, or students found to be performing skills outside of their level of education or outside of pre-approved clinical experiences, will be in violation of the Academic Honor Code and will be dismissed from the program with a grade of "F".

Ethical/Professional violations (page 10): The EMS Code of Ethics will be used as a basis for the East Central College EMS Program. Any potential Ethical or Professional violations will be reviewed by a committee of the EMS Advisory Board. Their recommendation will be utilized in determining appropriate discipline, up to and including removal from the program with a grade of "F".

External Resource Violations: The EMS Program utilizes required materials (textbooks, websites, computer applications, etc.) that may have individual policies for usage. If a student violates these policies and are prohibited from utilizing these required resources, they may be unable to complete the program.

Any student removed from the program for disciplinary reasons may not be readmitted to the program.

APPEALS POLICY
The Paramedic Program follows the Board of Trustees policies for Student Grievance and Appeals.
BP3.11 grade appeals.
A copy of this may be found on the East Central College website.

EAST CENTRAL COLLEGE
EMS PROGRAMS

Licensing Information

At this time, all EMT and Paramedic students must pass the National Registry of Emergency Medical Technicians (NREMT) practical exam prior to taking the cognitive exam.

To register for the Practical exam, please go to NIEMT.com and create an account.
The cost of the initial exam is listed before for EMT and Paramedic. You may retest that day but there is an additional cost. The costs are listed on the NIEMT website.

EMT initial exam	$100
Paramedic initial exam	$300

All students must pass the practical exam before receiving course completion to take their cognitive exam.

The process to become a certified **EMT** is stated below and comes directly from nremet.org

If you have just completed or are currently enrolled in a full EMT education program, and you are applying for EMT certification, you must meet the following requirements:

- Successful completion of a state-approved Emergency Medical Technician (EMT) course that meets or exceeds the National Emergency Medical Services Education Standards for the Emergency Medical Technician.
- Candidates must have completed the course within the past two years and the course Program Director must verify successful course completion on the National Registry website.
    - Have a current CPR-BLS for "Healthcare Provider" or equivalent credential.
    - Successful completion of the National Registry EMT cognitive (knowledge) examination and a state approved psychomotor (skills) examination.
        - Passed portions of the cognitive and psychomotor exam remain valid for 24 months provided all other eligibility requirements are met.

Application Process

Follow these easy steps to apply for a National Registry exam:

1. Create your account/log in to your profile.
2. Create an application - Select the EMT level. Verify your personal information and make any necessary changes. Then, follow the prompts through the application process.
3. Pay the application fee of $104.00 (US funds). The application fee is non-transferable and non- refundable. This fee is charged for each attempt of the cognitive examination.
4. Monitor the progress of your application from your "Certification Application Status" in case additional actions are needed. Once the National Registry approves your application and your status is "Ready to Test," you can view your ATT letter and contact Pearson Vue to schedule your exam.

The process to become a certified **Paramedic** is stated below and comes directly from nremet.org

If you have just completed or are currently enrolled in a Paramedic education program, and you are applying for Paramedic certification, you must meet the following requirements:

- Current National Registry certification or state license at the EMT level, or higher
- Successful completion of a CAAHEP-accredited Paramedic education program (or an education program that has been issued a CoAEMSP "Letter of Review") that meets or exceeds the National Emergency Medical Services Education Standards for Paramedic.
- Candidates must have completed the course within the past two years and the course Program Director must verify successful course completion on the National Registry website.
    - All Paramedic candidates who started their Paramedic education program after August 1, 2016, are required to complete a psychomotor competency portfolio.
    - Have a current CPR-BLS for "Healthcare Provider" or equivalent credential.
- Successful completion of the National Registry Paramedic cognitive (knowledge) examination and psychomotor (skills) examination.
    - Passed portions of the cognitive and psychomotor exam remain valid for 24 months provided all other eligibility requirements are met.

Application Process

Follow these easy steps to apply for a National Registry exam:

1. Create your account/log in to your profile.
2. Create an application - Select the Paramedic level. Verify your personal information and make any necessary changes. Then, follow the prompts through the application process.
3. Pay the application fee of $160.00 (US funds). The application fee is non-transferable and non-refundable. This fee is charged for each attempt of the cognitive examination.
4. Monitor the progress of your application from your “Certification Application Status” in case additional actions are needed. Once the National Registry approves your application and your status is “Ready to Test,” you can view your ATT letter and contact Pearson Vue to schedule your exam.

State Licensing Information

After passing the NREMT certification exams, the next process is obtaining the Missouri State EMT or Paramedic license.

The process for All students should be advised that to become licensed by the Missouri Bureau of Emergency Medical Services (BEMS), the following questions must be completed during the application process.

Several questions deal with general information including name, address, social security number, birthdate, type of license, and location of initial training. In addition, all applicants will complete a criminal background check including fingerprints. The following specific questions will also be asked.

> "Have you ever had administrative licensure action taken against your EMS license in Missouri or any other state?"
>
> "Have you ever voluntarily surrendered a health care license, or certification in any state?"
>
> "Have you ever been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere in a criminal prosecution under the law of any state or of the United States, whether or not you received a suspended imposition of sentence for any criminal offense?
>
> Are you a United States citizen?
>
> "I hereby certify that:
> a. I am able to speak, read and write the English language.
> b. I do not have a physical or mental impairment which would substantially limit my ability to perform the essential functions of an emergency medical technician with or without a reasonable accommodation.
> c. This application contains no misrepresentations or falsifications and the information given by me is true and complete to the best of my knowledge. I further certify that I have both the intention and the ability to comply with the regulations promulgated under Chapter 190, RSMo.
> d. I will submit for fingerprinting via an IDEMIA location."

Determinations about licensure based on the above information that the applicant provides is handled by the Missouri Bureau of EMS. Questions regarding licensure should be directed to the Missouri Bureau of EMS.

Students with Disabilities or Special Needs

The NREMT does have ADA accommodation for students who are taking the practical and written exams. The overview is listed below, but for more information, please visit nremt.org.

The National Registry of Emergency Medical Technicians administers its certification examinations in a manner that does not discriminate against an otherwise qualified applicant. The National Registry offers reasonable and appropriate accommodations for the written and practical components of the registration examination for those persons with documented disabilities, as required by the ADA.

The National Registry urges candidates requesting any accommodation to submit such requests as early as possible to provide adequate time to resolve any documentation issues that may arise. At a minimum, all requests for accommodations must be received by the National Registry no less than thirty (30) days before scheduling the examination.

The National Registry will review each request on an individual basis and make decisions relative to appropriate accommodations based on the following general guidelines:

1. To be considered for an accommodation under the ADA, an individual must present adequate documentation demonstrating that their condition substantially limits one or more major life activities.
2. Only individuals with disabilities who, with or without reasonable accommodations, meet the eligibility requirements for certification at the level of the requested examination are eligible for accommodations.
3. Requested accommodations must be reasonable and appropriate for the documented disability and must not fundamentally alter the examination's ability to assess the essential functions of pre-hospital care, which the test is designed to measure.
4. Professionals conducting assessments, rendering diagnoses of specific disabilities and/or making recommendations for appropriate accommodations must be qualified to do so.
5. The National Registry realizes that each candidate's circumstances are unique and a case-by-case approach to review the documentation is required.
6. All documentation submitted in support of a requested accommodation will be kept in confidence and will be disclosed to National Registry staff and consultants only to the extent necessary to evaluate the accommodation. No information concerning an accommodation request will be released to third parties without written permission from the candidate.

EMERGENCY MEDICAL SERVICES PROGRAM
2023-2024 FACULTY/STAFF ROSTER

DEAN OF HEALTH SCIENCE:

Mitchell, Nancy, RN, AAS, East Central College; BA, Williams Woods University, Fulton, Missouri; BSN, Central Methodist University, Fayette, Missouri; MSN, Maryville University, St. Louis, Missouri

PROGRAM DIRECTOR:

Goodson, Jenifer, Paramedic, AAS, East Central College; BS Central Methodist University, Fayette, Missouri

CLINICAL COORDINATOR:

Prince, Wayne, EMT, CA, East Central College

ADJUNCT FACULTY:

Jordan, Katherine, Paramedic, CA, East Central College

Banderman, Clay, Paramedic, AAS, East Central College

ADMINISTRATIVE STAFF:

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National EMS Education Standards

LEGEND

The first letter refers to **Breadth**, which can be:
- Simple (S)
- Foundational (F)
- Comprehensive (C)

The second letter refers to **Depth**, which can be:
- Simple (S)
- Fundamental (F)
- Complex (C)

For more information refer to Fig. 2 and Fig. 2.1 (Depth/Breadth Terminology) on p.11-12.

		EMR	EMT	AEMT	Paramedic
Preparatory	Preparatory	**Uses knowledge of the EMS system, safety/well-being of the EMR, medical/legal issues and ethical issues at the scene of an emergency while awaiting a higher level of care.**	**Applies knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care.**	**Applies knowledge of the EMS system, safety/well-being of the AEMT, medical/legal and ethical issues to the provision of emergency care.**	**Integrates knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues intended to improve the health of EMS personnel, patients, and the community.**
	EMS Systems	• EMS systems (S,S) • Roles, responsibilities, and professionalism of EMS personnel (S,S) • Quality improvement vs. quality assurance (S,S) • Role of medical oversight (S,S) • Culture of safety / patient safety (S,S) • Continuum of care (S,S)	• EMS systems (S,F) • Roles, responsibilities, and professionalism of EMS personnel (F,F) • Quality improvement vs. quality assurance (S,F) • Role of medical oversight (S,S) • Culture of safety / patient safety (S,F) • Continuum of care (S,F) • History of EMS (S,F) • Systems of care, e.g., Stroke, STEMI, Trauma, Pediatrics (S,F) • MIH/CP and other EMS-related specialty roles (S,S)	• EMS systems (S,F) • Roles, responsibilities, and professionalism of EMS personnel (F,F) • Quality improvement vs. quality assurance (F,F) • Role of medical oversight (F,F) • Culture of safety / patient safety (F,F) • Continuum of care (F,F) • History of EMS (S,F) • Systems of care, e.g., Stroke, STEMI, Trauma, Pediatrics (F,F) • MIH/CP and other EMS-related specialty roles (F,F)	• EMS systems (C,C) • Roles, responsibilities, and professionalism of EMS personnel (C,C) • Quality improvement vs. quality assurance (C,C) • Role of medical oversight (C,C) • Culture or safety / patient safety (C,C) • Continuum of care (F,F) • History of EMS (F,F) • Systems of care, e.g., Stroke, STEMI, Trauma, Pediatrics (C,C) • MIH/CP and other EMS-related specialty roles (F,F)

		EMR	EMT	AEMT	Paramedic
Preparatory	Workforce Safety and Wellness	• Standard safety precautions (S,S) • Personal protective equipment (S,S) • Lifting and moving patients (S,S) • Crew resource management (S,S) • Stress management (F,F) • Prevention of work-related injuries and illnesses (F,F) • Responder mental health, resilience, and suicide prevention (F,F) • Wellness principles (F,F) • Disease transmission (S,S)	• Standard safety precautions (F,F) • Personal protective equipment (F,F) • Lifting and moving patients (F,F) • Crew resource management (F,F) • Stress management (F,F) • Prevention of work-related injuries and illnesses (F,F) • Responder mental health, resilience, and suicide prevention (F,F) • Wellness principles (F,F) • Disease transmission (F,F)	• Standard safety precautions (F,F) • Personal protective equipment (F,F) • Lifting and moving patients (F,F) • Crew resource management (F,F) • Stress management (F,F) • Prevention of work-related injuries and illnesses (F,F) • Responder mental health, resilience, and suicide prevention (F,F) • Wellness principles (F,F) • Disease transmission (F,F)	• Standard safety precautions (C,C) • Personal protective equipment (C,C) • Lifting and moving patients (C,C) • Crew resource management (F,F) • Stress management (C,C) • Prevention of work-related injuries and illnesses (C,C) • Responder mental health, resilience, and suicide prevention (C,C) • Wellness principles (C,C) • Disease transmission (C,C)
	Research	• Impact of research on EMR care (S,S) • Data collection (S,S)	• Impact of research on EMT care (S,S) • Data collection (S,S) • Evidence-based decision making (S,S)	• Impact of research on AEMT care (S,S) • Data collection (S,S) • Evidence-based decision making (S,S)	• Impact of research on Paramedic care (S,S) • Data collection (S,S) • Evidence-based decision making (S,S) • Research principles to interpret literature and advocate evidence-based practice (F,F)
	Documentation	• Recording patient findings (S,S)	• Recording patient findings (S,S) • Principles of medical documentation and report writing (F,F) • Supporting medical necessity (S,S)	• Recording patient findings (S,S) • Principles of medical documentation and report writing (C,F) • Supporting medical necessity (S,S)	• Recording patient findings (S,S) • Principles of medical documentation and report writing (C,C) • Supporting medical necessity (S,S)
	EMS System Communication	• Call for resources (S,S) • Transfer care of the patient (S,S) • Interact within the team structure (S,S)	• EMS communication system (S,S) • Communication with other health care professionals to include cohesive and organized patient handoff (S,S) • Team communication and dynamics (S,S) • Telemetric monitoring devices and transmission of clinical data, including video data (S,S)	• EMS communication system (F,F) • Communication with other health care professionals to include cohesive and organized patient handoff (F,F) • Team communication and dynamics (F,F) • Telemetric monitoring devices and transmission of clinical data, including video data (S,S)	• EMS communication system (C,C) • Communication with other health care professionals to include cohesive and organized patient handoff (C,C) • Team communication and dynamics (C,C) • Telemetric monitoring devices and transmission of clinical data, including video data (S,S)

		EMR	EMT	AEMT	Paramedic
Preparatory	Therapeutic Communication	• Health care literacy (S,S) • Interviewing techniques (S,S) • Verbal defusing strategies (S,S) • Managing communication challenges (S,S) • Family centered care (S,S)	• Health care literacy (S,S) • Interviewing techniques (F,F) • Verbal defusing strategies (F,F) • Managing communication challenges (F,F) • Family centered care (F,F) • Adjusting communication strategies for age, stage of development, patients with special needs (S,S) • Non-discriminatory communication that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcome (S,S)	•Health care literacy (F,F) •Interviewing techniques (F,F) • Verbal defusing strategies (F,F) • Managing communication challenges (F,F) • Family centered care (F,F) • Adjusting communication strategies for age, stage of development, patients with special needs (S,S) • Non-discriminatory communication that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcome (S,S)	• Health care literacy (C,C) • Interviewing techniques (C,C) • Verbal defusing strategies (F,F) • Managing communication challenges (C,C) • Family centered care (F,F) • Adjusting communication strategies for age, stage of development, patients with special needs (C,C) • Non-discriminatory communication that addresses inherent or unconscious bias, is culturally aware and sensitive, and intended to improve patient outcome (C,C)
	Medical/Legal and Ethics	• Consent/refusal of care (S,S) • Confidentiality (S,S) • Advanced directives (S,S) • Tort and criminal actions (S,S) • Evidence preservation (S,S) • Statutory responsibilities (S,S) • Mandatory reporting (S,S) • Ethical principles/moral obligations (S,S) • End-of-life issues (S,S)	• Consent/involuntary consent/ refusal of care (F,F) • Confidentiality (S,S) • Advanced directives (F,F) • Tort and criminal actions (F,F) • Evidence preservation (F,F) • Statutory responsibilities (F,F) • Mandatory reporting (F,F) • Ethical principles/moral obligations (F,F) • End-of-life issues (S,S) • Patient rights/advocacy (S,S)	• Consent/involuntary consent/ refusal of care (F,F) • Confidentiality (S,S) • Advanced directives (F,F) • Tort and criminal actions (F,F) • Evidence preservation (F,F) • Statutory responsibilities (F,F) • Mandatory reporting (F,F) • Ethical principles/moral obligations (F,F) • End-of-life issues (S,S) • Patient rights/advocacy (S,S)	• Consent/involuntary consent/ refusal of care (C,C) • Confidentiality (S,S) • Advanced directives (C,C) • Tort and criminal actions (C,C) • Evidence preservation (F,F) • Statutory responsibilities (C,C) • Mandatory reporting (C,C) • Ethical principles/moral obligations (C,C) • End-of-life issues (C,C) • Health care regulation (C,C) • Patient rights/advocacy (C,C) • Ethical tests and decision making (C,C)

	EMR	EMT	AEMT	Paramedic
Anatomy and Physiology	Uses knowledge of the anatomy and function of the upper airway, heart, vessels, blood, lungs, skin, muscles, and bones as the foundation of emergency care.	Applies knowledge of the anatomy and function of all human systems to the practice of EMS.	Integrates knowledge of the anatomy and physiology of the airway, respiratory and circulatory systems to the practice of EMS.	Integrates knowledge of the anatomy and physiology of all human systems

	EMR	EMT	AEMT	Paramedic
Medical Terminology	Uses medical and anatomical terms.	Uses anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals.	Same as EMT Level	Integrates anatomical and medical terminology and abbreviations into written and oral communication with colleagues and other health care professionals.

	EMR	EMT	AEMT	Paramedic
Pathophysiology	Uses knowledge of shock and respiratory compromise to respond to life threats.	Applies knowledge of the pathophysiology of respiration and perfusion to patient assessment and management.	Applies knowledge of the pathophysiology of respiration and perfusion to patient assessment and management.	Integrates knowledge of pathophysiology of major human systems.

	EMR	EMT	AEMT	Paramedic
Life Span Development	Uses knowledge of age-related differences to assess and care for patients.	Applies knowledge of life span development to patient assessment and management.	Same as EMT Level	Integrates knowledge of life span development.

		EMR	EMT	AEMT	Paramedic
Public Health	Public Health	**Has an awareness of local public health resources and their role in public health.**	**Applies knowledge of the principles of public health epidemiology including public health emergencies, public health monitoring, health promotion and illness and injury prevention.**	**Same as EMT level**	**Applies knowledge of principles of public health and epidemiology including public health emergencies, health promotion and illness and injury prevention.**
	Public Health Overview	• EMS roles in public health (S,S) • Infection prevention and control (S,S) • Human trafficking (S,S)	• EMS roles in public health (S,S) • Infection prevention and control (S,S) • Human trafficking (S,S) • EMS EHR reporting and data collection (S,S) • Governmental/ nongovernmental roles & resources (S,S) • Public health mission and goals (S,S) • Social, geographic, economic, demographic determinants of health (S,S) • Patient and community education (S,S) • Injury prevention and wellness (S,S) • Unique pediatric, geriatric, and special populations public health concerns (S,S) • Screenings and vaccinations/ immunizations (S,S)	• EMS roles in public health (S,S) • Infection prevention and control (S,S) • Human trafficking (S,S) • EMS EHR reporting and data collection (S,S) • Governmental/ nongovernmental roles & resources (S,S) • Public health mission and goals (S,S) • Social, geographic, economic, demographic determinants of health (S,S) • Patient and community education (S,S) • Injury prevention and wellness (S,S) • Unique pediatric, geriatric, and special populations public health concerns (S,S) • Screenings and vaccinations/ immunizations (F,F) • Impacts of political, social and economic issues (F,F) • Infectious disease (F,F)	• EMS roles in public health (C,F) • Infection prevention and control (F,F) • Human trafficking (S,S) • EMS EHR reporting and data collection (S,S) • Governmental/ nongovernmental roles & resources (S,S) • Public health mission and goals (S,S) • Social, geographic, economic, demographic determinants of health (S,S) • Patient and community education (S,S) • Injury prevention and wellness (S,S) • Unique pediatric, geriatric, and special populations public health concerns (S,S) • Screenings and vaccinations/ immunizations (C,F) • Impacts of political, social and economic issues (F,F) • Infectious disease (C,F) • Patient disposition, selecting destination, ambulance transport (C,F) • Bioinformatics (C,F)

		EMR	EMT	AEMT	Paramedic
Pharmacology	Pharmacology	**Uses knowledge of the medications that the EMR may administer in an emergency.**	**Applies knowledge of the medications the EMT may administer to a patient during an emergency and chronic or maintenance medications the patient may be taking.**	**Applies (to patient assessment and management) knowledge of the medications carried by AEMTs that may be administered to a patient during an emergency and chronic or maintenance medications the patient may be taking.**	**Integrates knowledge of pharmacology to formulate a treatment plan intended to mitigate emergencies and improve the overall health of the patient.**
	Principles of Pharmacology	• Medication safety (S,S) • Kinds of medications used during an emergency (S,S)	• Medication safety (F,F) • Medication legislation (F,F) • Naming (F,F) • Classifications (F,F) • Storage and security (F,F) • Medication interactions (S,S) • Adverse drug reactions (S,S) • Metabolism and excretion (F,F) • Mechanism of action (F,F) • Medication response relationships (F,F)	• Medication safety (C,C) • Medication legislation (C,C) • Naming (C,C) • Classifications (C,C) • Storage and security (C,C) • Medication interactions (C,C) • Adverse drug reactions (C,C) • Pharmacokinetics (C,C) • Pharmacodynamics (C,C) • Schedules (C,C)	• Medication safety (C,C) • Medication legislation (C,C) • Naming (C,C) • Classifications (C,C) • Storage and security (C,C) • Medication interactions (C,C) • Adverse drug reactions (C,C) • Pharmacokinetics (C,C) • Pharmacodynamics (C,C) • Schedules (C,C)
	Medication Administration	• Use a Medication Cross Check procedure (S,S) • Use an autoinjector (S,S) • Use a unit-dose, premeasured intranasal device (S,S) • Use of tools/resources to facilitate safe administration of weight-based dosing.	• Use a Medication Cross Check procedure (F,F) • Use an autoinjector (S,S) • Use a unit-dose, premeasured intranasal device (S,S) • Administer medications to a patient (F,F) • Provide pain management, including ethical and safety considerations (F,F) • Routes of administration (S,S)	• Use a Medication Cross Check procedure (F,F) • Use an autoinjector (S,S) • Use a unit-dose, premeasured intranasal device (S,S) • Administer medications to a patient (C,C) • Provide pain management, including ethical and safety considerations (C,C) • Routes of administration (C,C) • Resources for safe administration of weight-based dosing (F,F)	• Use a Medication Cross Check procedure (F,F) • Use an autoinjector (S,S) • Use a unit-dose, premeasured intranasal device (S,S) • Administer medications to a patient (C,C) • Provide pain management, including ethical and safety considerations (C,C) • Routes of administration (C,C) • Resources for safe administration of weight-based dosing (F,F)

		EMR	EMT	AEMT	Paramedic
Pharmacology	Acute Medications	• Names (S,S) • Effects (S,S) • Indications (S,S) • Contraindications (S,S) • Side effects (S,S) • Routes of administration (S,S) • Dosages (S,S)	• Names (F,S) • Effects (S,S) • Indications (F,S) • Contraindications (F,S) • Side effects (F,S) • Routes of administration (F,S) • Dosages (F,S) • Actions (F,S) • Complications (F,S) • Interactions (F,S)	• Names (C,C) • Effects (C,C) • Indications (C,C) • Contraindications (C,C) • Side effects (C,C) • Routes of administration (C,C) • Dosages (C,C) • Actions (C,C) • Complications (C,C) • Interactions (C,C)	• Names (C,C) • Effects (C,C) • Indications (C,C) • Contraindications (C,C) • Side effects (C,C) • Routes of administration (C,C) • Dosages (C,C) • Actions (C,C) • Complications (C,C) • Interactions (C,C)
	Chronic or Maintenance Medications	No knowledge related to this competency is applicable at this level.	Specific medication classes to be determined locally • Class names (S,S) • Class indications (S,S) • Class complications (S,S) • Class side effects (S,S) • Polypharmacy (S,S)	Specific medication classes to be determined locally • Class names (S,S) • Class indications (S,S) • Class complications (S,S) • Class side effects (S,S) • Polypharmacy (S,S)	Specific medication classes and examples to be determined locally • Class names (F,S) • Class indications (F,S) • Class complications (F,S) • Class side effects (F,S) • Polypharmacy (F,S)

		EMR	EMT	AEMT	Paramedic
Airway Management, Respiration and Ventilation	**Airway Management, Respiration and Ventilation**	**Applies knowledge of anatomy and physiology to assure a patent airway, adequate mechanical ventilation and respiration while awaiting additional EMS response for patients of all ages.**	**Applies knowledge of anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.**	**Applies knowledge of upper airway anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.**	**Integrates knowledge of anatomy, physiology, and pathophysiology into the assessment to develop and implement a treatment plan with the goal of assuring a patent airway, adequate mechanical ventilation and respiration for patients of all ages.**
	Airway Management (Include age-related variations in pediatric and geriatric patients)	• Airway anatomy (F,S) • Airway assessment (F,S) • Techniques of assuring a patent airway (F,S)	• Airway anatomy (F,F) • Airway assessment (F,F) • Techniques of assuring a patent airway (F,F)	• Airway anatomy (F,F) • Airway assessment (F,F) • Techniques of assuring a patent airway (F,F)	• Airway anatomy (C,C) • Airway assessment (C,C) • Techniques of assuring a patent airway (C,C)
	Respiration (Include age-related variations in pediatric and geriatric patients)	• Anatomy of the respiratory system (F,S) • Physiology and pathophysiology of respiration (F,S) - Pulmonary ventilation - Oxygenation - Respiration • External • Internal • Cellular • Assessment and management of adequate and inadequate respiration (F,S) • Supplemental oxygen therapy (F,S)	• Anatomy of the respiratory system (F,F) • Physiology and pathophysiology of respiration (F,C) - Pulmonary ventilation - Oxygenation - Respiration • External • Internal • Cellular • Assessment and management of adequate and inadequate respiration (F,C) • Supplemental oxygen therapy (F,C)	• Anatomy of the respiratory system (C,F) • Physiology and pathophysiology of respiration (F,C) - Pulmonary ventilation - Oxygenation - Respiration • External • Internal • Cellular • Assessment and management of adequate and inadequate respiration (F,C) • Supplemental oxygen therapy (F,C)	• Anatomy of the respiratory system (C,C) • Physiology and pathophysiology of respiration (C,C) - Pulmonary ventilation - Oxygenation - Respiration • External • Internal • Cellular • Assessment and management of adequate and inadequate respiration (C,C) • Supplemental oxygen therapy (C,C)
	Ventilation (Include age-related variations in pediatric and geriatric patients)	• Assessment and management of adequate and inadequate ventilation (F,S) • Effect of ventilation on cardiac output (F,S)	• Assessment and management of adequate and inadequate ventilation (F,F) • Effect of ventilation on cardiac output (F,F)	• Assessment and management of adequate and inadequate ventilation (C,F) • Effect of ventilation on cardiac output (C,F)	• Assessment and management of adequate and inadequate ventilation (C,C) • Effect of ventilation on cardiac output (C,C)

		EMR	EMT	AEMT	Paramedic
Assessment	Assessment	**Use scene information and patient assessment findings to identify and manage immediate life threats and injuries within the scope of practice of the EMR.**	**Applies scene information and patient assessment findings (scene size up, primary, and secondary assessment, patient history and reassessment) to guide emergency management.**	**Same as EMT Level**	**Integrate scene and patient assessment findings with knowledge of epidemiology and pathophysiology to form a field impression. This includes developing a list of differential diagnoses through clinical reasoning to modify the assessment and formulate a treatment plan.**
	Scene Assessment	• Scene safety/situational awareness (C,C) • Scene management (F,F) • Impact of the environment on patient care (F,F) • Addressing hazards (F,F) • Violence (F,F) • Need for additional or specialized resources (F,F) • Standard precautions (F,F) • Multiple patient situations (F,F)	• Scene safety/situational awareness (C,C) • Scene management (F,F) • Impact of the environment on patient care (F,F) • Addressing hazards (F,F) • Violence (F,F) • Need for additional or specialized resources (F,F) • Standard precautions (F,F) • Multiple patient situations (F,F)	• Scene safety/situational awareness (C,C) • Scene management (F,F) • Impact of the environment on patient care (F,F) • Addressing hazards (F,F) • Violence (F,F) • Need for additional or specialized resources (F,F) • Standard precautions (F,F) • Multiple patient situations (F,F)	• Scene safety/situational awareness (C,C) • Scene management (C,C) • Impact of the environment on patient care (C,C) • Addressing hazards (C,C) • Violence (C,C) • Need for additional or specialized resources (F,F) • Standard precautions (F,F) • Multiple patient situations (C,C)
	Primary Assessment (Include age-related variations in pediatric and geriatric patients)	• Primary assessment (S,S) • Begin interventions needed to preserve life (S,S)	• Primary assessment (F,S) • Integration of treatment/ procedures needed to preserve life (F,S)	• Primary assessment (F,F) • Integration of treatment/ procedures needed to preserve life (F,F)	• Primary assessment (C,C) • Integration of treatment/ procedures needed to preserve life (C,C)

		EMR	EMT	AEMT	Paramedic
Assessment	**History Taking** (Include age-related variations in pediatric and geriatric patients)	• Determining the chief complaint (S,S) • Mechanism of injury/ nature of illness (S,S) • Associated signs and symptoms (S,S)	• Investigation of the chief complaint (F,F) • Mechanism of injury/nature of illness (F,F) • Associated signs and symptoms (F,F) • Past medical history (F,F) • Pertinent negatives (F,F)	• Investigation of the chief complaint (F,F) • Mechanism of injury/nature of illness (F,F) • Associated signs and symptoms (F,F) • Past medical history (F,F) • Pertinent negatives (F,F)	• Investigation of the chief complaint (C,C) • Mechanism of injury/nature of illness (C,C) • Associated signs and symptoms (C,C) • Past medical history (C,C) • Pertinent negatives (C,C) • Interviewing techniques (C,C) • Therapeutic communication and adaptive interview techniques (C,C)
	Secondary Assessment (Include age-related variations in pediatric and geriatric patients)	• Assessment of vital signs (S,S) • Assessment of pain (S,S) • Performing a rapid full body scan (S,S)	• Assessment of vital signs (F,F) • Assessment of pain (F,F) • Techniques of physical examination (F,F) - Respiratory system including breath sound quality - Cardiovascular system - Neurological system - Musculoskeletal system - Major anatomical regions	• Assessment of vital signs (C,F) • Assessment of pain (C,F) • Techniques of physical examination (C,F) - Respiratory system including breath sound quality - Cardiovascular system - Neurological system - Musculoskeletal system - Major anatomical regions	• Assessment of vital signs (C,C) • Assessment of pain (C,C) • Techniques of physical examination (C,C) - Respiratory system including breath sound quality - Cardiovascular system - Neurological system - Musculoskeletal system - Major anatomical regions
	Monitoring Devices	No knowledge related to this competency is applicable at this level.	• Pulse oximetry (S,S) • Non-invasive blood pressure (S,S) • Cardiac monitoring – 12 lead ECG acquisition and transmission (S,S) • Blood glucose determination (S,S)	• Pulse oximetry (S,S) • Non-invasive blood pressure (S,S) • Cardiac monitoring – 12 lead ECG acquisition and transmission (S,S) • Blood glucose determination (S,S) • End tidal CO_2 monitoring and interpretation of waveform capnography (S,S) • Venous blood sampling (S,S)	• Pulse oximetry (S,S) • Non-invasive blood pressure (S,S) • Cardiac monitoring – 12 lead ECG acquisition and transmission (F,F) • Blood glucose determination (S,S) • End tidal CO_2 monitoring and interpretation of waveform capnography (F,F) • Venous blood sampling (S,S) • 12-lead ECG interpretation (F,F) • Blood chemistry analysis (F,F)
	Reassessment (Include age-related variations in pediatric and geriatric patients)	• How and when to reassess patients (S,S)	• How and when to reassess patients (F,F)	• How and when to reassess patients (F,F)	• How and when to reassess patients (C,C)

		EMR	EMT	AEMT	Paramedic
Medicine	**Medicine**	**Recognizes and manages life threats based on assessment findings of a patient with a medical emergency while awaiting additional emergency response.**	**Applies knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.**	**Applies knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for an acutely ill patient.**	**Integrates assessment findings with principles of epidemiology and pathophysiology to formulate a field impression and implement a treatment/ disposition plan for a patient with a medical complaint.**
	Medical Overview (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/ or emergencies associated with pediatric and geriatric patients)	• Assessment and management of a medical complaint (S,S)	• Pathophysiology, assessment, and management of a medical complaints to include (S,F) - Transport mode - Destination decisions	• Pathophysiology, assessment, and management of a medical complaints to include (F,F) - Transport mode - Destination decisions	• Pathophysiology, assessment, and management of a medical complaints to include (C,C) - Transport mode - Destination decisions
	Abdominal and Gastrointestinal Disorders (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/ or emergencies associated with pediatric and geriatric patients)	• Anatomy, presentations, and management of shock associated with gastrointestinal bleeding (S,S)	• Acute and chronic gastrointestinal hemorrhage (F,F) • Other gastrointestinal disorders to be determined locally (S,S)	• Acute and chronic gastrointestinal hemorrhage (F,F) • Other gastrointestinal disorders to be determined locally (S,S)	• Acute and chronic gastrointestinal hemorrhage (C,C) • Bowel obstruction (C,C) • Liver and biliary tract disorders (F,F) • Pancreatitis (S,S) • Inflammatory disorders (S,S) • Peritonitis (S,S) • Other gastrointestinal disorders to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Medicine	**Cardiovascular** (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Chest pain (S,S)	• Acute coronary syndrome (F,F) • Hypertensive emergencies (S,S) • Aortic aneurysm/dissection (F,F) • Thromboembolism (F,F) • Heart failure (F,F) • Other cardiovascular disorders to be determined locally (S,S)	• Acute coronary syndrome (C,F) • Hypertensive emergencies (F,S) • Aortic aneurysm/dissection (F,F) • Thromboembolism (F,F) • Heart failure (F,F) • Other cardiovascular disorders to be determined locally (S,S)	• Acute coronary syndrome (C,C) • Hypertensive emergencies (C,C) • Aortic aneurysm/dissection (F,F) • Thromboembolism (F,F) • Heart failure (C,C) • Non-traumatic cardiac tamponade (C,C) • Cardiogenic shock (C,C) • Vascular Disorders (C,C) • Cardiac rhythms (C,C) • Conditions that predispose patients to cardiac rhythm disturbances including WPW, Brugada, long QT syndrome and others (C,C) • Infectious diseases of the heart: endocarditis, myocarditis, pericarditis (F,F) • Congenital heart disease (F,F) • Hypertrophic cardiomyopathy (F,F) • Other cardiovascular disorders to be determined locally (S,S)
	Disorders of the Eyes, Ears, Nose, and Throat (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Epistaxis (S,S)	• Epistaxis (S,S) • Other eye, ear, nose and throat disorders to be determined locally (S,S)	• Epistaxis (F,F) • Post-surgical oropharyngeal hemorrhage (F,F) • Other eye, ear, nose and throat disorders to be determined locally (S,S)	• Epistaxis (F,F) • Post-surgical oropharyngeal hemorrhage (F,F) • Common or major diseases of the eyes, ears, nose and throat (F,F) • Other eye, ear, nose and throat disorders to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Medicine	**Endocrine Disorders** (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Awareness that diabetic emergencies cause altered mental status (S,S)	• Diabetic emergencies (F,F) • Other endocrine disorders to be determined locally (S,S)	• Diabetic emergencies (C,F) • Other endocrine disorders to be determined locally (S,S)	• Diabetic emergencies (C,C) • Chronic diabetes (C,C) • Adrenal disease (S,S) • Pituitary and thyroid disorders (S,S) • Inborn errors of metabolism (S,S) • Other endocrine disorders to be determined locally (S,S)
	Genitourinary/Renal (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Blood pressure assessment in hemodialysis patients (S,S)	• Complications related to renal dialysis (S,S) • Complications related to urinary catheter management (not insertion) (S,S) • Kidney stones (S,S) • Sexual assault (Female and Male) (F,F) • Other GI/Renal to be determined locally (S,S)	• Complications related to renal dialysis (F,S) • Complications related to urinary catheter management (not insertion) (S,S) • Kidney stones (F,S) • Sexual assault (Female and Male) (F,F) • Other GI/Renal to be determined locally (S,S)	• Complications of dialysis (C,C) • Complications related to urinary catheter management (not insertion) (S,S) • Renal calculi (C,C) • Sexual assault (Female and Male) (C,C) • Acute/chronic renal failure (C,C) • Acid base disturbances (C,C) • Fluid and electrolytes (C,C) • Infection (F,F) • Male genital tract conditions (F,F) • Other GI/Renal to be determined locally (S,S)
	Hematology (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	No knowledge related to this competency is applicable at this level.	• Sickle cell crisis (S,S) • Clotting disorders (S,S) • Other hematologic disorders to be determined locally (S,S)	• Sickle cell crisis (F,F) • Clotting disorders (S,S) • Other hematologic disorders to be determined locally (S,S)	• Sickle cell disease (C,C) • Coagulopathies (F,F) • Blood transfusion complications (F,F) • Hemostatic disorders (F,F) • Red blood cell disorders (F,F) • White blood cell disorders (F,F) • Other hematologic disorders to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Medicine	**Immunology** (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Anaphylactic reactions (S,S)	• Allergic and anaphylactic reactions (F,F) • Other immunological disorders to be determined locally (S,S)	• Allergic and anaphylactic reactions (C,C) • Systemic Inflammatory Response Syndrome (SIRS) (C,C) • Other immunological disorders to be determined locally (S,S)	• Allergic and anaphylactic reactions (C,C) • Systemic Inflammatory Response Syndrome (SIRS) (C,C) • Hypersensitivity (C,C) • Anaphylactoid reactions (C,C) • Collagen vascular disease (F,F) • Transplant-related problems (F,F) • Immunodeficiency syndromes (acquired or congenital) (F,F) • Other immunological disorders to be determined locally (S,S)
	Infectious Diseases (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Awareness of patient who may have an infectious disease (S,S) • How to disinfect and decontaminate equipment after treating a patient (S,S)	• Assessment and management of a patient who may have an infectious disease (S,S) • How to decontaminate the ambulance and equipment after treating a patient (S,S) • Sepsis and septic shock (S,S) • Other infectious diseases to be determined locally (S,S)	• Assessment and management of a patient who may have an infectious disease (S,S) • How to decontaminate the ambulance and equipment after treating a patient (S,S) • Sepsis and septic shock (F,F) • HIV (F,F) • Hepatitis B (F,F) • Antibiotic resistance (F,F) • Current infectious diseases prevalent in the community (F,F) • Vaccine-preventable diseases (F,F) • Other infectious diseases to be determined locally (S,S)	• Assessment and management of a patient who may have an infectious disease (S,S) • How to decontaminate the ambulance and equipment after treating a patient (S,S) • Sepsis and septic shock (C,C) • HIV-related disease (C,C) • Hepatitis (C,C) • Meningitis (C,C) • Antibiotic resistance (F,F) • Current infectious diseases prevalent in the community (F,F) • Vaccine-preventable diseases (C,C) • Viral diseases: RSV, Herpes zoster (F,F) • Sexually transmitted infections (F,F) • Tetanus (S,S) • Vector-borne diseases (S,S) • Tuberculosis (S,S) • Emerging infectious disease (S,S) • Other infectious diseases to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Medicine	**Neurology** (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Decreased level of responsiveness (S,S) • Seizure (S,S) • Stroke (S,S)	• Decreased level of responsiveness (S,S) • Seizure (F,F) • Stroke (F,F) • Dementia vs. delirium (S,S) • Alzheimer's disease (S,S) • Headache (F,F) • Brief Resolved Unexplained Event (BRUE) (F,F) • Other neurological disorders to be determined locally (S,S)	• Decreased level of responsiveness (F,F) • Seizure (C,F) • Stroke (F,F) • Dementia vs. delirium (S,S) • Alzheimer's disease (S,S) • Headache (F,F) • Brief Resolved Unexplained Event (BRUE) (F,F) • Parkinson's disease (S,S) • Other neurological disorders to be determined locally (S,S)	• Decreased level of responsiveness (C,C) • Seizure (C,C) • Stroke (C,C) • Dementia vs. delirium (S,S) • Alzheimer's disease (S,S) • Headache (C,C) • Brief Resolved Unexplained Event (BRUE) (F,F) • Parkinson's disease (S,S) • Hydrocephalus – CSF diversion devices or shunts (F,F) • Other neurological disorders to be determined locally (S,S)
	Non-Traumatic Musculoskeletal Disorders (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Non-traumatic fractures (S,S)	• Non-traumatic fractures (F,F) • Other non-traumatic musculoskeletal disorders to be determined locally (S,S)	• Non-traumatic fractures (F,F) • Other non-traumatic musculoskeletal disorders to be determined locally (S,S)	• Non-traumatic fractures (F,F) • Disorders of the spine (F,F) • Joint abnormalities (F,F) • Muscle abnormalities (F,F) • Overuse syndromes (F,F) • Rhabdomyolysis (F,F) • Other non-traumatic musculoskeletal disorders to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Medicine	**Psychiatric or Behavioral Emergencies** (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Recognition of behaviors that pose a risk to the EMR, patient or others • Recognition of suicide risk	• Basic principles of the mental health system (S,S) • Patterns of violence, abuse and neglect (S,S) • Acute psychosis (F,F) • Suicide ideation (F,F) • Excited delirium (F,F) • Anxiety (F,F) • Depression (F,F) • Medical fear (F,F) • Substance use disorder (F,F) • PTSD (F,F) • Other psychiatric/behavioral disorders to be determined locally (S,S)	• Basic principles of the mental health system (S,S) • Patterns of violence, abuse and neglect (F,F) • Acute psychosis (F,F) • Suicide ideation (C,C) • Excited delirium (F,F) • Anxiety (F,F) • Depression (F,F) • Medical fear (F,F) • Substance use disorder/ addictive behavior (C,C) • PTSD (F,F) • Other psychiatric/behavioral disorders to be determined locally (S,S)	• Basic principles of the mental health system (S,S) • Patterns of violence, abuse and neglect (C,C) • Suicide ideation (C,C) • Excited delirium (C,C) • Anxiety (C,C) • Depression (C,C) • Medical fear (F,F) • Substance use disorder/ addictive behavior (C,C) • PTSD (C,C) • Acute psychosis (C,C) • Cognitive disorders (F,F) • Thought disorders (F,F) • Mood disorders (F,F) • Neurotic disorders (F,F) • Somatoform disorders (F,F) • Factitious disorders (F,F) • Personality disorders (F,F) • Other psychiatric/behavior disorders to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Medicine	**Respiratory** (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Respiratory distress/failure/arrest (F,F) • Upper airway obstruction (S,S) • Lower airway disease: Asthma, bronchiolitis, pneumonia, chronic obstructive pulmonary disease (COPD) (S,S)	• Respiratory distress/failure/arrest (F,F) • Upper airway obstruction (F,F) • Lower airway disease: Asthma, bronchiolitis, pneumonia, chronic obstructive pulmonary disease (COPD) (F,F) • Spontaneous pneumothorax (F,F) • Pulmonary edema (F,F) • Other respiratory disorders to be determined locally (S,S)	• Respiratory distress/failure/arrest (F,F) • Upper airway diseases: foreign body, croup, epiglottitis (C,F) • Lower airway disease: Asthma, bronchiolitis, pneumonia, chronic obstructive pulmonary disease (COPD) (C,F) • Spontaneous pneumothorax (F,F) • Pulmonary edema (C,F) • Other respiratory disorders to be determined locally (S,S)	• Respiratory distress/failure/arrest (F,F) • Upper airway diseases: foreign body, croup, epiglottitis (C,C) • Lower airway disease: Asthma, bronchiolitis, pneumonia, chronic obstructive pulmonary disease (COPD), bronchopulmonary dysplasia (C,C) • Spontaneous pneumothorax (C,C) • Pulmonary edema (C,C) • Other respiratory disorders to be determined locally (S,S)

	Toxicology
	(Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)
		• Carbon monoxide poisoning (S,S)
		• Nerve agent poisoning (S,S)
		• Opioid toxicity (S,S)
		• How and when to contact a poison control center (S,S)
			• Carbon monoxide poisoning (S,S)
			• Nerve agent poisoning (S,S)
			• Opioid toxicity (S,S)
			• How and when to contact a poison control center (S,S)
			• Poisons (inhaled, ingested, injected, absorbed) (F,F)
			• Alcohol intoxication and withdrawal (F,F)
			• Other toxicological disorders to be determined locally (S,S)
				• Carbon monoxide poisoning (S,S)
				• Nerve agent poisoning (S,S)
				• Opioid toxicity (F,F)
				• How and when to contact a poison control center (S,S)
				• Poisons (inhaled, ingested, injected, absorbed) (F,F)
				• Alcohol intoxication and withdrawal (F,F)
				• Other toxicological disorders to be determined locally (S,S)
					• Carbon monoxide poisoning (C,C)
					• Nerve agent poisoning (S,S)
					• Opioid toxicity (F,F)
					• How and when to contact a poison control center (S,S)
					• Poisons (inhaled, ingested, injected, absorbed) (F,F)
					• Alcohol intoxication and withdrawal (C,C)
					• Toxidromes (C,C)
					  - Cholinergic
					  - Anticholinergic
					  - Sympathomimetic
					  - Sedative/hypnotics
					  - Opioid
					  - Corrosive
					  - Knockdown
					• Chronic or maintenance medications (C,C)
					• Drugs of abuse (C,C)
					• Non-FDA approved medications and supplements (C,C)
					• Serotonin Syndrome (C,C)
					• Malignant Hyperthermia (C,C)
					• Other toxicological disorders to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Shock and Resuscitation	Shock and Resuscitation	**Uses assessment information to recognize shock, respiratory failure or arrest, and cardiac arrest based on assessment findings and manages the emergency while awaiting additional emergency response.**	**Applies knowledge of the causes, pathophysiology and management of shock, respiratory failure or arrest, cardiac failure or arrest, termination of resuscitative efforts and post resuscitation management.**	**Applies knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, termination of resuscitative efforts and post resuscitation management.**	**Integrates knowledge of causes and pathophysiology into the management of cardiac arrest and peri-arrest states.**
Shock and Resuscitation	Shock (Include psychosocial aspects of age-related assessment and treatment modifications for pediatric and geriatric patients)	• Definition (S,S) • Physiologic response (S,S)	• Essential components in normal perfusion (F,S) • Physiologic response (S,S) • Types of shock (S,S) • Treatment of shock (S,S)	• Essential components in normal perfusion (F,F) • Physiologic response (F,F) • Types of shock (F,F) • Treatment of shock, hypoperfusion and dehydration (C,C) • Complications of shock (F,F) • Circulatory assist devices (F,F)	• Essential components in normal perfusion (C,C) • Physiologic response (C,C) • Types of shock (C,C) • Treatment of shock, hypoperfusion and dehydration (C,C) • Complications of shock (C,C) • Circulatory assist devices (C,C)
	Resuscitation from Cardiac Arrest (Include psychosocial aspects of age-related assessment and treatment modifications for pediatric and geriatric patients)	• Ethical issues in resuscitation (S,S) • CPR physiology (S,S) • Resuscitation system components (S,S) • Special arrest and peri-arrest situations (S,S)	• Ethical issues in resuscitation (C,C) • CPR physiology (F,F) • Resuscitation system components (F,F) • Special arrest and peri-arrest situations (F,F) • Post resuscitation support (F,F) • Termination of resuscitation (F,F)	• Ethical issues in resuscitation (C,C) • CPR physiology (F,F) • Resuscitation system components (F,F) • Special arrest and peri-arrest situations (F,F) • Post resuscitation support (C,C) • Termination of resuscitation (C,C)	• Ethical issues in resuscitation (C,C) • CPR physiology (C,C) • Resuscitation system components (C,C) • Special arrest and peri-arrest situations (C,C) • Post resuscitation support (C,C) • Termination of resuscitation (C,C) • Premorbid conditions (C,C)

		EMR	EMT	AEMT	Paramedic
Trauma	**Trauma**	**Uses assessment information to recognize shock, respiratory failure or arrest and cardiac arrest based on assessment findings and manages the emergency while awaiting additional emergency response.**	**Applies knowledge of the causes, pathophysiology and management of shock, respiratory failure or arrest, cardiac failure or arrest, termination of resuscitative efforts and post resuscitation management.**	**Applies knowledge to provide basic and selected advanced emergency care and transportation based on assessment findings for a patient in shock, respiratory failure or arrest, cardiac failure or arrest, termination of resuscitative efforts and post resuscitation management.**	**Integrates knowledge of causes and pathophysiology into the management of cardiac arrest and peri-arrest states.**
	Trauma Overview (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	No knowledge related to this competency is applicable at this level.	• Trauma scoring (F,F) • Transport and destination issues (F,F) • Transport mode (F,F)	• Trauma scoring (F,F) • Transport and destination issues (F,F) • Transport mode (F,F)	• Trauma scoring (C,C) • Transport and destination issues (C,C) • Transport mode (F,F)
	Abdominal and Genitourinary Trauma (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Blunt versus penetrating mechanisms (S,S) • Evisceration (S,S) • Impaled object (S,S)	• Blunt versus penetrating mechanisms (F,S) • Evisceration (S,S) • Impaled object (S,S) • Solid and hollow organ injuries (F,S) • Injuries to the internal or external genitalia (F,S)	• Blunt versus penetrating mechanisms (F,F) • Evisceration (S,S) • Impaled object (S,S) • Solid and hollow organ injuries (F,F) • Injuries to the internal or external genitalia (F,F) • Vascular injury (F,F) • Retroperitoneal injuries (F,F)	• Blunt versus penetrating mechanisms (F,F) • Evisceration (S,S) • Impaled object (S,S) • Solid and hollow organ injuries (F,F) • Injuries to the internal or external genitalia (F,F) • Vascular injury (F,F) • Retroperitoneal injuries (F,F)
	Bleeding (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Bleeding (S,S)	• Bleeding (F,F)	• Bleeding (F,F) • Fluid resuscitation (C,C)	• Bleeding (F,F) • Fluid resuscitation (C,C)

		EMR	EMT	AEMT	Paramedic
Trauma	**Chest Trauma** (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Blunt versus penetrating mechanisms (S,S) • Open chest wound (S,S) • Impaled object (S,S)	• Blunt versus penetrating mechanisms (F,S) • Open chest wound (S,S) • Impaled object (S,S) • Hemothorax (F,S) • Pneumothorax (F,S) • Cardiac tamponade (F,S) • Rib fractures (F,S) • Flail chest (F,S) • Commotio cordis (F,S)	• Blunt versus penetrating mechanisms (F,S) • Open chest wound (S,S) • Impaled object (S,S) • Hemothorax (F,F) • Pneumothorax (F,F) • Cardiac tamponade (F,F) • Rib fractures (F,F) • Flail chest (F,F) • Commotio cordis (F,S) • Traumatic aortic disruption (F,F) • Pulmonary contusion (F,F) • Blunt cardiac injury (F,F) • Traumatic asphyxia (F,F)	• Blunt versus penetrating mechanisms (F,S) • Open chest wound (S,S) • Impaled object (S,S) • Hemothorax (C,C) • Pneumothorax (C,C) • Cardiac tamponade (C,C) • Rib fractures (C,C) • Flail chest (C,C) • Commotio cordis (F,S) • Traumatic aortic disruption (C,C) • Pulmonary contusion (C,C) • Blunt cardiac injury (C,C) • Traumatic asphyxia (C,C) • Tracheobronchial disruption (C,C) • Diaphragmatic rupture (C,C)
	Environmental Emergencies (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Drowning (S,S) • Temperature-related illness (S,S) • Bites and envenomations (S,S) • Lightning injury (S,S) • Other environmental emergencies to be determined locally (S,S)	• Drowning (F,F) • Temperature-related illness (F,F) • Bites and envenomations (F,F) • Lightning injury (F,F) • Other environmental emergencies to be determined locally (S,S)	• Drowning (F,F) • Temperature-related illness (F,F) • Bites and envenomations (F,F) • Lightning injury (F,F) • Other environmental emergencies to be determined locally (S,S)	• Drowning (C,C) • Temperature-related illness (C,C) • Bites and envenomations (C,C) • Lightning injury (C,C) • Other environmental emergencies to be determined locally (S,S)

		EMR	EMT	AEMT	Paramedic
Trauma	**Head, Facial, Neck, and Spine Trauma** (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Life threats (S,S) • Spine trauma (S,S)	• Life threats (S,S) • Spine trauma (F,F) • Penetrating neck trauma (F,F) • Laryngotracheal injuries (F,F) • Shaken Baby Syndrome (F,F) • Facial fractures (S,S) • Skull fractures (S,S) • Foreign bodies in the eyes (S,S) • Globe rupture (S,S) • Dental trauma (S,S) • Severe epistaxis (S,S)	• Life threats (S,S) • Spine trauma (F,F) • Penetrating neck trauma (F,F) • Laryngotracheal injuries (C,F) • Shaken Baby Syndrome (F,F) • Facial fractures (C,F) • Skull fractures (S,S) • Foreign bodies in the eyes (S,S) • Globe rupture (S,S) • Dental trauma (S,S) • Severe epistaxis (S,S)	• Life threats (S,S) • Spine trauma (C,C) • Penetrating neck trauma (C,C) • Laryngotracheal injuries (C,C) • Shaken Baby Syndrome (F,F) • Facial fractures (C,F) • Skull fractures (C,C) • Foreign bodies in the eyes (S,S) • Globe rupture (S,S) • Dental trauma (S,S) • Severe epistaxis (S,S) • Unstable facial fractures (F,F) • Orbital fractures (F,F) • Perforated tympanic membrane (F,F) • Mandibular fractures (C,C)
	Multi-System Trauma (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Multi-system trauma (S,S)	• Multi-system trauma (F,F) • Blast injuries (F,F)	• Multi-system trauma (C,F) • Blast injuries (F,F)	• Multi-system trauma (C,C) • Blast injuries (C,C)
	Nervous System Trauma (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Traumatic brain injury (S,S)	• Traumatic brain injury (F,F) • Spinal cord injury (F,F)	• Traumatic brain injury (C,F) • Spinal cord injury (F,F)	• Traumatic brain injury (C,C) • Spinal cord injury (C,C) • Spinal shock (C,C) • Cauda equina syndrome (F,F) • Nerve root injury (F,F) • Peripheral nerve injury (F,F)

		EMR	EMT	AEMT	Paramedic
Trauma	**Orthopedic Trauma** (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Open fractures (S,S) • Closed fractures (S,S) • Dislocations (S,S) • Amputations (S,S)	• Open fractures (F,F) • Closed fractures (F,F) • Dislocations (F,F) • Amputations/replantation (F,F) • Upper and lower extremity orthopedic trauma (F,F) • Sprains/strains (F,F) • Pelvic fractures (F,F)	• Open fractures (F,F) • Closed fractures (F,F) • Dislocations (F,F) • Amputations/replantation (C,F) • Upper and lower extremity orthopedic trauma (F,F) • Sprains/strains (F,F) • Pelvic fractures (C,F)	• Open fractures (C,C) • Closed fractures (C,C) • Dislocations (C,C) • Amputations/replantation (C,F) • Upper and lower extremity orthopedic trauma (C,C) • Sprains/strains (F,F) • Pelvic fractures (C,F) • Pediatric fractures (F,F) • Tendon laceration/ transection/ rupture (Achilles and patellar) (F,F)
	Soft Tissue Trauma (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Wounds (avulsion, bite, laceration, puncture, incision) (S,S) • Burns (electrical, chemical, thermal) including inhalation injury (S,S) • Chemicals in the eye and on the skin (S,S)	• Wounds (avulsion, bite, laceration, puncture, incision) (F,F) • Burns (electrical, chemical, thermal, radiation) including inhalation injury (F,F) • Chemicals in the eye and on the skin (S,S) • Crush/compartment syndrome (S,S) • High-pressure injection injury (S,S)	• Wounds (avulsion, bite, laceration, puncture, incision) (F,F) • Burns (electrical, chemical, thermal, radiation) including inhalation injury (F,F) • Chemicals in the eye and on the skin (S,S) • Crush/compartment syndrome (F,S) • High-pressure injection injury (S,S)	• Wounds (avulsion, bite, laceration, puncture, incision) (C,C) • Burns (electrical, chemical, thermal, radiation) including inhalation injury (C,C) • Chemicals in the eye and on the skin (S,S) • Crush/compartment syndrome (C,C) • High-pressure injection injury (S,S)
	Special Considerations in Trauma	• Pregnant patient (S,S) • Pediatric patient (S,S) • Geriatric patient (S,S)	• Pregnant patient (F,F) • Pediatric patient (F,F) • Geriatric patient (F,F) • Cognitively impaired patient (F,F)	• Pregnant patient (C,F) • Pediatric patient (C,F) • Geriatric patient (C,F) • Cognitively impaired patient (C,F)	• Pregnant patient (C,C) • Pediatric patient (C,C) • Geriatric patient (C,C) • Cognitively impaired patient (C,C)

		EMR	EMT	AEMT	Paramedic
Special Patient Populations	Special Patient Populations	**Recognizes and manages life threats based on simple assessment findings for a patient with special needs while awaiting additional emergency response.**	**Applies knowledge of growth, development and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.**	**Applies knowledge of growth, development and aging and assessment findings to provide basic and selected advanced emergency care and transportation for a patient with special needs.**	**Integrates assessment findings with principles of pathophysiology and knowledge of psychosocial needs to formulate a field impression and implement a treatment/disposition plan for patients with special needs.**
	Gynecology (Include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)	• Shock associated with vaginal bleeding (S,S)	• Vaginal bleeding (F,F) • Infections (S,S) • Other gynecological disorders to be determined locally (S,S)	• Vaginal bleeding (F,F) • Infections (S,S) • Other gynecological disorders to be determined locally (S,S)	• Vaginal bleeding (C,C) • Infections (F,F) • Ovarian emergencies (F,F) • Vaginal foreign body (F,F) • Other gynecological disorders to be determined locally (S,S)
	Obstetrics	• Normal delivery (S,S) • Vaginal bleeding in the pregnant patient (S,S)	• Normal delivery (F,F) • Vaginal bleeding in the pregnant patient (S,S) • Normal pregnancy (anatomy and physiology) (F,F) • Pathophysiology of complications of pregnancy (F,F) • Assessment of the pregnant patient (F,F) • Abnormal delivery (nuchal cord, prolapsed cord, breech, shoulder dystocia, prematurity, multiparity) (F,F) • Third trimester and antepartum bleeding (placenta previa. placental abruption) (F,F) • Spontaneous abortion/ miscarriage (F,F) • Ectopic pregnancy (F,F) • Preeclampsia/eclampsia (F,F) • Postpartum complications (S,S)	• Normal delivery (F,F) • Vaginal bleeding in the pregnant patient (S,S) • Normal pregnancy (anatomy and physiology) (F,F) • Pathophysiology of complications of pregnancy (F,F) • Assessment of the pregnant patient (F,F) • Abnormal delivery (nuchal cord, prolapsed cord, breech, shoulder dystocia, prematurity, multiparity) (F,F) • Third trimester and antepartum bleeding (placenta previa. placental abruption) (F,F) • Spontaneous abortion/miscarriage (F,F) • Ectopic pregnancy (F,F) • Preeclampsia/eclampsia (F,F) • Postpartum complications (C,C)	• Normal delivery (C,C) • Vaginal bleeding in the pregnant patient (S,S) • Normal pregnancy (anatomy and physiology) (C,C) • Pathophysiology of complications of pregnancy (C,C) • Assessment of the pregnant patient (C,C) • Abnormal delivery (nuchal cord, prolapsed cord, breech, shoulder dystocia, prematurity, multiparity) (C,C) • Third trimester and antepartum bleeding (placenta previa. placental abruption) (F,F) • Spontaneous abortion/miscarriage (C,C) • Ectopic pregnancy (C,C) • Preeclampsia/eclampsia (C,C) • Postpartum complications (C,C) • High-risk pregnancy (C,C) • Complications of labor (fetal distress, premature rupture of membranes, rupture of uterus) (C,C) • Hyperemesis gravidarum (S,S) • Postpartum depression (S,S)

		EMR	EMT	AEMT	Paramedic
Special Patient Populations	Neonatal Care	• Newborn stabilization (S,S) • Neonatal resuscitation (S,S)	• Newborn stabilization (F,F) • Neonatal resuscitation (F,F)	• Newborn stabilization (F,F) • Neonatal resuscitation (F,F)	• Newborn stabilization (C,C) • Neonatal resuscitation (C,C) • Anatomy and physiology of neonatal circulation (C,C)
	Pediatrics	The Education Standards now integrate assessment, diagnostic, treatment, and disposition modifications for pediatric-specific diseases and emergencies into each section of the document.			
	Geriatrics	The Education Standards now integrate assessment, diagnostic, treatment, and disposition modifications for geriatric-specific diseases and emergencies into each section of the document			
	Patients with Special Challenges	• Recognizing and reporting abuse and neglect (S,S)	• Recognizing and reporting abuse and neglect (S,S) • Abuse/Intimate partner violence (S,S) • Neglect (S,S) • Child/dependent adult maltreatment (S,S) • Homelessness (S,S) • Poverty (S,S) • Bariatrics (S,S) • Technology dependent (locally determined) (S,S) • Hospice/ terminally ill (S,S) • Tracheostomy care/dysfunction (S,S) • Homecare (S,S) • Sensory deficit/loss (S,S) • Developmental disability (S,S) • Autism Spectrum Disorder (S,S) • Orthotics/prosthetics (S,S)	• Recognizing and reporting abuse and neglect (S,S) • Abuse/Intimate partner violence (F,F) • Neglect (F,F) • Child/dependent adult maltreatment (F,F) • Homelessness (F,F) • Poverty (F,F) • Bariatrics (F,F) • Technology dependent (locally determined) (F,F) • Hospice/ terminally ill (F,F) • Tracheostomy care/dysfunction (F,F) • Homecare (F,F) • Sensory deficit/loss (F,F) • Developmental disability (F,F) • Autism Spectrum Disorder (F,F) • Orthotics/prosthetics (S,S)	• Recognizing and reporting abuse and neglect (S,S) • Abuse/Intimate partner violence (C,C) • Neglect (C,C) • Child/dependent adult maltreatment (C,C) • Homelessness (F,F) • Poverty (C,C) • Bariatrics (C,C) • Technology dependent (vagal nerve stimulators, CSF diversion devices or shunts, VAD, pacemakers, gastric tubes, and others to be locally determined) (C,C) • Hospice/ terminally ill (C,C) • Tracheostomy care/dysfunction (C,C) • Homecare (F,F) • Sensory deficit/loss (F,F) • Developmental disability (F,F) • Autism Spectrum Disorder (F,F) • Orthotics/prosthetics (S,S)

		EMR	EMT	AEMT	Paramedic
EMS Operations	EMS Operations	**Knowledge of operational roles and responsibilities to ensure patient, public and personnel safety**	**Same as EMR Level**	**Same as EMR Level**	**Same as EMR Level**
	Emergency Response Vehicles	• Risks and responsibilities of emergency response and radio communications (S,S) • Risks and responsibilities of operating emergency vehicles (S,S)	• Risks and responsibilities of emergency response and radio communications (S,S) • Risks and responsibilities of operating emergency vehicles (S,S) • Pediatric transport considerations (F,F) • Risks and responsibilities of transport (F,F)	• Risks and responsibilities of emergency response and radio communications (S,S) • Risks and responsibilities of operating emergency vehicles (S,S) • Pediatric transport considerations (F,F) • Risks and responsibilities of transport (F,F)	• Risks and responsibilities of emergency response and radio communications (S,S) • Risks and responsibilities of operating emergency vehicles (S,S) • Pediatric transport considerations (F,F) • Risks and responsibilities of transport (F,F)
	Incident Management (The extent of information presented in this area will vary at the regional and local level.)	• Establish and work within the incident management system (S,S)	• Establish and work within the incident management system (F,F) • Understand the principles of Crew Resource Management (F,F)	• Establish and work within the incident management system (F,F) • Understand the principles of Crew Resource Management (F,F)	• Establish and work within the incident management system (F,F) • Understand the principles of Crew Resource Management (F,F)
	Multiple Casualty Incidents (The extent of information presented in this area will vary at the regional and local level.)	• Operational goals (F,F) • Field triage (F,F)	• Operational goals (F,F) • Field triage (F,F) • Destination determination (F,F) • Treatment principles (F,F)	• Operational goals (F,F) • Field triage (F,F) • Destination determination (F,F) • Treatment principles (F,F)	• Operational goals (F,F) • Field triage (F,F) • Destination determination (F,F) • Treatment principles (F,F)
	Air Medical (The extent of information presented in this area will vary at the regional and local level.)	• Safe air medical operations (S,S) • Criteria for utilizing air medical response (S,S) • Medical risks/needs/advantages (S,S)	• Safe air medical operations (S,S) • Criteria for utilizing air medical response (S,S) • Medical risks/needs/advantages (F,F)	• Safe air medical operations (S,S) • Criteria for utilizing air medical response (S,S) • Medical risks/needs/advantages (F,F)	• Safe air medical operations (S,S) • Criteria for utilizing air medical response (S,S) • Medical risks/needs/advantages (F,F)

		EMR	EMT	AEMT	Paramedic
EMS Operations	**Rescue Operations** (The extent of information presented in this area will vary at the regional and local level.)	• Safety principles of rescue operations (S,S)	• Safety principles of rescue operations (S,S)	• Safety principles of rescue operations (S,S)	• Safety principles of rescue operations (S,S)
	Hazardous Materials (The extent of information presented in this area will vary at the regional and local level.)	• Risks and responsibilities of operating on the scene of a hazardous materials incident (S,S)	• Risks and responsibilities of operating on the scene of a hazardous materials incident (S,S)	• Risks and responsibilities of operating on the scene of a hazardous materials incident (S,S)	• Risks and responsibilities of operating on the scene of a hazardous materials incident (S,S)
	Mass Casualty Incidents due to Terrorism and Disaster	• Risks and responsibilities of operating on the scene of a natural or man-made disaster (F,F)	• Risks and responsibilities of operating on the scene of a natural or man-made disaster (F,F)	• Risks and responsibilities of operating on the scene of a natural or man-made disaster (F,F)	• Risks and responsibilities of operating on the scene of a natural or man-made disaster (F,F)