EAST CENTRAL COLLEGE

EMS PROGRAMS

Student Handbook
2026 - 2027

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 Goodson

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 July 2026.

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.

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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.

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.

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

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.

In order to receive course completion, a student needs to complete the courses with a "C" or better.

EMT

COL 101 Falcon Seminar
*Students will be given credit for this course if already taken

EMS 101 BLS for Healthcare Providers
*Student can receive credit for this course if they provide proof of a **current** BLS card

EMS 109 EMT Clinical
*Students will complete a minimum of 48 hours clinical time and complete a minimum of 7 patient contacts with clinical partners

EMS 110 EMT Lecture

Students shall schedule the National Registry practical and cognitive exams prior to the end of the semester.

The cost of the first psychomotor and cognitive exams are included in your student fees. Students will register for these exams as a group.

EMT Lecture and EMT Clinical are corequisites of each other and are to be taken concurrently. If a student fails either course, they will automatically be administratively withdrawn from the other course or be given the option to drop the course depending on the institution's drop dates posted for that semester.

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.

Student Behavior Guidelines

Students will be expected to always behave professionally 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. Students found violating these policies and guidelines will be subject to disciplinary action as outlined in the EMS Program Policy Handbook as well as the East Central College Student Policy Handbook.

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.

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 no more than the equivalent of one week's worth of course content during the summer semester or in 8-week EMT and Paramedic courses.*** 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 date or within 7 days after. 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 to be excused from the examination for that day. If the student does not call/email prior to class start, 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 more than 5 minutes late for class after the "pop quiz" has been given, that student will not be allowed to take the "pop quiz," and will receive a "0".

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 Checklists
Pen with black/blue 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. The makeup 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.

7. Any paramedic or EMT student not in full clinical uniform, on scheduled lab days, will not be allowed into lab for the day and will receive a "0".

Practice Time

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

Please dress modestly in lab and the classroom 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).
- NO sleep pants, pajamas, open-toed shoes (crocs/sandals).

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.

Professional Appearance (DRESS CODE)

1. Clinical experience and scheduled lab days should be attended in **full dress uniform.**
   Complete uniform **all students** dress includes:

   a. **Clean** Navy Blue/black slacks or EMS pants, clinical shirt, black belt
      a. Midriff may <u>NOT</u> 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
      d. Facial hair should be neatly trimmed or groomed, thereby following clinical site policy
   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:
      a. One ring only.
      b. Watch, with a second hand, should be worn at all times.
      c. 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.
2. 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.
3. 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.
4. No smoking or drinking alcoholic beverages in uniform. Students should be free from the odor of smoke or other offensive odors.

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 (see previous section). 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 and written warning

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.

Policy for Scheduling Clinicals

Once you have been given a date to schedule clinicals, double-check the dates before submitting them. Once you submit them, the Clinical Coordinator then contacts the clinical site for approval. **REMEMBER,** there are other students from different programs at these clinical sites and clinical liaisons might be on vacation. There is sometimes a week or two delay in clinical sites getting back to the Clinical Coordinator. Please respect the time it takes to get your clinicals approved.

If you must cancel a clinical before it is approved, you are still **REQUIRED** to notify the Clinical Coordinator. Cancelation of pending clinicals will fall under the above policy for Clinical Attendance.

Definition of Clinical Probation: A temporary disciplinary action for failure to adhere to the EMS program or college policies in the clinical setting. Disciplinary action is a minimum of 2 weeks while the incident is investigated. Any Ethical/Professional Violations falls under "Exceptions" in the Class Discipline Policy.

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

Clinical Placement

All students must complete all required paperwork and vaccines prior to clinical placement. Please see the checklist below.

- Worker's Registration Form and copy of Social Security Card
- Copy of BLS card
- Drug Screen
- Completed physical
- All vaccinations listed on physical form
- Student Information Form completed
- All clinical forms signed for specified agencies and hospitals
- HIPPA training completed
- All policies signed from Clinical handbook

Paramedic Students

Current Missouri EMT license

If a student allows their EMT license to expire at any time during the Paramedic program, the student will be automatically dismissed and not be allowed for readmittance.

Any student that does not have their clinical paperwork turned in by the due date posted will meet with the EMS Program Director, Jenifer Goodson, and receive a verbal warning for not meeting professional standards. The student will have an additional two weeks to complete requirements. If paperwork is not completed and turned in by the date given, the student will be dismissed from the program.

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. Students will not schedule overnight shifts prior to class days.

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

4. ***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.

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

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

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

8. 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.

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

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

11. 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.***

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

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

14. 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. Permission must be obtained from the instructor ***prior*** to the due date.

15. 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.

16. 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.

17. 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.

18. **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.

19. **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.

21. All clinical shifts must be scheduled in advance through the clinical coordinator. Paramedic students must have all clinical shifts scheduled in Platinum Planner on the 15th of the month, for the upcoming month.

22. 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
23. clinical shifts will be subject to dismissal from the program. These offenses will also be forwarded to the Missouri Unit on EMS for investigation.

24. All students shall undergo a criminal background check 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.

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, *3.27 Communicable Diseases*** 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 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 ensure 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 Nursing and Allied Health Programs are required to show proof of immunization or immunity to measles, rubella, hepatitis B, and varicella-zoster (chickenpox).***

1. **MEASLES, MUMPS & RUBELLA (MMR) VACCINE:**
    a. Titer/Serology must reflect positive immunity.
    b. Birth before 1957 does not require immunization.
    c. Evidence of NO measles immunity need two doses of MMR vaccine, with the second dose administered no earlier than 28 days apart after the first dose.

2. **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. *If negative HBsAB is found after a completed first series, a second series may be indicated. If a second negative HBsAB is resulted after a second series, diagnosis of non-responder*

3. **VARICELLA-ZOSTER (CHICKENPOX) or SHINGLES**
    a. Titer must reflect positive immunity, OR,
    b. Immunization record: date must be 1995 or later and includes dates of two doses or 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 <u>with proper precautions taken for Rubella.</u>***

C. ***Influenza vaccination:*** Clinical sites require **proof of an annual influenza vaccination**. It is the student's responsibility to maintain compliance with clinical site requirements. ***Receive between October 1 and October 15 or the date specified by the clinical site.***

D. **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 ***<u>by date</u>*** in the last 10 years.

E. **TB TEST:** Students and Providers, please recognize that this will require a total of 4 visits. Schedule your follow up visits at the time of the first administration. (***If the office is not open on the weekend, avoid Thursday appointments).***

Reviewed & Revised: 01/7/2026

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.

Occupational Risks

Paramedics work directly with providers and patients, with the goal of providing healthcare and ensuring patient safety. It is a position with a great deal of responsibility.

As with any healthcare position, there are certain occupational risks that come into play with being a paramedic, and those hazards include the following:

- Exposure to infectious diseases
- Sharps injuries
- Bloodborne pathogens and biological hazards
- Chemical and drug exposure
- Ergonomic hazards from lifting, sitting, and repetitive tasks
- Latex allergies
- Stress

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
   a. (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 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		

Table 1 Symptoms List

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 the 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.

Substance Abuse and Drug Testing Policy (cont.) Page 2

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 readmission 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
EMS Paramedic Clinical Courses
Clinical Requirements

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 recordings 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

This program does not have advanced placement for healthcare providers. Students dismissed from the Paramedic Program can be readmitted based on the Readmission Policy

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: _____

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.

STUDENT SERVICES
&
COLLEGE POLICIES

ACADEMIC SUPPORT / ACCESS SERVICES

ACADEMIC SUPPORT

Need help? The Learning Center (TLC) at East Central College is a comprehensive student resource center for educational assistance. They offer free tutoring in English, math, and other subjects that vary by semester. With experienced, competent tutors available in most subjects, they are qualified to assist any student with academic needs. In addition, TLC houses the Testing Center, Adaptive Technology Lab, and open computer lab for academic use. Visit today to see a tutor, watch a course video, DVD or tutorial, get help with PowerPoint, set up a study group, access your Canvas page or eCentral account. Find out for yourself that TLC is a nice place to think and do your homework. Create good study habits early in the semester.

For tutoring contact: Call 636-584-6688 or stop by the front desk in Learning Center in Union to make an appointment.

Union Location:	1st Floor, Buescher Hall	TLC Contact: 636-584-6688
Rolla Location:	500 Forum Drive (at Rolla Technical Center)	TLC Contact: 573-466-4080

**Student IDs are required to use any of The Learning Center facilities.

Hours of Operation:
Check out the Maps & Locations page on the ECC website for current hours of operation for all College facilities:

EMS Student Support:
The EMS faculty are the student's first contact for nursing academic support and remediation. If further assistance is needed with test-taking strategies, clinical concepts, etc., please make an appointment with the EMS Program Coordinator.

ACCESS Services for Students with a Disability

Reviewed: May 2017, May 2018, May 2019, May 2021, May 2022, May 2023, May 2024, July 2024
Revised: May 2016, May 2020, July 2024

Any student who has a health concern or other disability that prevents the fullest expression of academic abilities should contact Access Services as soon as possible. Students with a health condition or other disability which may require an accommodation in order effectively participate in college activities can make an appointment with the Access Counselor by contacting 636-584-6577 or 636-584-6580 in Union, or 573-466-4081 in Rolla. An appointment should be made as soon as possible to ensure that accommodations are arranged in a timely manner. Information about a disability will be held in strict confidence. Disabilities covered through the Access accommodations include, but are not limited to: learning disorders, ADHD, dyslexia, hearing or visual impairments, and physical challenges.

ACADEMIC HONOR CODE

Students are expected to conduct themselves honestly in all academic endeavors. Any act of academic dishonesty is a violation of the Academic Honor Code.

East Central College is an academic community. Integrity and honesty in the classroom, in academic programs and in all related learning experiences is critical. The Academic Honor Code is a statement of the college's position regarding student conduct as it relates to academic integrity. It is not intended to supersede any specific course or instructor's printed guidelines or policies contained in any course syllabus. Students are responsible for learning about and being fully aware of activities that constitute violation of the Academic Honor Code. The following list is presented for information and clarification and is not intended to be exhaustive.

The faculty retains the right to recommend a remedy when students are in violation of the Academic Honor Code. Students retain the right to appeal any accusation of policy violation as outlined in the Student Discipline Policy and Appeal Procedure.

Academic Honor Code Definitions and Clarifying Comments

Academic Dishonesty:
Academic dishonesty is defined as any form of cheating or dishonesty that has the effect or intent of interfering with any academic exercise or a fair evaluation of a student's performance. Some examples and definitions are given below. The college faculty can provide additional information, particularly as it relates to a specific course, laboratory or assignment.

Artificial Intelligence:
AI-generated work (text, code, images, videos, etc.) without proper citation is not accepted at ECC as "the student's own work."
Examples: using text generation software to generate text for an essay without citing the prompt, software used, and un-edited generated text; utilizing AI tools to automate the paraphrasing of source text(s) without clearly citing the source material, which tool was used, and all changes made by the tool; making use of AI tools to significantly rework your own writing (including tools that automatically 'correct' grammar and punctuation through substantial rewrites) without clearly indicating the type of tool used and the extent of changes made by the tool l; using image generation software to complete a graphic design assignment without providing the prompt, software used, and un-edited generated image; completing coding work by prompting a text generator to create and iterate said code without providing the prompt, software used, and the un-edited generated code.

Cheating:
An intentional use or attempted use of unauthorized material or study aids in assignments or tests, or unauthorized assistance by any other party in any academic exercise. Examples: unauthorized use of notes for a test; using a "cheat sheet" on a quiz or exam; any alteration made on a graded test or exam which is then resubmitted to the teacher.

Plagiarism:
Careless or deliberate use of the work or the ideas of another; representation of another's work, words, ideas, or data as your own without permission or appropriate acknowledgement.
Examples: copying another's paper, work, computer disk, or answers and submitting or representing it as your own; submitting an assignment which has been partially or wholly done by another and claiming it as yours; not properly acknowledging a source which has been summarized or paraphrased in your work; failure to acknowledge the use of another's words with quotation marks.

Academic Honor Code (cont.)
Page 2

Facilitation of Academic Dishonesty:
Knowingly assisting another in violation of the Academic Honor Code.
Examples: working together without permission on a take-home test; providing another with information about a test that you have already taken before they take it.

Multiple Submission:
Submission of work from one course to satisfy a requirement in another course without explicit permission.
Example: using a paper prepared and graded for credit in one course to fulfill a requirement and receive credit in a different course.

Fabrication/Forgery:
Use or submission of contrived, invented, forged, or altered information in any assignment, laboratory exercise or test; tampering with or production of a counterfeit document, particularly documents which make up the student's academic record.
Examples: making up a source or citing a nonexistent publication or article; representing made up data as real for an experiment in a science laboratory class; forging a change of grade or student withdrawal record; falsifying any document related to a student academic exercise.

Obstruction:
Behavior that limits any student's opportunity to participate in any academic exercise or attempts to block access to resources.
Examples: destroying a library resource before another student can access it; interfering with another student's efforts or work in any academic exercise; tampering with a computer resource before other students can gain access.

Misconduct in Creative Endeavors:
The misrepresentation of another person's ideas, writing, computer images, artistic effort, or artistic performance as one's own.
Examples: representing a musical performance as original when it is not; using copyrighted artistic material inappropriately or illegally.

Professional Behavior:
Students are required to conduct themselves in a manner appropriate to the classroom, laboratory, internship or clinical setting as specified in the course syllabus and program requirements.

Disciplinary Procedures

1. Students actions that allegedly violate the Academic Honor Code will be formally documented by the faculty member and referred to the Chief Student Affairs Officer (CSAO). Supporting documentation, when appropriate, will be forwarded to the CSAO. The CSAO will request to meet with the student, discuss the misconduct, and review the Academic Honor Code and Disciplinary Procedures. The CSAO will determine if the student has violated the Academic Conduct Code, based on the documentation and engagement with the faculty and student. The CSAO will maintain a file with supporting documentation and the name of the student will be placed on a disciplinary list accessible only to the CSAO and the Chief Academic Officer. If the student is found responsible of the misconduct CSAO will contact the faculty member to determine how the violation will affect the student's grade.

    1. If a student is found violating the Academic Honor Code multiple times in a course, prior to having the first conduct conversation, those violations in sum can be considered a second time offense.
2. If the student violates the Academic Honor Code a second time, the student will be required to meet with the CSAO. The student will be placed on academic probation and will receive a failing grade in the course. The student's file and disciplinary list will be updated by the CSAO.
3. If the Student violates the Academic Honor Code a third time, they will be subject to sanctions up to disciplinary suspension or expulsion, and the file will be updated.
4. Students who fail to meet with the CSAO upon request will have their conduct case adjudicated on faculty submission alone. This timeline will follow the student code of conduct process.

Student Appeals Procedure

Students have the right to appeal a grade (See Grade Appeals) or a disciplinary sanction (See Student Disciplinary Policy and Appeal Procedure) as outlined in the Student Handbook.

The EMS Programs follow the Board Policy for Grade Appeals.

EAST CENTRAL COLLEGE – STUDENT CODE OF CONDUCT

Student Conduct Policy (BP 3.20)

Admission to East Central College carries an obligation to conduct oneself as a responsible member of the College community. Individual students and student organizations are required to observe the policies of the College and the laws of city, state, and federal governments. Student and organizational behavior must be compatible with the educational objectives of the College thereby maintaining safety standards and promoting the health and wellness of each member of the College community. Students are expected to approach each academic course and activity with a willingness to learn and an attitude of cooperation. Students and student organizations are expected to uphold the key principles of honor, truthfulness, and respect for people and property. Prohibited conduct will lead to student discipline.

3.20.1 Prohibited Conduct:

A. Violations of standards established by College academic programs for student conduct in areas and classes such as the gym, fitness center, locker rooms, clinical settings, labs, shops, and internships.
B. Violation of or disregard for safety policies and procedures, e.g., lab safety contract.
C. Violation of Policy 4.31 Tobacco-Free Campus.
D. Violation of Policy 4.45 Acceptable Use of Technology.
E. All forms of academic dishonesty such as cheating, aiding or abetting cheating, plagiarism, fabrication, or multiple submission of papers in courses without prior instructor consent, or representation of others' work as one's own. (Refer to Academic Honor Code.)
F. Knowingly furnishing false information to the College.
G. Forgery, alteration, or misuse of College documents, records, or identification, whether in written or electronic form.
H. Obstruction or disruption of teaching, research, administration, disciplinary procedures, or any other College events or activities, including public service functions and other authorized activities on College premises.
I. Disturbing others with strong, pervasive odors such as perfume, cologne, body odor, animal odor, alcohol, or illegal substances.
J. Assault, abuse, or conduct that threatens or endangers the health or safety of another person on College-owned or controlled property or at a College-sponsored or supervised function.
K. Theft, malicious destruction, damage, misuse, or conversion of property belonging to the College, a College employee, a College student, or a campus visitor.
L. Unauthorized entry into or use of College facilities.
M. Violation of local, state, or federal laws on College-owned or controlled property or at College-sponsored or supervised functions.
N. Violation of Policy 3.25 Drugs and Alcohol Abuse Prevention.
O. Failure to identify oneself when requested to by College officials or College agents or failure to comply with directions of College officials acting in the performance of their duties.
P. Possession or use of firearms or other weapons, explosives, dangerous chemicals, or fireworks on campus or at College-sponsored or supervised activities.
Q. Gambling on College-owned or controlled property or at College-sponsored or supervised functions. Charitable or fund-raising raffles may be permitted for student organizations with the approval of the Chief Student Affairs Officer.
R. Violation of Policy 3.30 Student Protections Against Discrimination and Harassment or Policy 3.31 Student Title IX Sexual Harassment.
S. Violation of College policies regarding discrimination and harassment.

T. Disorderly conduct, breach of public decency, breach of the peace, aiding or inciting another to breach the peace, infringement upon the rights of another, or defamation of another either on College property or at College-authorized activities.
U. Hazing, or any act that intimidates, frightens, or degrades an individual.
V. Bullying, defined as repeated and/or severe aggressive behavior likely to intimidate or intentionally hurt, control, or diminish another person, physically or mentally.
W. Stalking, defined as engaging in a course of conduct directed at a specific member of the College community that would cause a reasonable person to fear for personal safety or the safety of others, or to suffer substantial emotional distress. For purposes of this definition, a course of conduct means that two or more acts, including, but not limited to, acts in which the stalker directly, indirectly, or through third parties by any action, method, device or means, follows, monitors, observes, surveils, threatens, or communicates to or about a person, or interferes with a person's property. Stalking may involve physical stalking and/or cyber stalking.
X. Any aforementioned act committed in concert with other persons may make each participant responsible for the acts of the entire group.

3.20.2 Jurisdiction for this Policy applies to student conduct which occurs on all property owned or operated or maintained by East Central College as well as actions which occur off-campus when the misconduct affects the well-being of students and other members of the College community.

Reviewed: May 2018, May 2019, May 2020, May 2021, May 2022, May 2023,
Revised: October 24, 2014 OSD, May 2024

EMS Students with Disabilities or Special Needs

The National Registry of EMTs complies with the Americans with Disabilities Act (ADA) for certification examination accommodation requests to support its mission and public protection.

For the full policy, accommodations checklist, and accommodations questionnaire, please visit the National Registry of Emergency Medical Technicians website.

EAST CENTRAL COLLEGE EMS PROGRAMS

Licensing Information

EMT

EMT students may take the National Registry of Emergency Medical Technicians (NREMT) Cognitive exam prior to the Psychomotor practical exam.

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

EMT initial Cognitive and Psychomotor exams **Included in your student fees**

Students must receive a "C" or better to receive course completion.

To register for the National Registry Cognitive Exam, please read and follow the directions below:

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. You will receive a voucher code from the Program Director.
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.

PARAMEDIC

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 $175.00 (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.

State licensure is obtained by the Missouri Bureau of EMS. Please visit the DHSS EMT and Paramedic Licensing Information webpage and read over the Initial Application User Guide.

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

EMERGENCY MEDICAL SERVICES PROGRAM
2025-2026 FACULTY/STAFF ROSTER

DEAN OF HEALTH SCIENCE:

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

PROGRAM DIRECTOR:

Goodson, Jenifer, M.Ed., B.S., AAS, Paramedic, AAS, East Central College; B.S. Central Methodist University, Fayette, Missouri, M.Ed., Missouri Baptist University, St. Louis, Missouri.

CLINICAL COORDINATOR:

Prince, Wayne, EMT, CA, East Central College

ADJUNCT FACULTY:

Dziejma, Kim, Paramedic, AAS, East Central College
Erickson, Andy, Paramedic
Mueller, Scott, Paramedic

ADMINISTRATIVE STAFF:

Beck, Julie, Program Assistant-Union; Ext. 6616; E-mail: Julie.Beck@eastcentral.edu

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Paramedic Only

"The Paramedic program of East Central College is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP)."

Commission on Accreditation of Allied Health Education Programs

EST 1978 CoAEMSP

Program Goal

"To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

Paramedic 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.

Completion

Students shall complete all Paramedic classes (Paramedic 1-5) in consecutive order at East Central College. Clinical and lab courses for each class must be taken concurrently during the appropriate semester at East Central College. The student has until December 1st of the following year after the start of Paramedic 1 to complete all requirements. If the requirements are not met, the student will receive an "F" and not receive course completion. Any student not receiving course completion is ineligible to take the NREMT cognitive exam.

Students may not transfer credits from another institution to satisfy the core Paramedic classes which include Paramedic 1-5, any lab requirements, clinical courses, and 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.

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.

REQUIREMENTS FOR READMISSION

1. Demonstrate that the condition(s) causing failure, dismissal, or withdrawal have been corrected so that the student is able to complete the program.
2. ***In case of academic failure.*** Students will be required to complete an individualized remediation plan which may include but is not limited to course audit, tutoring, math, EMStesting quizzes/exams, final exams, case studies, and simulation.
3. It is at the Admission and Retention Committee's discretion to include appropriate stipulations for readmission.
4. Readmission is dependent upon availability of positions in the class.
5. Students must meet all current admission criteria.

PROCESS FOR READMISSION

Readmission decisions are made in July. Letters of intent must be on file by June 31st for the July meeting.

1. Submit a letter to the EMS Program Director and the Paramedic Admission and Retention Committee requesting readmission for a specific year or semester.
2. The letter must include the reason(s) for failure, dismissal, or withdrawal, and how or why the situation has been remedied.
3. The Chairperson of the Committee will request any additional documentation requested by the Committee and/or request a follow-up letter that may be time sensitive.
4. Upon receipt of the documentation, the Committee will either request further documentation or schedule a meeting with the student to discuss readmission.
5. Following the meeting, the student will be **notified in writing** of the Committee's decision. The Committee's decision is final.

Course Completion, Clinical Hours, Skills, and Assessments

Paramedic course completion will not occur until all Paramedic courses (including clinical and Field Internship) are complete with a 75% or above, minimum of hospital and prehospital clinicals are complete, minimum number of assessments and skills have been completed as outlined in Platinum Planner, and student has completed a minimum of 20 successful Team leads in Field Internship. Students are required to complete a final psychomotor exam, summative cognitive exam, and a final affective evaluation. The student must complete final course evaluations and update contact information.

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. Complete all clinical courses with a "C" or better.
4. Obtain a 70% on the Comprehensive Final exam. Can retake x 1.
5. Pass the Final Psychomotor exam which includes three simulations. This exam will be held at the end of the Spring Semester. Each simulation may be retested 2 times. If a student is unable to pass the Final Psychomotor exam, he/she will fail the Paramedic program.
6. Receive a final Affective evaluation and complete course evaluations.
7. Complete a minimum number of clinical hours in the following areas:
   OR: 32
   Respiratory Therapy: 8
   ICU: 24
   ER: 154
   OB: 24
   Peds: 8

   EMS Field Experience
   Fall 24

   Students will not be allowed to schedule over 16 hours. No student will be allowed to schedule overnight shifts during EMS rides.

   Paramedic Internship
   Field Experience 100
   Internship 150 minimum

8. Students are required to complete a certain number of BLS skills and ACLS skills, a certain number of assessments in each age category, required simulations, and certain number of formative and competency evaluations in clinical and field experience. These requirements are required by accreditation and the East Central College EMS Advisory Board. They can be found in Platinum Planner under "Reports".

9. Complete Paramedic Internship

The Field Internship may only begin:

1) Completion of all major course content minus Operations
2) Successful completion of BLS and ALS lab skills and required lab simulations
3) Successful completion of minimum hospital hours.
4) Successful completion of Field Experience hours.
5) Pass the Final Psychomotor Exam.
6) Approval by the Program Director, Clinical Coordinator, Preceptor(s), and Chief/Administrator (or designee) for the clinical site.
7) Preceptor training must be completed with a passing score of 70%
8) Preceptors are required to meet with EMS Program Director to go over expectations of paramedic students and program expectations

Field Internship students will meet the following requirements with 2 approved preceptors.

1. Minimum of 150 hours
2. Minimum of 30 patient contacts in which 20 of the patient contacts, student performed as Team Leader and performed as a competent, entry-level paramedic. Patient contacts can include ALS and BLS patient contacts, as well as a mixture of medical and traumatic situations.
3. A 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.
4. During internship, the student may only count 5 AMA's toward the 30 calls.

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

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.)

Table 2 PHARMACOLOGY EQUIVALENTS

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 8-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, and/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 the 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.

Competency Skills-Performance Checkoffs

The purpose of the competency skills performance checkoff process is to ensure that paramedic students demonstrate mastery of clinical psychomotor skills required for safe and effective patient care. The formal checkouts serve as a checkpoint prior to entering clinical sites.

The skills below will be required for formal checkouts.

- Establishing an IV
- Administering a medication via IV
- Establishing an IO
- Administering an IM/SC medication
- Oral tracheal Intubation

All simulation requirements that are required by CoAEMSP are to be **completed prior to starting Internship, must be completed by May 1st.** If a student has not passed the required simulation(s), the student will move to a formal competency skills performance checkoff for that simulation(s).

Any skills or scenarios that are required by the American Heart Association or the National Association of EMT's such as ACLS, PALS, or PHTLS that the student has not successfully passed by the end of the certification classes,

will be moved to a formal competency skills performance checkoff.

A student will have 3 attempts to complete a formal competency skills performance checkoff.

If a student fails their first attempt, the following will occur.

Prior to attempt 2: The student will practice that skills or scenario 2 times. The student may retest that day, but no later than 1 week.

If a student fails their 2nd attempt, the following will occur.

Prior to attempt 3: A mandatory meeting with the Program Director will take place along with the completion of a Performance Improvement Plan. The student must practice the skill or simulation for a minimum of 1 hour with an approved lab assistant, adjunct, or Program Director. The student must retest within 1 week and two evaluators will be present.

If the student is unsuccessful on the 3rd attempt, the student fails the course and will withdraw from any other co-requisite EMS courses he/she is registered for.

ACLS and PALS are certification courses tied to Paramedic 3. If these certification courses are not passed, the student will not be allowed to continue in the program and will be administratively withdrawn from all other co-requisite EMS courses.

PHTLS is tied to Paramedic 4. If this certification course is not passed, the student will not be allowed to continue in the program and will be administratively withdrawn from all other co-requisite EMS courses.

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:

1) Completion of all major course content minus Operations
2) Successful completion of BLS and ALS lab skills and required lab simulations
3) Successful completion of minimum hospital hours.
4) Successful completion of Field Experience hours.
5) Pass the Final Psychomotor Exam.
6) Approval by the Program Director, Clinical Coordinator, Preceptor(s), and Chief/Administrator (or designee) for the clinical site.
7) Preceptor training must be completed with a passing score of 70%
8) Preceptors are required to meet with EMS Program Director to go over expectations of paramedic students and program expectations

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 in Internship will not be allowed to schedule any more than 16 hours in 1 day. No overnight shifts will be allowed during EMS Internship or Field Experience.

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 30 patient contacts in which they must perform as a Team lead for 20. 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 20 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 out of the 30 patient contacts.

Team Lead Criteria

To be counted as successful Team Lead, the student must:

Perform an assessment, interview the patient delegate roles/tasks, formulate a field impression and manage the patient based on a treatment plan.

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

If at least 2 ALS interventions have already been established prior to contact by the ambulance crew (hospital to hospital transfer for instance), the student may count the transfer as a Team Lead.

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)

Table 3 Part 1

	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.

Table 4 Part 2

		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) • Patient disposition, selecting destination, ambulance transport (C,F) • Bioinformatics (C,F)

Table 5 Part 3

		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)

Table 6 Part 4

		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)

Table 7 Part 5

		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)

Table 8 Part 6

		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)

Table 9 Part 7

		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 (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) and treatment	• 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)

Table 10 Part 8

		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)

Table 11 Part 9

		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)

Table 12 Part 10

		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)

Table 13 Part 11