



**Paramedic Training Program for Sumter County**  
**RFP # 178-0-2010/AT**

Sumter County Board of County Commissioners

Lake Technical Center  
2001 Kurt Street  
Eustis, Florida 32726



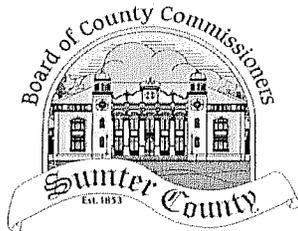
Sumter County Board of County Commissioners  
PARAMEDIC TRAINING PROGRAM FOR SUMTER COUNTY

**PROPOSER'S CERTIFICATION**

Submit To: Sumter County Board of County Commissioners  7375 Powell Road Wildwood, Florida, 34785 Phone 352-689-4400 Fax 352-689-4401		SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS  REQUEST FOR PROPOSALS (RFP) CERTIFICATION  AND ADDENDA ACKNOWLEDGMENT		
<b>DUE DATE: January 7, 2011</b>	<b>DUE TIME: 10:00 am</b>	<b>RFP # 178-0-2010/AT</b>		
<b>TITLE: Paramedic Training Program for Sumter County</b>				
VENDOR NAME: Lake Technical Center		PHONE NUMBER: (352) 589-2250		
VENDOR MAILING ADDRESS: 2001 Kurt Street		FAX NUMBER: (352) 357-4776		
CITY/STATE/ZIP: Eustis, Florida 32726		E-MAIL ADDRESS: culpepperd@lake.k12.fl.us		
<p>"I, the undersigned, certify that I have reviewed the addenda listed below (list all addenda received to date). I understand that timely commencement will be considered in award of this RFP and that cancellation of award will be considered if commencement time is not met, and that untimely commencement may be cause for termination of contract. I further certify that the services will meet or exceed the RFP requirements. I, the undersigned, declare that I have carefully examined the RFP, specifications, terms and conditions as applicable for this Request, and that I am thoroughly familiar with all provisions and the quality and type of coverage and services specified. I further declare that I have not divulged, discussed, or compared this RFP with any other Offeror and have not colluded with any Offerors or parties to an RFP whatsoever for any fraudulent purpose."</p>				
<u>Diane Culpepper</u> Addendum # 1	<u>D. Culpepper</u> Addendum # (Q & A)	_____ Addendum #	_____ Addendum #	_____ Addendum #
<p>"I certify that this quote is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting an RFP for the same material, supplies, equipment or services and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this RFP and certify that I am authorized to sign this response and that the offer is in compliance with all requirements of the RFP, including but not limited to certification requirements. In conducting offers with an agency for Sumter County Board of County Commissioners (BOCC), respondent agrees that if this Proposals is accepted, the respondent will convey, sell, assign, or transfer to the Sumter County BOCC all rights, title and interest in and to all causes of action it may now or hereafter acquire under the anti-trust laws of the United States for price fixing relating to the particular commodities or services purchased or acquired by the COUNTY. At the Sumter County BOCC discretion, such assignment shall be made and become effective at the time the purchasing agency renders final payment to the respondent."</p>				
<u>Diane Culpepper, Director</u> Authorized Agent Name, Title (Print)		<u>Diane Culpepper</u> Authorized Signature		<u>1-5-11</u> Date
<b><i>This form must be completed and returned with your Submittal</i></b>				

Sumter County Board of County Commissioners  
PARAMEDIC TRAINING PROGRAM FOR SUMTER COUNTY

**PROPOSALS FORM FOR  
BOARD OF SUMTER COUNTY COMMISSIONERS**



Name of Firm Submitting Qualifications           Lake Technical Center, Inc.          

Name of Person Submitting Qualifications           Diane Culpepper          

**PROPOSER ACKNOWLEDGMENT**

"The undersigned hereby declares that he/she has informed himself/herself fully in regard to all conditions to the work to be done, and that he/she has examined the RFP and Specifications for the work and comments hereto attached. The Vendor proposes and agrees, if this submission is accepted, to contract with the Board of Sumter County Commissioners, to furnish all necessary materials, equipment, labor and services necessary to complete the work covered by the RFP and Contract Documents for this Project. The Vendor agrees to accept in full compensation for each item the prices named in the schedules incorporated herein."

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**CONSULTANT'S FEE SCHEDULE MUST BE ATTACHED TO THIS PROPOSAL**

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Diane Culpepper  
Signature

Jan. 5, 2011  
Date

[  ] Check if exception(s) or deviation(s) to Specifications. Attach separate sheet(s) detailing reason and type for the exception or deviation.

***This document must be completed and returned with your Submittal***

Sumter County Board of County Commissioners  
PARAMEDIC TRAINING PROGRAM FOR SUMTER COUNTY

STATEMENT OF TERMS AND CONDITIONS

**PUBLIC ENTITY CRIME:** A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a Proposal/Bid on a contract to provide any goods or services to a public entity, for the construction or repair of a public building or public work, may not submit Proposals/Bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

**INDEMNIFICATION :** The Contractor agrees to indemnify and hold harmless Board of Sumter County Commissioners, and their elected officials, employees and volunteers from and against all claims, losses and expenses, including legal costs, arising out of or resulting from, the performance of this contract, provided that any such claims, damage, loss of expenses is attributed to bodily injury, sickness, disease, personal injury or death, or to injury to or destruction of tangible property including the loss or loss of use resulting there from and is caused in whole or in part by any negligent act or omission of the tenant.

**PROHIBITION OF LOBBYING:** During the black out period which is, the period between the time the submittals for Invitation to Bid or the Request for Proposals, or Qualifications, or Information, as applicable, are received at Contracts / Purchasing and the time the Board awards the contract, no proposer, no lobbyist, principal, or other person may lobby, on behalf of a compelling party in a particular procurement matter, any member of the Board, or any Board employee other than the Financial Services Manager. Violation of this provision may result in disqualification of violating party. All questions regarding this Request for Proposals (RFP) or Invitation to Bid (IBID) must be submitted in writing to the Board's Financial Services Manager.

**ANTI TRUST LAWS:** By submission of a signed RFP or BID, the successful Vendor acknowledges compliance with all antitrust laws of the United States and the State of Florida, in order to protect the public from restraint of trade, which illegally increases prices.

**CONFLICT OF INTEREST:** The award of the contract hereunder is subject to the provisions of Chapter 112 of the Florida Statutes. Vendors shall disclose the name of any Officer, Director, Partner, Associate, or Agent who is also an Officer, Appointee, or Employee of any of the Boards at the time of the RFP or BID, or at the time of occurrence of the Conflict of Interest thereafter.

**INTERPRETATION, CLARIFICATIONS AND ADDENDA:** No oral interpretations will be made to any vendor as to the meaning of the RFP/IBID Contract Documents. Any inquiry or request for interpretation received by the Financial Services Manager before the date listed herein will be given consideration. All such changes or interpretations will be made in writing in the form of an addendum and, if issued, will be distributed at or after the Pre-Proposals/Pre-Bid Conference, mailed or sent by available or electronic means to all attending prospective Submitters prior to the established RFP/IBID opening date. Each Vendor shall acknowledge receipt of such addenda in the space provided. In case any Proposer/Bidder fails to acknowledge receipt of such addenda or addendum, his offer will nevertheless be construed as though it had been received and acknowledged and the submission of his bid will constitute acknowledgment of the receipt of same. All addenda are a part of the RFP/IBID FORMS and each Proposer/Bidder will be bound by such addenda, whether or not received by him. It is the responsibility of each proposer/bidder to verify that he has received all addenda issued before RFP's/BID's are opened. In the case of unit price items, the quantities of work to be done and materials to be furnished under this RFP/IBID Contract are to be considered as approximate only and are to be used solely for the comparison of RFP's/BID's received. The Board and/or its CONSULTANT do not expressly or by implication represent that the actual quantities involved will correspond exactly therewith; nor shall the Vendor plead misunderstanding or deception because of such estimate or quantities of work performed or material furnished in accordance with the Specifications and/or Drawings and other Proposals/Bid Documents, and it is understood that the quantities may be increased or diminished as provided herein without in any way invalidating any of the unit or lump sum prices bid.

**GOVERNING LAWS AND REGULATIONS:** The vendor is required to be familiar with and shall be responsible for complying with all federal, state and local laws, ordinances, rules and regulations that in any manner affect the work.

**PROPRIETARY/CONFIDENTIAL INFORMATION:** Vendors are hereby notified that all information submitted as part of, or in support of RFP's/BID's, will be available for public inspection ten days after opening of the RFP's/BID's or until a short list is recommended whichever comes first, in compliance with Chapter 119, and 287 of the Florida Statutes. Any person wishing to view the RFP's/BID's must make an appointment by calling the Financial Services Manager at (352) 793-0200. All RFP's/BID's submitted in response to this solicitation become the property of the Board. Unless information submitted is proprietary, copy written, trademarked, or patented, the Board reserves the right to utilize any or all information, ideas, conceptions, or portions of any RFP/IBID, in its best interest.

**TAXES:** The Board of Sumter County Commissioners is exempt from any taxes imposed by the State and/or Federal Government. Exemption certificates will be provided upon request.

**NON-COLLUSION DECLARATION:** By signing this RFP/IBID, all Vendors shall affirm that they shall not collude, conspire, connive or agree, directly or indirectly, with any other Proposer, firm, or person to submit a collusive or sham Proposals in connection with the work for which their RFP/IBID has been submitted; or to refrain from Bidding in connection with such work; or have in any manner, directly or indirectly, sought by person to fix the price or prices in the RFP/IBID or of any other Bidder, or to fix any overhead, profit, or cost elements of the RFP/IBID price or the RFP/IBID price of any other Bidder, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against any other Bidder, or any person interested in the proposed work.

**PROPOSER RESPONSIBILITY:** Invitation by the Boards to vendors is based on the recipient's specific request and application to DemandStar by Onvia at [www.DemandStar.com](http://www.DemandStar.com) (800) 711-1712] or as the result of responses by the public to the legal advertisements required by State law. Firms or individuals submit their responses on a voluntary basis, and therefore are not entitled to compensation of any kind.

**OWNERSHIP OF SUBMITTALS:** All responses, inquiries or correspondence relating to or in reference to this RFP/IBID, and all other reports, charts, displays, schedules, exhibits and other documentation submitted by the vendors will become the property of the Board. Reference to literature submitted with a previous RFP/IBID will not relieve the Bidder from including any required documents with this RFP/IBID.

**EXAMINATION OF BID DOCUMENTS:** Each Bidder shall carefully examine the RFP/IBID Document to ensure all pages have been received, all drawings and/or Specifications and other applicable documents are included, and shall inform himself thoroughly regarding any and all conditions and requirements that may in any manner affect cost, progress or performance of the work to be performed under the Contract. Ignorance on the part of the CONTRACTOR will in no way relieve him of the obligations and responsibilities assumed under the Contract.

**VENDOR RESPONSIBILITY:** Vendors are fully and completely responsible for the labeling, identification and delivery of their submittals. The Financial Services Manager will not be responsible for any mislabeled or misdirected submissions, nor those handled by delivery persons, couriers, or the US Postal Service.

**DRUG FREE WORKPLACE:** All Proposer's/Bidders shall submit the enclosed, duly signed and notarized form entitled "Drug Free Workplace Certificate". The Drug Free Workplace Vendor shall have the burden of demonstrating that his program complies with Section 287.087 of the Florida Statutes, and any other applicable state law.

BOARD OF SUMTER COUNTY COMMISSIONERS, are political subdivisions of the State of Florida, and reserve the right to reject any and/or all submittals, reserve the right to waive any informalities or irregularities in the examination process, and reserve the right to award contracts and/or in the best interest of the Boards. Submittals not meeting stated minimum terms and qualifications may be rejected by the Boards as non-responsive. The Boards reserve the right to reject any or all submittals without cause. The Boards reserves the right to reject the submission of any Vendor in arrears or in default upon any debt or contract to the Boards, or who has failed to perform faithfully any previous contract with the Boards or with other governmental agencies.

**PUBLIC RECORDS LAW:** Correspondence, materials and documents received pursuant to this RFP/IBID become public records subject to the provisions of Chapter 119, Florida Statutes.

**VERIFICATION OF TIME:** Nextel time is hereby established as the Official Time of the Boards.

**PREPARATION OF PROPOSALS/BIDS:**

**Signature of the Bidder:** The Bidder must sign the RFP/IBID FORMS in the space provided for the signature. If the Proposer/Bidder is an individual, the words "doing business as \_\_\_\_\_" must appear beneath such signature. In the case of a partnership, the signature of at least one of the partners must follow the firm name and the words, "Member of the Firm" should be written beneath such signature. If the Proposer/Bidder is a corporation, the title of the officer signing the RFP/IBID on behalf of the corporation must be stated and evidence of his authority to sign the RFP/IBID must be submitted. The Proposer/Bidder shall state in the RFP/IBID FORMS the name and address of each person interested therein.

**Basis for Bidding:** The price proposed for each item shall be on a lump sum or unit price basis according to specifications on the RFP/IBID FORM. The proposed prices shall remain unchanged for the duration of the Contract and no claims for cost escalation during the progress of the work will be considered, unless otherwise provided herein.

**Total Proposed Price/Total Contract Sum Proposed:** If applicable, the total price bid for the work shall be the aggregate of the lump sum prices proposed and/or unit prices multiplied by the appropriate estimated quantities for the individual items and shall be stated in figures in the appropriate place on the RFP/IBID FORM. In the event that there is a discrepancy on the RFP/IBID FORM due to unit price extensions or additions, the corrected extensions and additions shall be used to determine the project bid amount.

**TABULATION:** Those wishing to receive an official tabulation of the results of the opening of this RFP/IBID are to submit a self-addressed, stamped business size (No. 10) envelope, prominently marked on the front lower left side, with the RFP identification. Tabulation requested by telephone, fax or electronic media will not be accepted.

**OBLIGATION OF WINNING BIDDER:** The contents of the RFP/IBID of the successful proposer/bidder will become contractual obligations if acquisition action ensues. Failure of the successful Proposer/Bidder to accept these obligations in a contract may result in cancellation of the award and such vendor may be removed from future participation.

**AWARD OF BID:** It is the Boards' intent to select a vendor within sixty (60) calendar days of the deadline for receipt of Proposals/Bids. However, Proposals/Bids must be firm and valid for award for at least ninety (90) calendar days after the deadline for receipt of the RFP/IBID.

**ADDITIONAL REQUIREMENTS:** The firms shall furnish such additional information as the Boards may reasonably require. This includes information which indicates financial resources as well as ability to provide the services. The Boards reserve the right to make investigations of the qualifications of the firm as it deems appropriate.

**PREPARATION COSTS:** The Boards shall not be obligated or be liable for any costs incurred by Proposer's/Bidders prior to issuance of a contract. All costs to prepare and submit a response to this RFP/IBID shall be borne by the Proposer/Bidder.

**TIMELINESS:** All work will commence upon authorization from the Boards' representative (Financial Services Manager). All work will proceed in a timely manner without delays. The Contractor shall commence the work UPON RECEIPT OF NOTICE TO PROCEED and/or ORDER PLACED (PURCHASE ORDER PRESENTED), and shall deliver in accordance to the terms and conditions outlined and agreed upon herein.

**DELIVERY:** All prices shall be FOB Destination, Sumter County, Florida, inside delivery unless otherwise specified.

**ADDITIONAL SERVICES/PURCHASES BY OTHER PUBLIC AGENCIES ("PIGGY-BACK"):**

The Vendor by submitting a Bid acknowledges that other Public Agencies may seek to "Piggy-Back" under the same terms and conditions, during the effective period of any resulting contract - services and/or purchases being offered in this Bid, for the same prices and/or terms proposed. Vendor has the option to agree or disagree to allow contract Piggy-Backs on a case-by-case basis. Before a Public Agency is allowed to Piggy-Back any contract, the Agency must first obtain the vendor's approval - without the vendor's approval, the seeking Agency cannot Piggy-Back.

**PLANS, FORMS & SPECIFICATIONS:** Bid Packages are available from the Financial Services Manager. These packages are available for pickup or by mail. If requested to mail, the Proposer/Bidder must supply a courier account number (UPS, FedEx, etc). Proposer's/Bidders are required to use the official RFP/IBID FORMS, and all attachments itemized herein, are to be submitted as a single document. Any variation from the minimum specifications must be clearly stated on the RFP/IBID FORM and/or Exceptions/Deviations Sheet(s). Only one set of plans, forms, and specifications will be furnished each company or corporation interested in submitting a Proposal/bid. RFP/IBID FORM documents for this project are free of charge and are available on-line and are downloadable (vendor must pay any DemandStar fees or any shipping).

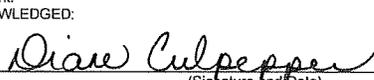
**MANUFACTURER'S NAME AND APPROVED EQUIVALENTS:** Any manufacturer's names, trade names, brand names, information and/or catalog numbers listed in a specification are for information and not intended to limit competition unless otherwise indicated. The Proposer/Bidder may offer any brand for which he is an authorized representative, which meets or exceeds the RFP/IBID specification for any item(s). If RFP's/BID's are based on equivalent products, indicate on the RFP/IBID FORM the manufacturer's product name and literature, and/or complete specifications. Reference to literature submitted with a previous RFP/IBID will not satisfy this provision. The Proposer/Bidder shall explain in detail the reason(s) why the proposed equivalent will meet the specifications and not be considered an exception thereto. RFP's/BID's which do not comply with these requirements are subject to rejection. RFP's/BID's lacking any written indication of intent to quote an alternate brand will be received and considered in complete compliance with the specifications as listed on the RFP/IBID FORM. The Financial Services Manager is to be notified, in writing, of any proposed changes in materials used, manufacturing process, or construction. However, changes shall not be binding upon the Boards unless evidenced by a Change Notice issued and signed by the Financial Services Manager, or designated representative.

**QUANTITIES:** The quantities as specified in this RFP/IBID are estimates only and are not to be construed as guaranteed minimums.

**SAMPLES:** Samples of items, when called for, shall be furnished free of expense, and if not destroyed may, upon request, be returned at the Proposer's/Bidder's expense. Each sample shall be labeled with the Proposer's/Bidder's name, manufacturer brand name and number, RFP/IBID number and item reference. Samples of successful Proposer's/Bidder's items may remain on file for the term of the contract. Request for return of samples shall be accompanied by instructions which include shipping authorization and must be received at time of opening. Samples not returned may be disposed of by the Boards within a reasonable time as deemed appropriate.

**DOCUMENT RE-CREATION:** Vendor may choose to re-create any document(s) required for this solicitation, but must do so at his own risk. All required information in the original Board format must be included in any re-created document. Submittals may be deemed non-responsive if required information is not included in any re-created document.

ACKNOWLEDGED:

  
(Signature and Date) Jan 5, 2011

**This document must be completed and returned with your Submittal**

Sumter County Board of County Commissioners  
PARAMEDIC TRAINING PROGRAM FOR SUMTER COUNTY

**REFERENCE & SIMILAR PROJECTS EXPERIENCE FORM**

Owner / Business Name: Lake County Department of Public Safety, Fire Rescue Division		
Project Location / Address: 315 West Main Street, Suite #411		
City: Tavares	State: Florida	Zip Code: 32778-7800
Point of Contact: Jack Fillman, Assistant Chief-Administration		Dates of Work: April 2010 to May 2011
Phone Number: (352) 343-9458		Fax Number: (352) 343-9516
E-mail Address: JFillman@lakecountyfl.gov		
Project Name: Paramedic Training program		
Brief Description of Project: Lake County's Department of Public Safety, Fire Rescue Division, has sponsored a number of students in the Paramedic training program with Lake Technical Center.		

Owner / Business Name: Lake Sumter EMS		
Project Location / Address: 2761 West Old Highway 441		
City: Mount Dora	State: Florida	Zip Code: 32757
Point of Contact: Jim Judge, Executive Director		Dates of Work: April 2010 to May 2011
Phone Number: (352) 383-4554		Fax Number: (352) 735-4475
E-mail Address: jjudge@lakesumterems.org		
Project Name: Paramedic Training program		
Brief Description of Project: LakeSumter EMS has sponsored a number of students in the Paramedic training program with Lake Technical Center.		

Owner / Business Name: Marion County Fire Rescue		
Project Location / Address: 2631 SE 3 <sup>rd</sup> Street		
City: Ocala	State: Florida	Zip Code: 34471
Point of Contact: Rodney K. Mascho, Captain		Dates of Work: April 2010 to May 2011
Phone Number: (352) 291-8000		Fax Number: (352) 291-8098
E-mail Address: Rodney.Mascho@marioncountyfl.org		
Project Name: Paramedic Training programs		
Brief Description of Project: Marion County Fire and Rescue has sponsored a number of students in the Paramedic training program with Lake Technical Center.		

Sumter County Board of County Commissioners  
PARAMEDIC TRAINING PROGRAM FOR SUMTER COUNTY

***This document must be completed and returned with your Submittal***

CONTRACTOR'S AFFIDAVIT

State of Florida  
County of LAKE

Before me personally appeared DIANE CULDEPPER who is (title) DIRECTOR  
of (the company described herein) LAKE TECHNICAL CENTER being duly sworn, deposes and says that the foregoing  
statements are a true and accurate statement of the position of said organization as of the date thereof, and, that the statements  
and answers to the foregoing experience questionnaire are correct and true as of the date of this affidavit; and, that he/she  
understands that intentional inclusion of false, deceptive, or fraudulent statements of this application constitutes fraud; and, agrees  
to furnish any pertinent information requested by The Sumter County Board of County Commissioner deemed necessary to verify  
the statements made in this application or regarding the ability, standing and general reputation of the applicant.

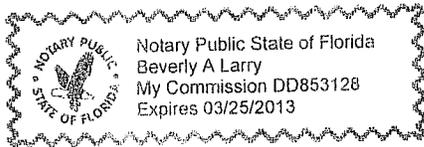
Personally Known  or Produced Identification \_\_\_\_\_

Sworn to and subscribed before me this 5 day of JANUARY, 2010-2011

Beverly A. Larry  
NOTARY PUBLIC - STATE OF FLORIDA  
(Signature of Notary Public)

BEVERLY A. LARRY  
(Print Name of Notary Public)

(seal)



Sumter County Board of County Commissioners  
PARAMEDIC TRAINING PROGRAM FOR SUMTER COUNTY

***This document must be completed and returned with your Submittal***

**DRUG FREE WORKPLACE CERTIFICATE**

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that,  
Lake Technical Center, Inc.  
(print or type name of firm)

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the work place, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under Proposals or bid, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under Proposals or bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea or guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (\*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee's community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.
- "As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein".

*Diana Culpepper*  
Authorized Signature

*Jan. 5, 2011*  
Date Signed

State of: FLORIDA

County of: LAKE

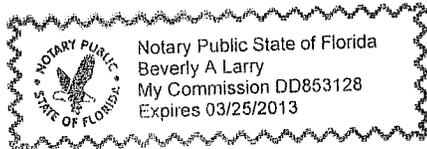
Sworn to and subscribed before me this 5 day of January, 2011

Personally known  or Produced Identification \_\_\_\_\_  
(Specify Type of Identification)

*Beverly A. Larry*  
Signature of Notary

My Commission Expires 3/25/13

(seal)



**Sumter County Board of County Commissioners  
PARAMEDIC TRAINING PROGRAM FOR SUMTER COUNTY**

**Submission Requirements**

Cost per student	\$ 3980.40
Minimum/maximum Students per class	12/24
Class length (months)	12
Location of Classroom sessions	Sumter County
Location of Lab Sessions	Sumter County
Location of Hospital Clinical time	<u>Lake, Orange and Sumter Counties</u>
Location of Ambulance Clinical time	<u>Lake, Orange and Sumter Counties</u>
Location of 1 <sup>st</sup> Responder Clinical time (if applicable)	<u>N/A</u>
Additional offerings/costs (Pediatric Advanced Life support, Neonatal Resuscitation Practices, Uniforms, etc.)	<u>Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS) and Pre-hospital Trauma Life Support (PHTLS) are included in program.</u>
Any additional cost considerations	<u>Physical, immunizations, and stethoscope, if needed.</u>

Proposed class scheduling options (i.e. days of week, number of days per week, repeating class options, etc.) Additional documentation may be submitted to explain this section.

The training program will be offered in a shift friendly manner with a preference to Sumter County's B shift The schedule will rotate two days each week (as shift rotates). Classes begin at 9:00 am and end at 4:00 pm with one hour for lunch. Classes are not scheduled during holidays. Some lab time will be scheduled on Saturdays. Ambulance time may be scheduled during both holidays and weekends.

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# **SCOPE OF SERVICES PARAMEDIC PROGRAM**

## **SCOPE OF WORK**

Lake Technical Center, Inc. (LTC) located in Eustis, Florida has been training students in both Emergency Medical Technician and Paramedic programs since 1975. LTC was founded in 1966 and is fully accredited by the Council on Occupational Education (COE). In addition, the EMS programs at LTC are accredited by the Commission on Accreditation of Educational Programs for the EMS Professions (CoAEMSP).

From the past five classes of Paramedics, LTC has graduated 70 students and has an average pass rate of 97% on the state licensure exam. LTC is prepared to bring the Paramedic program to Sumter County with the same expectation of excellence. Upon completing the Paramedic training program, students will be eligible to sit for the current State of Florida licensure exam for becoming a Florida Certified Paramedic.

## **SERVICES**

### Methodology

The 1100 hour Paramedic training program follows the Curriculum Framework as set by the Florida Department of Education (see Appendix A). The division of classroom, lab, clinical and internship time falls within the guidelines of the Bureau of Emergency Medical Services. Classroom time is 472 hours, lab time is 150 hours, clinical time is 150 hours and the internship is 328 hours. The program will be delivered in similar fashion as the current program located on the main campus. Classroom will run from 9:00 am to 4:00 pm with an hour for lunch. The schedule will include two rotating days each week and no holidays. Lab time may occur on some Saturdays and clinical time can be scheduled at any time.

### Non-traditional Delivery

The first course in the program is called Basic Healthcare Worker and is 90 hours in length. It includes approximately 75 hours of distance education in which students work online from home. In addition, students having already earned credit for Health Core will be granted credit for 90 hours of the program.

### Approach

LTC maintains a philosophy of rigor, relevance and responsiveness in education. The Paramedic program has a coordinator who oversees the implementation of curriculum and schedule, approves internships, and manages all of the day-to-day tasks associated with running a quality program. Classroom responsibilities will be shared by two instructors. Lab time requires a ratio of 1 instructor to 6 students and clinical time requires a ratio of 1 instructor to 3 or 4 students. Preceptors provided by the health care facilities oversee students during internships.

## Materials

Textbooks include *Anatomy and Physiology for Emergency Care, 2e*; *Basic Arrhythmias, 7e*; Paramedic Textbook Package, 3e Revised; and, *Prehospital Emergency Pharmacology, 6e*. Handouts and other materials such as the example Master Plan of Instruction (Appendix B) will be provided electronically to each student.

## **CLASS LOCATION**

The Paramedic training program classroom and lab time will be held at the Sumter County Fire Rescue chosen location in Bushnell. LTC will provide student desks and chairs as well as mobile equipment for lab training. Clinical sites will vary, but will be located as near to Sumter County as possible.

## **CLINICAL LOCATIONS**

Clinical sites will consist of several locations near to or in Sumter County. Lake Technical Center has maintained the following established partnerships for many years. Each site is familiar with the Paramedic program offered at Lake Tech and is committed to providing quality experiences to our students.

### **Hospitals**

- Florida Hospital Waterman in Eustis
- Leesburg Regional Medical Center
- The Villages Health System
- Orlando Regional Health Care Systems
  - Orlando Regional Medical Center
  - Arnold Palmer
  - Winnie Palmer

### **Clinics**

- Lake County Health Department
- Life Stream Behavioral

### **Physician Offices**

- Dr. Maria Mena, Pediatrics
- Hester Family Care

### **ALS Transport**

- Lake Sumter EMS

### **ALS Non-Transport**

- Lake County Fire Rescue

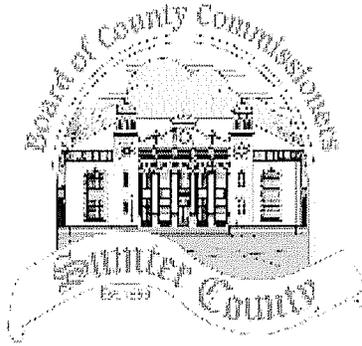
## **COSTS**

Cost per student includes registration fees, tuition, lab fees, liability insurance, drug screen, level two fingerprinting, uniforms, textbooks, and supplies. There is a specific uniform code which may require students to purchase additional items. Shirts must be purchased, but students may wear pants, shoes and belt which are part of their EMT work uniform. The uniform code may be found in detail on pages 9 and 10 of the Master Plan of Instruction included in Appendix B. Lake Tech will invoice the Board of County Commissioners in full at the beginning of the program. Payment may be made either by the semester or monthly without penalty.

## **SUMMARY**

Lake Technical Center has been training paramedics since 1975 with great success as demonstrated by the 97% pass rate on the state licensure exam. In addition, LTC has established and maintained partnerships with numerous clinical sites in Lake, Sumter and Orange counties. Therefore, with minimal preparation time, LTC is ready to offer a Paramedic training program in Sumter County in which students will be eligible to sit for the current State of Florida licensure exam.

## **ADDENDUM #1**



**BOARD OF SUMTER COUNTY COMMISSIONERS**  
**7375 Powell Road, Suite 206**  
**Wildwood, FL 34785**  
**PHONE: (352) 689-4435 FAX: (352) 689-4401**  
**E-mail: [amanda.taylor@sumtercountyfl.gov](mailto:amanda.taylor@sumtercountyfl.gov)**

**Addendum #1RFP 178-0-2010/AT Paramedic Training Program for Sumter County**

- A. Notice to Contractors: Whenever a conflict appears between this addendum and the initial solicitation, or plans, this addendum shall prevail, and as such shall constitute a binding portion of the contract documents. All provisions of the original specifications shall remain in force, except as specifically modified or changed herein.
- B. Additions, Deletions, and/or Clarifications: This addendum forms a part of the Contract Documents and modified the original Quote Documents as noted below and supersedes all contrary information and requirements. Contractors shall acknowledge receipt of this Addendum.

**Clarification 1:** Will there be a site visit to the prospective training location and how many people will be attending training.

**Clarification 2:** Sumter County Fire Rescue is a combination fire department with 26 career uniformed personnel, and 120 reserve members.

The department plans to sponsor a minimum of 12 members in this pilot paramedic training program. We will sponsor both career and reserve members that meet the qualifications and entrance requirements. Sumter County Fire Rescue has ample number of EMTs within its career and reserve ranks to fill the 12 seats (minimum) it is planning for in this pilot Paramedic Training Program. It is also our intent to open enrollment up to other local agencies (or private individuals) which have expressed interest in sending personnel. The number of personnel allowed from outside Sumter

County Fire Rescue will be dependent on the need for additional students to optimize the course delivery objectives and the class size maximum as determined by the successful vendor. This could include additional students to allow for a program that presents the same course material more than one time a week, allowing maximum flexibility for student attendance.

Sumter County has identified space which will be used to deliver the paramedic program classroom sessions, space for clinical lab training, student scenario breakout practice, directed study areas and instructor office space(s). The location of the proposed training site for this program is 910 N. Main St. Bushnell, FL 33513, at the Sumter County Government Office Center. This space will be open and available for potential bidders to view on Monday, December 13, 2010, at 1:00pm. If no vendors are present by or before 1:30pm this space will be locked. This is the only opportunity to view the identified training site. However, viewing this training site is **not** a mandatory requirement of the bid.

## **CERTIFICATES OF INSURANCE**

# CERTIFICATE OF COVERAGE

**Certificate Holder**

ATTN: LITA HART  
 SUMTER COUNTY BOARD OF COUNTY COMMISSIONERS  
 RISK MANAGEMENT DEPARTMENT  
 7375 POWELL ROAD  
 WILDWOOD, FL 34785

**Administrator**

Issue Date 12/22/10

**Florida League of Cities, Inc.**  
**Department of Insurance and Financial Services**  
**P.O. Box 530065**  
**Orlando, Florida 32853-0065**

**COVERAGES**

THIS IS TO CERTIFY THAT THE AGREEMENT BELOW HAS BEEN ISSUED TO THE DESIGNATED MEMBER FOR THE COVERAGE PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE COVERAGE AFFORDED BY THE AGREEMENT DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH AGREEMENT

COVERAGE PROVIDED BY:

**FLORIDA MUNICIPAL INSURANCE TRUST**

**AGREEMENT NUMBER:** FMIT 1264

**COVERAGE PERIOD:** FROM 07/1/10

**COVERAGE PERIOD:** TO 7/1/11 12:01 AM STANDARD TIME

**TYPE OF COVERAGE - LIABILITY**

**General Liability**

- Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury
- School Leaders Errors and Omissions Liability
- Supplemental Employment Practice
- Employee Benefits Program Administration Liability
- Broad Form Property Damage
- Underground, Explosion & Collapse Hazard

**Limits of Liability**

\* Combined Single Limit  
 Deductible N/A

**Automobile Liability**

- All owned Autos (Private Passenger)
- All owned Autos (Other than Private Passenger)
- Hired Autos
- Non-Owned Autos

**Limits of Liability**

\* Combined Single Limit  
 Deductible N/A

**TYPE OF COVERAGE - PROPERTY**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Buildings</b>         | <input type="checkbox"/> <b>Miscellaneous</b>       |
| <input type="checkbox"/> Basic Form               | <input type="checkbox"/> Inland Marine              |
| <input type="checkbox"/> Special Form             | <input type="checkbox"/> Electronic Data Processing |
| <input type="checkbox"/> <b>Personal Property</b> | <input type="checkbox"/> Bond                       |
| <input type="checkbox"/> Basic Form               |   |
| <input type="checkbox"/> Special Form             |   |
| <input type="checkbox"/> Agreed Amount            |   |
| <input type="checkbox"/> Deductible N/A           |   |
| <input type="checkbox"/> Coinsurance N/A          |   |
| <input type="checkbox"/> Blanket                  |   |
| <input type="checkbox"/> Specific                 |   |
| <input type="checkbox"/> Replacement Cost         |   |
| <input type="checkbox"/> Actual Cash Value        |   |

**Limits of Liability on File with Administrator**

**TYPE OF COVERAGE - WORKERS' COMPENSATION**

- Statutory Workers' Compensation
- Employers Liability
  - \$1,000,000 Each Accident
  - \$1,000,000 By Disease
  - \$1,000,000 Aggregate By Disease
- Deductible N/A
- SIR Deductible N/A

**Automobile/Equipment - Deductible**

- Physical Damage      Per Schedule - Comprehensive - Auto      Per Schedule - Collision - Auto      NA - Miscellaneous Equipment

**Other**

\* The limit of liability is \$100,000 Bodily Injury and/or Property Damage per person or \$200,000 Bodily Injury and/or Property Damage per occurrence. These specific limits of liability are increased to \$1,000,000 (combined single limit) per occurrence, solely for any liability resulting from entry of a claims bill pursuant to Section 768.28 (5) Florida Statutes or liability/settlement for which no claims bill has been filed or liability imposed pursuant to Federal Law or actions outside the State of Florida.

**Description of Operations/Locations/Vehicles/Special Items**

RE: Paramedic Training Program for Sumter County  
 The certificate holder is hereby added as an additional insured, except for Workers' Compensation and Employers Liability, as respects the member's liability for the above described event.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE AGREEMENT ABOVE.

**Designated Member**

The School District of Lake County  
 201 West Burleigh Blvd  
 Tavares FL 32778

**Cancellations**

SHOULD ANY PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS AGENTS OR REPRESENTATIVES.



AUTHORIZED REPRESENTATIVE

**CERTIFICATE OF COVERAGE**

ISSUED ON: 12/22/2010

COVERAGE PROVIDED BY: **PREFERRED GOVERNMENTAL INSURANCE TRUST**

**PACKAGE AGREEMENT NUMBER: PK FL4 0355004 09-05**

**COVERAGE PERIOD: 7/1/2010 TO 7/1/2011 12:01 AM**

**COVERAGES:** This is to certify that the agreement below has been issued to the designated member for the coverage period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the agreement described herein subject to all the terms, exclusions and conditions of such agreement.

Mail to: Certificate Holder  
**Sumter County Board of County Commissioners, Risk Management Dept. Attn:**  
**Lita Hart**  
 7375 Powell Rd.  
 Wildwood, FL 34785

*Designated Member*  
**Lake Technical Center**  
 2001 Kurt Street  
 Eustis, FL 32726

**LIABILITY COVERAGE**  
**Comprehensive General Liability, Bodily Injury, Property Damage and Personal Injury**  
 Limit  
 **Educators Legal Liability**  
 Limit \$1,000,000      \$5,000 Deductible  
 **Employment Practices Liability**  
 Limit \$1,000,000      \$5,000 Deductible  
**Employee Benefits Liability**  
 Limit  
**Law Enforcement Liability**  
 Limit

**WORKERS' COMPENSATION COVERAGE**  
**WC AGREEMENT NUMBER:**  
  
**Self Insured Workers' Compensation**  
  
**Statutory Workers' Compensation**  
  
**Employers Liability**  
 Each Accident  
 By Disease  
 Aggregate Disease

**PROPERTY COVERAGE**  
 **Buildings & Personal Property**  
 Per schedule on file with      \$2,500 Deductible  
 Trust Limit  
*Note: See coverage agreement for details on wind, flood, and other deductibles.*  
**Rented, Borrowed and Leased Equipment**  
 Limit  
 **All other Inland Marine**  
 Limit \$337,000 TIV      See Schedule for Deductible

**AUTOMOBILE COVERAGE**  
**Automobile Liability**  
 Limit \$1,000,000      \$0 Deductible  
 All Owned  
    Specifically Described Autos  
 Hired Autos  
 Non-Owned Autos  
  
**Automobile Physical Damage**  
    Comprehensive  
    Collision  
    Hired Auto with limit of  
  
**Garage Keepers**  
 Liability Limit \$100,000  
 Liability Deductible \$0  
 Comprehensive Deductible \$2,500  
 Collision Deductible \$2,500

**NOTE:** The limit of liability is \$100,000 Bodily Injury and/or Property Damage per person or \$200,000 Bodily Injury and/or Property Damage per occurrence. These specific limits of liability are increased to limits shown above per occurrence, solely for any liability resulting from entry of a claims bill pursuant to Section 768.28 (5) Florida Statutes or liability imposed pursuant to Federal Law or actions outside the State of Florida.

Description of Operations/ Locations/ Vehicles/Special items:  
 Certificate holder is additional covered party per attached PGIT 902 10/10  
*This section completed by member's agent, who bears complete responsibility and liability for its accuracy.*

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the agreement above.

Administrator  
**Public Risk Underwriters®**  
**P.O. Box 958455**  
**Lake Mary, FL 32795-8455**

Producer  
**Brown & Brown of Florida, Inc.**  
**P. O. Box 491636**  
**Leesburg, FL 347491636**

CANCELLATIONS  
 SHOULD ANY PART OF THE ABOVE DESCRIBED AGREEMENT BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, PREFERRED GOVERNMENTAL INSURANCE TRUST WILL ENDEAVOR TO MAIL **60 DAYS** WRITTEN NOTICE, OR 10 DAYS WRITTEN NOTICE FOR NON-PAYMENT OF PREMIUM, TO THE CERTIFICATE HOLDER NAMED ABOVE, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE PROGRAM, ITS AGENTS OR REPRESENTATIVES.



\_\_\_\_\_  
 AUTHORIZED REPRESENTATIVE

# PUBLIC ENTITY

## AUTOMATIC ADDITIONAL COVERED PARTIES

**THIS ENDORSEMENT CHANGES THE AGREEMENT. PLEASE READ IT CAREFULLY.**

This endorsement modifies coverage provided under the **AUTOMOBILE COVERAGE FORM, PGIT 300**, the **GENERAL LIABILITY COVERAGE FORM, PGIT 200** and the **PROPERTY AND INLAND MARINE COVERAGE FORM, PGIT 104**

Where indicated by (x) below, coverage applies to the person(s) or organization(s) as their interest may appear. The provisions in this endorsement do not supersede Florida Statute 768.28, Article 10 § 13 of the Florida Constitution, or any other Statute or law limiting whom a Public Entity can indemnify.

**X ADDITIONAL COVERED PARTY - BY CONTRACT, AGREEMENT OR PERMIT**  
**SECTION I - WHO IS A COVERED PARTY**

is amended to include any person(s) or organization(s) (hereinafter called Additional Covered Party) with whom you agree in a written "insured contract" to name as a Covered Party, but only with respect to liability arising, in whole or in part, out of your operations, "your work" or facilities owned or used by you.

The coverage afforded to the Additional Covered Party does not apply:

- (1) Unless the written "insured contract", agreement or permit was executed prior to the "bodily injury," "property damage," "personal injury" or "advertising injury;"
- (2) To any person(s) or organization(s) included as a Covered Party under this coverage agreement or by an endorsement made part of this coverage agreement.

**X ADDITIONAL COVERED PARTY - OWNERS OF LEASED EQUIPMENT**  
**SECTION II - WHO IS A COVERED PARTY**

is amended to include any person(s) or organization(s) (hereinafter called Additional Covered Party) with whom you agree in a written equipment lease or rental agreement to name as a Covered Party, but only with respect to liability arising out of the sole negligence of the Covered Party, and only while such equipment is in the care, custody or control of the Covered Party, or any employee or agent of the Covered Party.

The coverage afforded to the Additional Covered Party does not apply to:

- (1) "Bodily injury" or "property damage" occurring after you cease to lease or rent the equipment;
- (2) "Bodily injury" or "property damage" arising out of any negligence of the Additional Covered Party;
- (3) Structural alterations, new construction or demolition operations performed by or on behalf of the Additional Covered Party;
- (4) Liability assumed by the Additional Covered Party under any contract or agreement;
- (5) "Property damage" to:
  - (a) Property owned, used, occupied by, or rented to the Additional Covered Party;
  - (b) Property in the care, custody or control of the Additional Covered Party or its employees or agents, or of which the Additional Covered Party, its employees or agents are for any purpose exercising physical control.

**X ADDITIONAL COVERED PARTY - MANAGERS OR LESSORS OF PREMISES**

**SECTION II - WHO IS A COVERED PARTY**

is amended to include any person(s) or organization(s) (hereinafter called Additional Covered Party) with whom you agree in a written agreement to name as a Covered Party, but only with respect to liability arising, in whole or in part, out of the "premises" leased to you by such person(s) or organization(s).

The coverage afforded to the Additional Covered Party does not apply to:

- (1) "Bodily injury" or "property damage" occurring after you cease to be a tenant in that "premises";
- (2) "Bodily injury" or "property damage" arising out of any negligence of the Additional Covered Party;
- (3) Structural alterations, new construction or demolition operations performed by or on behalf of the Additional Covered Party;
- (4) Liability assumed by the Additional Covered Party under any contract or agreement;
- (5) "Property damage" to:
  - (a) Property owned, used, occupied by, or rented to the Additional Covered Party;
  - (b) Property in the care, custody or control of the Additional Covered Party or its employees or agents, or of which the Additional Covered Party, its employees or agents are for any purpose exercising physical control.

**Notwithstanding any other provision of this agreement, nothing in this agreement shall be construed as a waiver of the Covered Party's sovereign immunity nor shall any provision of this agreement increase the liability of the covered party, or the sums for which the covered party may be liable, beyond the limits provided in §768.28, Florida Statutes.**

**APPENDIX A**  
**FLORIDA DEPARTMENT OF EDUCATION**  
**CURRICULUM FRAMEWORK**  
**PARAMEDIC**

July 2010

**Florida Department of Education  
Curriculum Framework**

**Program Title:** Paramedic  
**Program Type:** Career Preparatory  
**Career Cluster:** Health Science

PSAV	
Program Number	W170206 (For use by district grandfathered in programs only)
CIP Number	0317020602
Grade Level	30,31
Standard Length	1100 clock hours
Teacher Certification	PRAC NURSE @7 PARAMEDIC @7 EMR MED TE @7 NURSING ED
CTSO	HOSA
SOC Codes (all applicable)	31-9099, 29-2041
Facility Code	[252] <a href="http://www.fldoe.org/edfacil/sref.asp">http://www.fldoe.org/edfacil/sref.asp</a> (State Requirements for Educational Facilities)
Targeted Occupation List	<a href="http://www.labormarketinfo.com/wec/TargetOccupationList.htm">http://www.labormarketinfo.com/wec/TargetOccupationList.htm</a>
Perkins Technical Skill Attainment Inventory	<a href="http://www.fldoe.org/workforce/perkins/perkins_resources.asp">http://www.fldoe.org/workforce/perkins/perkins_resources.asp</a>
Industry Certifications	<a href="http://www.fldoe.org/workforce/fcpea/default.asp">http://www.fldoe.org/workforce/fcpea/default.asp</a>
Basic Skills Level	Mathematics: 10.0 Language: 10.0 Reading: 10.0

### Purpose

This program offers a sequence of courses that provides coherent and rigorous content aligned with challenging academic standards and relevant technical knowledge and skills needed to prepare for further education and careers in the Health Science career cluster; provides technical skill proficiency, and includes competency-based applied learning that contributes to the academic knowledge, higher-order reasoning and problem-solving skills, work attitudes, general employability skills, technical skills, and occupation-specific skills, and knowledge of all aspects of the Health Science career cluster.

This is an instructional program that prepares students for employment as paramedics SOC 29-2041 (Emergency Medical Technicians & Paramedics) to function at the basic pre-hospital emergency medical technician - paramedic level and treat various medical/trauma conditions, using appropriate equipment and materials. The program prepares students for certification as

paramedics in accordance with Chapter 64E-2 of the Florida Administrative Code. The program must be approved by the Department of Health, Office of Emergency Medical Services, and the curriculum must adhere to the US Department of Transportation (DOT) 1998 Emergency Medical Technician- Paramedic National Standards Curriculum. This is the second level for a career in emergency medical services. Completion of this program should prepare the student for the certification examination approved for the state of Florida.

The student must be proficient in patient assessment and evaluation, the use of suctioning devices, oral and nasal airways, resuscitation devices, oxygen equipment, sphygmomanometer and stethoscope, splints of all types, pneumatic antishock garments, medication administration techniques including intravenous, intramuscular, subcutaneous, inhalation, intraosseous, endotracheal administration, extrication tools, dressings and bandages, stretchers and patient carrying devices. Students must complete this program, or demonstrate the mastery of skills standards contained in this program, before advancing to the final program in this cluster: Emergency Medical Services Associate Degree.

The content includes but is not limited to : patient assessment, advanced airway management, cardiovascular emergencies, external and internal bleeding and shock, traumatic injuries, fractures, dislocations, sprains, poisoning, heart attack, stroke, diabetes, pharmacology, medication administration, respiratory emergencies, endocrine emergencies, acute abdomen, communicable diseases, patients with abnormal behavior, substance abuse, the unconscious state, emergency childbirth, pediatric and geriatric emergencies, burns, environmental hazards, communications, documentation, extrication, mass casualty incident, incident command system, and transportation of patient.

### Program Structure

This program is a planned sequence of instruction consisting of two occupational completion points.

When offered at the post secondary adult career and technical level, this program is comprised of courses which have been assigned course numbers in the SCNS (Statewide Course Numbering System) in accordance with Section 1007.24 (1), F.S. Career and Technical credit shall be awarded to the student on a transcript in accordance with Section 1001.44(3)(b), F.S.

The following table illustrates the program structure:

OCP	Course Number	Course Title	Course Length	SOC Code
A	HSC0003	Basic Healthcare Worker	90 hours	31-9099
B	EMS0219	Paramedic (1 of 3)	336 hours	29-2041
	EMS0220	Paramedic (2 of 3)	336 hours	29-2041
	EMS0221	Paramedic (3 of 3)	338 hours	29-2041

### Laboratory Activities

Laboratory activities are an integral part of this program. These activities include instruction in the use of safety procedures, tools, equipment, materials, and processes related to these occupations. Equipment and supplies should be provided to enhance hands-on experiences for students.

### **Special Notes**

This program meets the Department of Health HIV/AIDS Domestic Violence and Prevention of Medical Errors education requirements. Upon completion of this program, the instructor will provide a certificate to the student verifying that these requirements have been met.

If students in this program are seeking a licensure, certificate or registration through the Department of Health, please refer to 456.0635 F.S. for more information on disqualification for a license, certificate, or registration through the Department of Health.

A Paramedic program must be taught by a Florida certified paramedic with two years experience meeting the qualifications as set forth in 64E-2 F. A. C.

Field internship shall include a competency-based program to assure appropriate pre-hospital assessment and management of medical and trauma patients, as well as associated manual skills. The field internship activity shall include supervised experience in the field setting with a certified ALS transport ambulance agency or ALS fire department. The field internship activity shall include a minimum of 50 emergency runs resulting in patient care and/or transport appropriate for the Paramedic. In addition, the patient care component should include minimum competencies in patient assessment, airway management and ventilation, IV therapy, medication administration, cardiovascular, pediatric, trauma and medical emergencies.

An American Heart Association or Red Cross certification in "professional" BLS or an equivalent is required of all candidates for entrance into a Paramedic program. A student physical requirement must be met in accordance with HRS guidelines. A student must demonstrate a basic vocational/college-level preparation competency in English, mathematics and reading on either a standardized entrance examination or through appropriate remedial education/instruction.

The standard length of this program is 1100 clock hours or 42 credit hours. This includes the Health Science Core (90 clock hours). The Student Performance Standards for Paramedic were adapted and condensed from the U S Department of Transportation 1998 Emergency Medical Technician- Paramedic National Standard Curriculum Instructor's Lesson Plans. Administrators and instructors should refer to these materials for additional detail.

When the word demonstrate is used in a standard, it shall require the actual performance and operation be accomplished, unless otherwise indicated. Simulation, explanation, and illustration may be substituted when actual operation is not feasible

Following the completion of the core, the student is eligible to take the National Health Care Foundation Skill Standards Assessment with instructor approval and the completion of a portfolio.

### **Career and Technical Student Organization (CTSO)**

Health Occupations Students of America, Inc. (HOSA) is the appropriate career and technical student organization for providing leadership training and reinforcing specific career and technical skills. Career and Technical Student Organizations provide activities for students as an integral part of the instruction offered. The activities of such organizations are defined as part of the curriculum in accordance with Rule 6A-6.065, F.A.C.

### **Cooperative Training – OJT**

On-the-job training is appropriate but not required for this program. Whenever offered, the rules, guidelines, and requirements specified in the program-specific OJT framework apply.

### **Essential Skills**

Essential skills identified by the Division of Career and Adult Education have been integrated into the standards and benchmarks of this program. These skills represent the general knowledge and skills considered by industry to be essential for success in careers across all career clusters. Students preparing for a career served by this program at any level should be able to demonstrate these skills in the context of this program.

([www.fldoe.org/workforce/dwdframe/rtf/essential\\_skills.rtf](http://www.fldoe.org/workforce/dwdframe/rtf/essential_skills.rtf))

### **Basic Skills**

In PSAV programs offered for 450 hours or more, in accordance with Rule 6A-10.040, F.A.C. the minimum basic skills grade levels required for postsecondary adult career and technical students to complete this program are: Mathematics 10, Language 10, and Reading 10. These grade level numbers correspond to a grade equivalent score obtained on a state designated basic skills examination. Students may be exempt from meeting the Basic Skills requirements by earning an eligible industry certification. See the Basic Skills Exemption List document for a list of eligible industry certifications (<http://www.fldoe.org/workforce/dwdframe/rtf/basic-skills.rtf>).

Adult students with disabilities, as defined in Section 1004.02(7), Florida Statutes, may be exempted from meeting the Basic Skills requirements (Rule 6A-10.040). Students served in exceptional student education (except gifted) as defined in s. 1003.01(3)(a), F.S., may also be exempted from meeting the Basic Skills requirement. Each school district and Florida College must adopt a policy addressing procedures for exempting eligible students with disabilities from the Basic Skills requirement as permitted in Section 1004.91(3), F.S.

Students who possess a college degree at the Associate of Applied Science level or higher; who have completed or are exempt from the college entry-level examination pursuant to Section 1008.29, F.S.; or who have passed a state, national, or industry licensure exam are exempt from meeting the Basic Skills requirement (Rule 6A-10.040, F.A.C.)

### **Accommodations**

Federal and state legislation requires the provision of accommodations for students with disabilities as identified on the secondary student's IEP or 504 plan or postsecondary student's accommodations plan to meet individual needs and ensure equal access. Postsecondary students with disabilities must self-identify, present documentation, request accommodations if needed, and develop a plan with their postsecondary service provider. Accommodations received in postsecondary education may differ from those received in secondary education. Accommodations change the way the student is instructed. Students with disabilities may need

accommodations in such areas as instructional methods and materials, assignments and assessments, time demands and schedules, learning environment, assistive technology and special communication systems. Documentation of the accommodations requested and provided should be maintained in a confidential file.

In addition to accommodations, some secondary students with disabilities (ESE) will need modifications to meet their special needs. Modifications change the outcomes or what the student is expected to learn, e.g., modifying the curriculum of a secondary career and technical education course. Note postsecondary curriculum cannot be modified.

Some secondary students with disabilities (ESE) may need additional time (i.e., longer than the regular school year), to master the student performance standards associated with a regular occupational completion point (OCP) or a modified occupational completion point (MOCP). If needed, a student may enroll in the same career and technical course more than once. Documentation should be included in the IEP that clearly indicates that it is anticipated that the student may need an additional year to complete an OCP/MOCP. The student should work on different competencies and new applications of competencies each year toward completion of the OCP(s)/MOCP. After achieving the competencies identified for the year, the student earns credit for the course. It is important to ensure that credits earned by students are reported accurately. The district's information system must be designed to accept multiple credits for the same course number (for eligible students with disabilities).

### **Articulation**

This program W170206 has a statewide articulation agreement approved by the Articulation Coordinating Committee:

Emergency Medical Services Associates (0317020601) – 42 credit hours

Students who have completed a Paramedic program at one of the grandfathered technical centers can enroll in a community college Emergency Medical Services-Associates Degree or PSV-C program within five years of their completion date. Students seeking credit after five years must show proof of current EMT or Paramedic licensure. Students entering the community college will receive the same credit as native PSV-C completers in these programs. Such students, however, must first meet the college's entry, residency, and academic requirements.

For details on articulation agreements which correlate to programs and industry certifications refer to [http://www.fl DOE.org/workforce/dwdframe/artic\\_frame.asp](http://www.fl DOE.org/workforce/dwdframe/artic_frame.asp).

### **Standards**

After successfully completing this program, the student will be able to perform the following:

Outcomes 01-16 are referred to as the Health Science Core and do not have to be completed if the student has previously completed the Core in another health occupations program at any level. The Core should be taken first or concurrently with the first course in the program. After successfully completing this program, the student will be able to:

**Course: HSC0003**

**OCP A-Basic Healthcare Worker- SOC code 31-9099 Healthcare Support Workers, all others Health Science Core**

- 01.0 Demonstrate Knowledge Of The Health Care Delivery System And Health Occupations
- 02.0 Use oral and written communication skills in creating, expressing and interpreting information and ideas.
- 03.0 Describe the importance of professional ethics and legal responsibilities
- 04.0 Demonstrate An Understanding Of And Apply Wellness And Disease Concepts --
- 05.0 Demonstrate the importance of health, safety, and environmental management systems in organizations and their importance to organizational performance and regulatory compliance.
- 06.0 Recognize And Respond To Emergency Situations
- 07.0 Recognize And Practice Infection Control Procedures
- 08.0 Use information technology tools.
- 09.0 Explain the importance of employability skill and entrepreneurship skills.
- 10.0 Demonstrate Knowledge Of Blood Borne Diseases, Including HIV/AIDS
- 11.0 Demonstrate Mathematics and Science knowledge and skills.
- 12.0 Demonstrate language arts knowledge and skills.
- 13.0 Demonstrate personal money-management concepts, procedures, and strategies.
- 14.0 Solve problems using critical thinking skills, creativity and innovation.
- 15.0 Describe the roles within teams, work units, departments, organizations, inter-organizational systems, and the larger environment.
- 16.0 Demonstrate leadership and teamwork skills needed to accomplish team goals and objectives.

**Course EMS0219 (17-38):**

**Occupational Completion Point- B Paramedic – SOC 29-2041 Emergency Medical Technicians and Paramedics**

- 17.0 Demonstrate knowledge of the Paramedic's roles and responsibilities.
- 18.0 Describe wellness in EMS.
- 19.0 Describe primary injury prevention.
- 20.0 Describe medical/legal considerations.
- 21.0 Describe emergency medical services ethics.
- 22.0 Apply the general concepts of pathophysiology.
- 23.0 Demonstrate the knowledge of pharmacology and administer medications.
- 24.0 Demonstrate the knowledge of the venous circulation and safely administer medications.
- 25.0 Demonstrate effective therapeutic communications.
- 26.0 Demonstrate the knowledge of human development and assessment communication strategies.
- 27.0 Establish and/or maintain a patent airway and ventilation.
- 28.0 Demonstrate general patient assessment and initial management.
- 29.0 Demonstrate the technique of a physical exam to perform a patient assessment.
- 30.0 Demonstrate the ability to apply a process of clinical decision making.
- 31.0 Describe and demonstrate EMS communication systems.
- 32.0 Demonstrate proper patient documentation.
- 33.0 Integrate the principles of kinematics to enhance the patient assessment.
- 34.0 Implement the proper treatment plan for a patient with shock or hemorrhage.
- 35.0 Implement the proper treatment plan for a patient with soft tissue trauma.
- 36.0 Implement the proper treatment plan for a patient with burn injuries.

- 37.0 Implement the proper treatment plan for a trauma patient with a head injury.
- 38.0 Implement the proper treatment plan for a patient with suspected spinal injury.

**Course EMS0220 (39-54):**

- 39.0 Implement the proper treatment plan for a patient with suspected thoracic injury.
- 40.0 Implement the proper treatment plan for a patient with suspected abdominal trauma.
- 41.0 Implement the proper treatment plan for a patient with suspected musculoskeletal injury.
- 42.0 Implement the proper treatment plan for a patient with suspected respiratory problems.
- 43.0 Implement the proper treatment plan for a patient with suspected cardiovascular disease.
- 44.0 Implement the proper treatment plan for a patient with a suspected neurologic problem.
- 45.0 Implement the proper treatment plan for a patient with suspected endocrine problem.
- 46.0 Implement the proper treatment plan for a patient with a suspected allergic or anaphylactic reaction.
- 47.0 Implement the proper treatment plan for a patient with a suspected gastroenterologic problem.
- 48.0 Implement the proper treatment plan for a patient with a suspected renal or urologic problem.
- 49.0 Implement the proper treatment plan for a patient with suspected toxic exposure.
- 50.0 Implement the proper treatment plan for a hematopoietic patient.
- 51.0 Implement the proper treatment plan for a patient with suspected environmental problems.
- 52.0 Implement the proper treatment plan for a patient with suspected infectious or communicable disease.
- 53.0 Implement the proper treatment plan for a patient with a suspected behavioral emergency.
- 54.0 Implement the proper treatment plan for a patient with a suspected gynecological emergency.

**Course EMS0221 (55-67):**

- 55.0 Implement the proper treatment plan for a patient with a suspected obstetrical emergency.
- 56.0 Implement the proper treatment plan for a neonatal emergency.
- 57.0 Implement the proper treatment plan for a pediatric patient.
- 58.0 Implement the proper treatment plan for a geriatric patient.
- 59.0 Implement the proper treatment plan for a patient who has sustained abuse or assault.
- 60.0 Implement the proper treatment plan for a variety of diverse patients with a suspected emergency.
- 61.0 Implement the proper treatment plan for the chronic care patient.
- 62.0 Implement the proper treatment plan for patients with common complaints.
- 63.0 Demonstrate the proper procedures to ensure safe and effective ground and air transportation.
- 64.0 Integrate the principles of general incident management and multiple casualty incident management.
- 65.0 Integrate the principles of rescue awareness management.
- 66.0 Integrate the principles of human hazard awareness.
- 67.0 Integrate the principles of general incident management of hazardous materials emergencies.

July 2010

**Florida Department of Education  
Student Performance Standards**

**Program Title: Paramedic**  
**PSAV Number: W170206**

**Course Number: HSC0003**  
**Occupational Completion Point: A**  
**Healthcare Support Worker – 90 Hours – SOC Code 31-9099**

Health Careers Core: The Health Science Core is a core of basic knowledge necessary for any health occupations career. Students who have previously completed the Health Careers Science in any other health occupations program do not have to repeat intended outcomes 01-16.

- 01.0 Demonstrate knowledge of the health care delivery system and health occupations. – The student will be able to:
- 01.01 Identify the basic components of the health care delivery system including public, private, government and non-profit.
  - 01.02 Identify common methods of payment for healthcare services.
  - 01.03 Describe the various types of health care providers and the range of services available including resources to victims of domestic violence.
  - 01.04 Describe the composition and functions of a health care team. Identify the general roles and responsibilities of the individual members of the health care team.
  - 01.05 Identify the roles and responsibilities of the consumer within the healthcare system.
  - 01.06 Identify characteristics of effective teams.
  - 01.07 Recognize methods for building positive team relationships.
  - 01.08 Analyze attributes and attitudes of an effective leader.
  - 01.09 Recognize factors and situations that may lead to conflict.
  - 01.10 Demonstrate effective techniques for managing team conflict.
  - 01.11 Describe factors that influence the current delivery system of healthcare.
  - 01.12 Explain the impact of emerging issues including technology, epidemiology, bioethics and socioeconomics on healthcare delivery systems.
- 02.0 Use oral and written communication skills in creating, expressing and interpreting information and ideas. – The student will be able to:
- 02.01 Develop basic speaking and active listening skills.
  - 02.02 Develop basic observational skills and related documentation strategies in written and oral form.
  - 02.03 Identify characteristics of successful and unsuccessful communication including barriers.
  - 02.04 Respond to verbal and non-verbal cues.
  - 02.05 Compose written communication using correct spelling, grammar, a formatting and confidentiality.
  - 02.06 Use appropriate medical terminology and abbreviations.

- 02.07 Recognize the importance of courtesy and respect for patients and other health care workers and maintain good interpersonal relationships.
  - 02.08 Recognize the importance of patient/client education regarding health care.
  - 02.09 Adapt communication skills to varied levels of understanding and cultural orientation including diverse age, cultural, economic, ethnic and religious groups.
  - 02.10 Recognize elements of communication using a sender-receiver model.
  - 02.11 Distinguish between and report subjective and objective information.
  - 02.12 Report relevant information in order of occurrence.
  - 02.13 Select and employ appropriate communication concepts and strategies to enhance oral and written communication in the workplace. CM 1.0
  - 02.14 Locate, organize and reference written information from various sources. CM 3.0
  - 02.15 Design, develop and deliver formal and informal presentations using appropriate media to engage and inform diverse audiences. CM 5.0
  - 02.16 Interpret verbal and nonverbal cues/behaviors that enhance communication. CM 6.0
  - 02.17 Apply active listening skills to obtain and clarify information. CM 7.0
  - 02.18 Develop and interpret tables and charts to support written and oral communications. CM 8.0
  - 02.19 Exhibit public relations skills that aid in achieving customer satisfaction. CM 10.0
- 03.0 Describe the importance of professional ethics and legal responsibilities. – The student will be able to:
- 03.01 Discuss the legal framework in Florida Statutes 456 and 464, and the Florida Administrative Code, Chapter 64B9 of the health care occupation.
  - 03.02 Explain practices that could result in malpractice, liability and/or negligence.
  - 03.03 Demonstrate procedures for accurate documentation and record keeping.
  - 03.04 Interpret healthcare facility policy and procedures.
  - 03.05 Explain the patients' "Bill of Rights."
  - 03.06 Identify standards of the Health Insurance Portability and Accountability Act (HIPAA).
  - 03.07 Describe advance directives.
  - 03.08 Describe informed consent.
  - 03.09 Explain the laws governing harassment, labor and employment.
  - 03.10 Differentiate between legal and ethical issues in healthcare.
  - 03.11 Describe a Code of Ethics consistent with the health care occupation.
  - 03.12 Identify and compare personal, professional and organizational ethics.
  - 03.13 Recognize the limits of authority and responsibility of health care workers.
  - 03.14 Recognize and report illegal and/or unethical practices of health care workers.
  - 03.15 Recognize and report abuse including domestic violence and neglect.
  - 03.16 Evaluate and justify decisions based on ethical reasoning. ELR 1.0
  - 03.17 Evaluate alternative responses to workplace situations based on personal, professional, ethical, legal responsibilities, and employer policies. ELR1.1
  - 03.18 Identify and explain personal and long-term consequences of unethical or illegal behaviors in the workplace. ELR1.2
  - 03.19 Interpret and explain written organizational policies and procedures. ELR 2.0
- 04.0 Demonstrate an understanding of and apply wellness and disease concepts – The student will be able to:

- 04.01 Develop a basic understanding of the structure and function of the body systems.
  - 04.02 Describe strategies for prevention of diseases including health screenings and examinations.
  - 04.03 Identify personal health practices and environmental factors which affect optimal function of each of the major body systems.
  - 04.04 Identify psychological reactions to illness including defense mechanisms.
  - 04.05 Identify complementary and alternative health practices.
  - 04.06 Discuss the adverse effects of the use of alcohol, illegal drugs, steroids and other high risk behaviors on the human body.
  - 04.07 Explain basic concepts of positive self image, wellness and stress.
  - 04.08 Develop a wellness and stress control plan that can be used in personal and professional life. Explain the nutrition pyramid.
  - 04.09 Recognize the steps in the grief process.
- 05.0 Demonstrate the importance of health, safety, and environmental management systems in organizations and their importance to organizational performance and regulatory compliance. – The student will be able to:
- 05.01 Describe personal and jobsite safety rules and regulations that maintain safe and healthy work environments. SHE 1.0
  - 05.02 Demonstrate the safe use of medical equipment.
  - 05.03 Study the theory of root- cause analysis
  - 05.04 Identify and describe methods in medical error reduction and prevention in the various healthcare settings. *(Methods are to be taught within the appropriate scope of practice for each specific health program. Students must not practice any methods outside the appropriate scope of practice set for that health occupation.)*
  - 05.05 Identify and practice security procedures for medical supplies and equipment.
  - 05.06 Demonstrate personal safety procedures based on Occupations Safety and Health Administration (OSHA) and Centers for Disease Control (CDC) regulations (including standard precautions).
  - 05.07 Recognize Materials Data Safety Sheets (MSDS) and comply with safety signs, symbols and labels.
  - 05.08 Demonstrate proper body mechanics and ergonomics.
  - 05.09 Demonstrate the procedure for properly identifying patients.
  - 05.10 Demonstrate procedures for the safe transport and transfer of patients.
  - 05.11 Describe fire safety, disaster and evacuation procedures.
  - 05.12 Create a disaster and/or emergency response plan. SHE 2.3
  - 05.13 Discuss Joint Commission (JCAHO) patient safety goals. ([www.JCAHO.org](http://www.JCAHO.org))
  - 05.14 Explain emergency procedures to follow in response to workplace accidents. SHE 2.0
- 06.0 Recognize and respond to emergency situations. – The student will be able to:
- 06.01 Monitor and record vital signs.
  - 06.02 Describe legal parameters relating to the administration of emergency care.
  - 06.03 Obtain and maintain training or certification in cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), foreign body airway obstruction (FBAO) and first aid.
  - 06.04 Recognize adverse drug related emergencies and take appropriate first aid action.

07.0 Recognize and practice infection control procedures. – The student will be able to:

- 07.01 Define principles of infection control.
- 07.02 Demonstrate knowledge of medical asepsis and practice procedures such as handwashing and isolation.
- 07.03 Demonstrate knowledge of surgical asepsis.
- 07.04 Describe how to dispose correctly of biohazardous materials, according to appropriate government guidelines such as OSHA.

08.0 Use information technology tools. – The student will be able to:

- 08.01 Describe the uses of computers in health care.
- 08.02 Define terms and demonstrate basic computer skills.
- 08.03 Recognize technology applications in healthcare.
- 08.04 Interpret information from electronic medical documents.
- 08.05 Employ technological tools to expedite workflow including word processing, databases, reports, spreadsheets, multimedia presentations, electronic calendar, contacts, email, and internet applications. IT 2.0
- 08.06 Use personal information management (PIM) applications to increase workplace efficiency. IT 1.0
- 08.07 Employ computer operations applications to access, create, manage, integrate, and store information. IT 3.0
- 08.08 Employ collaborative/groupware applications to facilitate group work. IT 4.0

09.0 Explain the importance of employability skill and entrepreneurship skills. – The student will be able to:

- 09.01 Identify personal traits or attitudes desirable in a member of the healthcare team.
- 09.02 Define basic professional standards of healthcare workers as they apply to hygiene, dress, language, confidentiality and behavior (i.e. courtesy and self-introductions).
- 09.03 Identify documents that may be required when applying for a job. Maintain a career portfolio to document knowledge, skills, and experience. ECD 5.0
- 09.04 Write an appropriate resume.
- 09.05 Conduct a job search and complete a job application form correctly.
- 09.06 Demonstrate competence in job interview techniques.
- 09.07 Recognize levels of education, credentialing requirements, employment opportunities, workplace environments and career growth potential.
- 09.08 Identify acceptable work habits.
- 09.09 Identify and demonstrate positive work behaviors needed to be employable. ECD 1.0
- 09.10 Compare careers within the health science career pathways (diagnostic services, therapeutic services, health informatics, support services or biotechnology research and development).
- 09.11 Develop personal career plan that includes goals, objectives, and strategies. ECD 2.0
- 09.12 Examine licensing, certification, and industry credentialing requirements. ECD 3.0
- 09.13 Evaluate and compare employment opportunities that match career goals. ECD 6.0

- 09.14 Identify and exhibit traits for retaining employment. ECD 7.0
  - 09.15 Identify opportunities and research requirements for career advancement. ECD 8.0
  - 09.16 Research the benefits of ongoing professional development. ECD 9.0
  - 09.17 Examine and describe entrepreneurship opportunities as a career planning option. ECD 10.0
- 10.0 Demonstrate knowledge of blood borne diseases, including HIV/AIDS. – The student will be able to:
- 10.01 Recognize emerging diseases and disorders.
  - 10.02 Distinguish between fact and fallacy about the transmission and treatment of diseases caused by blood borne pathogens including Hepatitis B.
  - 10.03 Identify "at risk" behaviors that promote the spread of diseases caused by blood borne pathogens and the public education necessary to combat the spread of these diseases.
  - 10.04 Identify community resources and services available to the individuals with diseases caused by blood borne pathogens.
  - 10.05 Apply infection control techniques designed to prevent the spread of diseases caused by blood borne pathogens to the care of all patients following Centers for Disease Control (CDC) guidelines.
  - 10.06 Demonstrate knowledge of the legal aspects of AIDS, including testing. (H)B1.2
- 11.0 Demonstrate math and science knowledge and skills. – The student will be able to:
- 11.01 Construct charts/tables/graphs using functions and data. AF3.5
  - 11.02 Measure time, temperature, distance, capacity, and mass/weight.
  - 11.03 Make and use measurements in both traditional and metric units.
  - 11.04 Make estimates and approximations and judge the reasonableness of the result.
  - 11.05 Convert from regular time to the 24-hour clock.
  - 11.06 Demonstrate ability to evaluate and draw conclusions.
  - 11.07 Organize and communicate the results obtained by observation and experimentation.
  - 11.08 Formulate scientifically investigable questions, construct investigations, collect and evaluate data, and develop scientific recommendations based on findings. AF4.3
  - 11.09 Demonstrate knowledge of arithmetic operations. AF3.2
  - 11.10 Analyze and apply data and measurements to solve problems and interpret documents. AF3.4
  - 11.11 Discuss the role of creativity in constructing scientific questions, methods and explanations. AF4.1
- 12.0 Demonstrate language arts knowledge and skills. – The students will be able to:
- 12.01 Locate, comprehend and evaluate key elements of oral and written information. AF2.4
  - 12.02 Draft, revise, and edit written documents using correct grammar, punctuation and vocabulary. AF2.5
  - 12.03 Present information formally and informally for specific purposes and audiences. AF2.9

- 13.0 Demonstrate personal money-management concepts, procedures, and strategies. – The students will be able to:
- 13.01 Identify and describe the services and legal responsibilities of financial institutions. FL 2.0
  - 13.02 Describe the effect of money management on personal and career goals. FL 3.0
  - 13.03 Develop a personal budget and financial goals. FL3.1
  - 13.04 Complete financial instruments for making deposits and withdrawals. FL3.2
  - 13.05 Maintain financial records. FL3.3
  - 13.06 Read and reconcile financial statements. FL3.4
  - 13.07 Research, compare and contrast investment opportunities. FL4.0
- 14.0 Solve problems using critical thinking skills, creativity and innovation. – The students will be able to:
- 14.01 Employ critical thinking skills independently and in teams to solve problems and make decisions. PS1.0
  - 14.02 Employ critical thinking and interpersonal skills to resolve conflicts. PS 2.0
  - 14.03 Identify and document workplace performance goals and monitor progress toward those goals. PS 3.0
  - 14.04 Conduct technical research to gather information necessary for decision-making. PS 4.0
- 15.0 Describe the roles within teams, work units, departments, organizations, inter-organizational systems, and the larger environment. – The students will be able to:
- 15.01 Describe the nature and types of business organizations. SY 1.0
  - 15.02 Explain the effect of key organizational systems on performance and quality. SY 1.0
  - 15.03 List and describe quality control systems and/or practices common to the workplace. SY 2.0
  - 15.04 Explain the impact of the global economy on business organizations. SY 2.0
- 16.0 Demonstrate leadership and teamwork skills needed to accomplish team goals and objectives. – The students will be able to:
- 16.01 Employ leadership skills to accomplish organizational goals and objectives. LT1.0
  - 16.02 Establish and maintain effective working relationships with others in order to accomplish objectives and tasks. LT3.0
  - 16.03 Conduct and participate in meetings to accomplish work tasks. LT 4.0
  - 16.04 Employ mentoring skills to inspire and teach others. LT 5.0

**Course Number: EMS0219**  
**Occupational Completion Point: B**  
**Paramedic (1 of 3) – 336 Hours – SOC Code 31-9099**

- 17.0 Demonstrate knowledge of the paramedic's roles and responsibilities. – At the completion of this unit, the paramedic student will understand his or her roles and responsibilities within an EMS system, and how these roles and responsibilities differ from other levels of providers. The student will be able to:
- 17.01 Define terms, including but not limited to: EMS systems, licensure, registration, profession, professionalism, health care professional, ethics, peer review, medical direction and protocols.
  - 17.02 Describe the attributes of a paramedic as a health care professional.
  - 17.03 Explain paramedic licensure/ certification, recertification, and reciprocity requirements in his or her state.
  - 17.04 Evaluate the importance of maintaining one's paramedic license/ certification.
  - 17.05 Describe the benefits of paramedic continuing education.
  - 17.06 Discuss the role of national associations and of a national registry agency.
  - 17.07 Discuss Chapter 401, Florida Statutes, and Chapter 64-E, Florida Administrative Code
  - 17.08 Discuss the roles of various EMS standard setting agencies.
  - 17.09 Identify the standards (components) of an EMS System as defined by the National Highway Traffic Safety Administration.
  - 17.10 Describe examples of professional behaviors in the following areas: integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service.
  - 17.11 Describe the importance of quality EMS research to the future of EMS.
  - 17.12 List the primary and additional responsibilities of paramedics.
  - 17.13 Describe the role of the EMS physician in providing medical direction.
  - 17.14 Describe the benefits of medical direction, both on-line and off-line.
  - 17.15 Provide examples of local protocols.
  - 17.16 Discuss prehospital and out-of-hospital care as an extension of the physician.
  - 17.17 Describe the relationship between a physician on the scene, the paramedic on the scene, and the EMS physician providing on-line medical direction.
  - 17.18 Define the role of the paramedic relative to the safety of the crew, the patient, and bystanders.
  - 17.19 Assess personal practices relative to the responsibility for personal safety, the safety of the crew, the patient, and bystanders.
  - 17.20 Advocate the need for injury prevention, including abusive situations.
  - 17.21 Exhibit professional behaviors in the following areas: integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service.
  - 17.22 Implement appropriate JCAHO patient safety goals.
- 18.0 Describe wellness in EMS. – At the completion of this unit, the paramedic student will understand and value the importance of personal wellness in EMS and serve as a healthy role model for peers. At the completion of this unit, the paramedic student will be able to:

- 18.01 Discuss the concept of wellness and its benefits.
  - 18.02 Discuss how cardiovascular endurance, muscle strength, and flexibility contribute to physical fitness.
  - 18.03 Describe the impact of shift work on circadian rhythms.
  - 18.04 Discuss how periodic risk assessments and knowledge of warning signs contribute to cancer and cardiovascular disease prevention.
  - 18.05 Differentiate proper from improper body mechanics for lifting and moving patients in emergency and non-emergency situations.
  - 18.06 Describe the problems that a paramedic might encounter in a hostile situation and the techniques used to manage the situation.
  - 18.07 Describe the equipment available for self-protection when confronted with a variety of adverse situations.
  - 18.08 Describe the three phases of the stress response.
  - 18.09 List factors that trigger the stress response.
  - 18.10 Differentiate between normal/ healthy and detrimental reactions to anxiety and stress.
  - 18.11 Identify causes of stress in EMS.
  - 18.12 Identify and describe the defense mechanisms and management techniques commonly used to deal with stress.
  - 18.13 Describe the components of critical incident stress management (CISM).
  - 18.14 Describe the needs of the paramedic when dealing with death and dying.
  - 18.15 Describe the unique challenges for paramedics in dealing with the needs of children and other special populations related to their understanding or experience of death and dying.
  - 18.16 Discuss the importance of universal precautions and body substance isolation practices.
  - 18.17 Defend the need to treat each patient as an individual, with respect and dignity.
  - 18.18 Promote and practice stress management techniques.
  - 18.19 Defend the need to respect the emotional needs of dying patients and their families.
  - 18.20 Advocate and practice the use of personal safety precautions in all scene situations.
- 19.0 Describe primary injury prevention. – At the completion of this unit, the paramedic student will be able to integrate the implementation of primary injury prevention activities as an effective way to reduce death, disabilities and health care costs. At the completion of this unit, the paramedic student will be able to:
- 19.01 Describe the incidence, morbidity and mortality of unintentional and alleged unintentional events.
  - 19.02 Identify the human, environmental, and socioeconomic impact of unintentional and alleged unintentional events.
  - 19.03 Identify health hazards and potential crime areas within the community.
  - 19.04 Identify the role of EMS in local municipal and community prevention programs.
  - 19.05 Value the contribution of effective documentation as one justification for funding of prevention programs.
- 20.0 Describe medical/legal considerations. – At the completion of this unit, the paramedic student will understand the legal issues that impact decisions made in the out-of-hospital environment. At the completion of this unit, the paramedic student will be able to:

- 20.01 Differentiate between legal and ethical responsibilities.
  - 20.02 Differentiate between licensure and certification as they apply to the paramedic.
  - 20.03 List the specific problems or conditions encountered while providing care that a paramedic is required to report, and identify in each instance to whom the report is to be made.
  - 20.04 Define terms, including but not limited to, the following: abandonment, battery, breach of duty, consent (expressed, implied, informed, voluntary), DNR orders, duty to act, emancipated minor, false imprisonment, liability, libel, negligence, proximate cause, scope of practice, slander, and tort.
  - 20.05 Differentiate between the scope of practice and the standard of care for paramedic practice.
  - 20.06 Discuss the concept of medical direction, including off-line medical direction and on-line medical direction, and its relationship to the standard of care of a paramedic.
  - 20.07 Describe the four elements that must be present in order to prove negligence.
  - 20.08 Discuss the legal concept of immunity, including Good Samaritan statutes and governmental immunity, as it applies to the paramedic.
  - 20.09 Explain the importance and necessity of patient confidentiality and the standards for maintaining patient confidentiality that apply to the paramedic.
  - 20.10 Differentiate among expressed, informed, implied, and involuntary consent.
  - 20.11 Given a scenario, demonstrate appropriate patient management and care techniques in a refusal of care situation.
  - 20.12 Describe what constitutes abandonment.
  - 20.13 Differentiate between assault and battery and describe how to avoid each.
  - 20.14 Describe the actions that the paramedic should take to preserve evidence at a crime or accident scene.
  - 20.15 Describe the importance of providing accurate documentation (oral and written) in substantiating an incident.
  - 20.16 Describe the characteristics of a patient care report required to make it an effective legal document.
- 21.0 Describe emergency medical services ethics. – At the completion of this unit, the paramedic student will understand the role that ethics plays in decision making in the out-of-hospital environment. At the completion of this unit, the paramedic student will be able to:
- 21.01 Distinguish between ethical and moral decisions.
  - 21.02 Identify the premise that should underlie the paramedic's ethical decisions in out-of-hospital care.
  - 21.03 Analyze the relationship between the law and ethics in EMS.
  - 21.04 Describe the criteria necessary to honor an advance directive in your state.
- 22.0 Apply the general concepts of pathophysiology. – At the completion of this unit, the paramedic student will be able to apply the general concepts of pathophysiology for the assessment and management of emergency patients. At the completion of this unit, the paramedic student will be able to:
- 22.01 Describe cellular injury and cellular death.
  - 22.02 Describe the factors that precipitate disease in the human body.
  - 22.03 Discuss analyzing disease risk.
  - 22.04 Describe environmental risk factors.

- 22.05 Discuss familial diseases and associated risk factors.
  - 22.06 Discuss hypoperfusion.
  - 22.07 Define terms including but not limited to: cardiogenic, hypovolemic, neurogenic, anaphylactic and septic shock.
  - 22.08 Describe multiple organ dysfunction syndrome.
  - 22.09 Describe the inflammation response.
  - 22.10 Describe the systemic manifestations of the inflammation response.
  - 22.11 Describe the resolution and repair from inflammation.
  - 22.12 Discuss hypersensitivity.
  - 22.13 Describe deficiencies in immunity and inflammation.
  - 22.14 Describe homeostasis as a dynamic steady state.
  - 22.15 Describe neuroendocrine regulation.
- 23.0 Demonstrate knowledge of pharmacology and administer medications. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles of pharmacology and the assessment findings to formulate a field impression and implement a pharmacologic management plan. At the completion of this unit, the paramedic student will be able to:
- 23.01 Differentiate among the chemical, generic (nonproprietary), and trade (proprietary) names of a drug.
  - 23.02 List the four main sources of drug products.
  - 23.03 Describe how drugs are classified.
  - 23.04 List legislative acts controlling drug use and abuse in the United States.
  - 23.05 Differentiate among Schedule I, II, III, IV, and V substances.
  - 23.06 Discuss standardization of drugs.
  - 23.07 Discuss investigational drugs, including the Food and Drug Administration (FDA) approval process and the FDA classifications for newly approved drugs.
  - 23.08 Discuss the paramedic's responsibilities and scope of management pertinent to the administration of medications.
  - 23.09 List and describe general properties of drugs.
  - 23.10 List and describe liquid and solid drug forms.
  - 23.11 List and differentiate routes of drug administration.
  - 23.12 Differentiate between enteral and parenteral routes of drug administration.
  - 23.13 Describe mechanisms of drug action.
  - 23.14 Describe the process called pharmacokinetics, pharmacodynamics, including theories of drug action, drug-response relationship, factors altering drug responses, predictable drug responses, iatrogenic drug responses, and unpredictable adverse drug responses.
  - 23.15 Synthesize patient history information and assessment findings to form a field impression.
- 24.0 Demonstrate knowledge of the venous circulation and safely administer medications. – At the completion of this unit, the paramedic student will be able to safely and precisely access the venous circulation and administer medications. At the completion of this unit, the paramedic student will be able to:
- 24.01 Review the specific anatomy and physiology pertinent to medication administration.
  - 24.02 Review mathematical principles.
  - 24.03 Discuss formulas as a basis for performing drug calculations.

- 24.04 Describe the indications, equipment needed, technique used, precautions, and general principles of peripheral venous or external jugular cannulation.
  - 24.05 Describe the indications, equipment needed, technique used, precautions, and general principles of intraosseous needle placement and infusion.
  - 24.06 Discuss the "six rights" of drug administration and correlate these with the principles of medication administration.
  - 24.07 Describe the use of universal precautions and body substance isolation (BSI) procedures when administering a medication.
  - 24.08 Describe the equipment needed and general principles of administering oral medications.
  - 24.09 Describe the indications, equipment needed, techniques used, precautions, and general principles of administering medications by the inhalation route.
  - 24.10 Describe the indications, equipment needed, techniques used, precautions, and general principles of administering medications by the gastric tube.
  - 24.11 Describe the indications, equipment needed, techniques used, precautions, and general principles of rectal medication administration.
  - 24.12 Differentiate among the different percutaneous routes of medication administration.
  - 24.13 Describe the purpose, equipment needed, techniques used, complications, and general principles for obtaining a blood sample.
  - 24.14 Synthesize a pharmacologic management plan including medication administration.
  - 24.15 Demonstrate cannulation of peripheral or external jugular veins.
  - 24.16 Demonstrate intraosseous needle placement and infusion.
  - 24.17 Demonstrate clean technique during medication administration.
  - 24.18 Demonstrate administration of oral medications.
  - 24.19 Demonstrate administration of medications by the inhalation route.
- 25.0 Demonstrate effective therapeutic communication. – At the completion of this unit, the paramedic student will be able to integrate the principles of therapeutic communication to effectively communicate with any patient while providing care. At the completion of this unit, the paramedic student will be able to:
- 25.01 Identify internal and external factors that affect a patient/ bystander interview conducted by a paramedic.
  - 25.02 Restate the strategies for developing patient rapport.
  - 25.03 Summarize the methods to assess mental status based on interview techniques.
  - 25.04 Discuss the strategies for interviewing a patient who is unmotivated to talk.
  - 25.05 Summarize developmental considerations of various age groups that influence patient interviewing.
  - 25.06 Restate unique interviewing techniques necessary to employ with patients who have special needs.
  - 25.07 Discuss interviewing considerations used by paramedics in cross-cultural communications.
- 26.0 Demonstrate the knowledge of human development with assessment and communication strategies. – The paramedic student will be able to integrate the physiological, psychological, and sociological changes throughout human development with assessment and communication strategies for patients of all ages. At the completion of this unit, the paramedic student will be able to:

- 26.01 Compare the physiological and psychosocial characteristics of an infant with those of an early adult.
  - 26.02 Compare the physiological and psychosocial characteristics of a toddler with those of an early adult.
  - 26.03 Compare the physiological and psychosocial characteristics of a pre-school child with those of an early adult.
  - 26.04 Compare the physiological and psychosocial characteristics of a school-aged child with those of an early adult.
  - 26.05 Compare the physiological and psychosocial characteristics of an adolescent with those of an early adult.
  - 26.06 Compare the physiological and psychosocial characteristics of a middle aged adult with those of an early adult.
- 27.0 Establish and/or maintain a patent airway and ventilation. – At the completion of this unit, the paramedic student will be able to establish and/ or maintain a patent airway, oxygenate, and ventilate a patient. At the completion of this unit, the paramedic student will be able to:
- 27.01 Explain the primary objective of airway maintenance.
  - 27.02 Explain the differences between adult and pediatric airway anatomy.
  - 27.03 Define gag reflex.
  - 27.04 List the concentration of gases that comprise atmospheric air.
  - 27.05 Describe the measurement of oxygen in the blood.
  - 27.06 Describe the measurement of carbon dioxide in the blood.
  - 27.07 Describe peak expiratory flow.
  - 27.08 List factors that cause decreased oxygen concentrations in the blood.
  - 27.09 List the factors that increase and decrease carbon dioxide production in the body.
  - 27.10 Define pulsus paradoxes.
  - 27.11 Describe the Sellick (cricoid pressure) maneuver.
  - 27.12 Describe the use of an oral and nasal airway.
  - 27.13 Describe indications, contraindications, advantages, disadvantages, complications, and technique for ventilating a patient with an automatic transport ventilator (ATV).
  - 27.14 Describe the indications, contraindications, advantages, disadvantages, complications, liter flow range, and concentration of delivered oxygen for supplemental oxygen delivery devices.
  - 27.15 Define, identify and describe a tracheostomy, stoma, and tracheostomy tube.
  - 27.16 Define, identify, and describe a laryngectomy.
  - 27.17 Describe the special considerations in airway management and ventilation for the pediatric patient.
  - 27.18 Describe the indications, contraindications, advantages, disadvantages, complications and equipment for rapid sequence intubation with neuromuscular blockade.
  - 27.19 Identify neuromuscular blocking drugs and other agents used in rapid sequence intubation.
  - 27.20 Describe the indications, contraindications, advantages, disadvantages, complications and equipment for sedation during intubation.
  - 27.21 Describe the indications, contraindications, advantages, disadvantages and complications for performing an open cricothyrotomy.

- 27.22 Describe methods of assessment for confirming correct placement of an endotracheal tube.
  - 27.23 Describe the indications, contraindications, advantages, disadvantages, complications, equipment and technique for extubation.
  - 27.24 Describe methods of endotracheal intubation in the pediatric patient.
  - 27.25 Perform pulse oximetry.
  - 27.26 Perform end-tidal CO<sub>2</sub> detection.
- 28.0 Demonstrate general patient assessment and initial management. – At the completion of this unit, the paramedic student will be able to use the appropriate techniques to obtain a medical history from a patient, and the paramedic student will be able to explain the pathophysiological significance of physical exam findings. At the completion of this unit, the paramedic student will be able to:
- 28.01 Describe the techniques of history taking.
  - 28.02 Demonstrate the importance of empathy when obtaining a health history.
  - 28.03 Describe the techniques of inspection, palpation, percussion, and auscultation.
  - 28.04 Describe the evaluation of mental status.
  - 28.05 Distinguish the importance of abnormal findings of the assessment of the skin.
  - 28.06 Describe the examination of the head and neck.
  - 28.07 Differentiate normal and abnormal assessment findings of the mouth and pharynx.
  - 28.08 Appreciate the limitations of conducting a physical exam in the out-of-hospital environment.
  - 28.09 Demonstrate the examination of skin, hair and nails.
  - 28.10 Demonstrate the examination of the head and neck.
  - 28.11 Demonstrate the examination of the eyes.
  - 28.12 Demonstrate the examination of the ears.
  - 28.13 Demonstrate the examination of the nose.
  - 28.14 Demonstrate the examination of the mouth and pharynx.
  - 28.15 Demonstrate the examination of the neck.
  - 28.16 Demonstrate the examination of the thorax and ventilation.
  - 28.17 Demonstrate the examination of the posterior chest.
  - 28.18 Demonstrate auscultation of the chest.
  - 28.19 Demonstrate percussion of the chest.
  - 28.20 Demonstrate the examination of the arterial pulse including location, rate, rhythm, and amplitude.
  - 28.21 Demonstrate special examination techniques of the cardiovascular examination.
  - 28.22 Demonstrate the examination of the abdomen.
  - 28.23 Demonstrate auscultation of the abdomen.
  - 28.24 Demonstrate the external visual examination of the female genitalia.
  - 28.25 Demonstrate the examination of the male genitalia.
  - 28.26 Demonstrate the examination of the peripheral vascular system.
  - 28.27 Demonstrate the examination of the musculoskeletal system.
  - 28.28 Demonstrate the examination of the nervous system.
- 29.0 Demonstrate techniques of a physical exam to perform a patient assessment. – At the end of this unit, the paramedic student will be able to integrate the principles of history taking and techniques of physical exam to perform a patient assessment. At the completion of this unit, the paramedic student will be able to:

- 29.01 Describe common hazards found at the scene of a trauma and a medical patient.
  - 29.02 Discuss common mechanisms of injury/ nature of illness.
  - 29.03 Explain the reasons for identifying the need for additional help or assistance.
  - 29.04 Summarize the reasons for forming a general impression of the patient.
  - 29.05 Discuss methods of assessing mental status.
  - 29.06 Categorize levels of consciousness in the adult, infant and child.
  - 29.07 Discuss methods of assessing the airway in the adult, child and infant patient.
  - 29.08 State reasons for management of the cervical spine once the patient has been determined to be a trauma patient.
  - 29.09 Describe methods used for assessing if a patient is breathing.
  - 29.10 Distinguish between methods of assessing breathing in the adult, child and infant patient.
  - 29.11 Compare the methods of providing airway care to the adult, child and infant patient.
  - 29.12 Differentiate between locating and assessing a pulse in an adult, child and infant patient.
  - 29.13 Discuss the need for assessing the patient for external bleeding.
  - 29.14 Describe normal and abnormal findings when assessing skin color, temperature, and condition.
  - 29.15 Explain the reason for prioritizing a patient for care and transport.
  - 29.16 Describe the evaluation of patient's perfusion status based on findings in the initial assessment.
  - 29.17 State the reasons for performing a rapid trauma assessment.
  - 29.18 Discuss the reason for performing a focused history and physical exam.
  - 29.19 Discuss the components of the detailed physical exam in relation to the techniques of examination.
  - 29.20 Discuss the reasons for repeating the initial assessment as part of the on-going assessment.
  - 29.21 Describe the components of the on-going assessment.
  - 29.22 Discuss medical identification devices/ systems.
  - 29.23 Explain the rationale for crew members to evaluate scene safety prior to entering.
  - 29.24 Explain the value of performing an initial assessment.
  - 29.25 Observe various scenarios and identify potential hazards.
  - 29.26 Demonstrate the scene-size-up.
  - 29.27 Demonstrate the techniques for assessing mental status.
  - 29.28 Demonstrate the techniques for assessing the airway.
  - 29.29 Demonstrate the techniques for assessing if the patient is breathing.
  - 29.30 Demonstrate the techniques for assessing if the patient has a pulse.
  - 29.31 Demonstrate the techniques for assessing the patient for external bleeding.
  - 29.32 Demonstrate the techniques for assessing the patient's skin color, temperature, and condition.
  - 29.33 Demonstrate the ability to prioritize patients.
  - 29.34 Perform a detailed physical examination.
  - 29.35 Demonstrate the skills involved in performing the on-going assessment.
- 30.0 Demonstrate the ability to apply a process of clinical decision making. – At the end of this unit, the paramedic student will be able to apply a process of clinical decision making to use the assessment findings to help form a field impression. At the end of this unit, the paramedic student will be able to:

- 30.01 Compare the factors influencing medical care in the out-of-hospital environment to other medical settings.
  - 30.02 Differentiate between critical life-threatening, potentially life-threatening, and non life-threatening patient presentations.
  - 30.03 Evaluate the benefits and shortfalls of protocols, standing orders and patient care algorithms.
  - 30.04 Define the components, stages and sequences of the critical thinking process for paramedics.
  - 30.05 Apply the fundamental elements of critical thinking for paramedics.
  - 30.06 Describe the effects of the fight or flight response and the positive and negative effects on a paramedic's decision making.
  - 30.07 Summarize the six R's of putting it all together: Read the patient, Read the scene, React, Reevaluate, Revise the management plan, Review performance.
- 31.0 Describe and demonstrate EMS communications systems. – At the completion of this unit, the paramedic student will be able to follow an accepted format for dissemination of patient information in verbal form, either in person or over the radio. At the completion of this unit, the paramedic student will be able to:
- 31.01 Identify the role of verbal, written, and electronic communications in the provision of EMS.
  - 31.02 Describe the phases of communications necessary to complete a typical EMS event.
  - 31.03 Identify the importance of proper terminology when communicating during an EMS event.
  - 31.04 List factors that impede effective verbal communications.
  - 31.05 List factors which enhance verbal communications.
  - 31.06 List factors which impede effective written communications.
  - 31.07 List factors which enhance written communications.
  - 31.08 Recognize the legal status of written communications related to an EMS event.
  - 31.09 Identify the components of the local EMS communications system and describe their function and use.
  - 31.10 Identify and differentiate among the following communications systems: simplex, multiplex, duplex, trunked, digital communications, and cellular telephone.
  - 31.11 Describe the functions and responsibilities of the Federal Communications Commission.
  - 31.12 Describe how an EMS dispatcher functions as an integral part of the EMS team.
  - 31.13 List appropriate information to be gathered by the Emergency Medical Dispatcher.
  - 31.14 Describe information that should be included in patient assessment information verbally reported to medical direction.
  - 31.15 Organize a list of patient assessment information in the correct order for electronic transmission to medical direction according to the format used locally.
- 32.0 Demonstrate proper patient documentation. – At the completion of this unit, the paramedic student will be able to effectively document the essential elements of patient assessment, care and transport. At the completion of this unit, the paramedic student will be able to:
- 32.01 Identify the general principles regarding the importance of EMS documentation and ways in which documents are used.

- 32.02 Identify and use medical terminology correctly.
  - 32.03 Record all pertinent administrative information.
  - 32.04 Analyze the documentation for accuracy and completeness, including spelling.
  - 32.05 Describe the differences between subjective and objective elements of documentation.
  - 32.06 Describe the potential consequences of illegible, incomplete, or inaccurate documentation.
  - 32.07 Describe the special considerations concerning patient refusal of transport.
  - 32.08 Explain how to properly record direct patient or bystander comments.
  - 32.09 Describe the special considerations concerning mass casualty incident documentation.
  - 32.10 Identify and record the pertinent, reportable clinical data of each patient interaction.
  - 32.11 Note and record pertinent negative clinical findings.
  - 32.12 Demonstrate proper completion of an EMS event record used locally.
- 33.0 Integrate the principles of kinematics to enhance the patient assessment. – At the completion of this unit, the Paramedic student will be able to integrate the principles of kinematics to enhance the patient assessment and predict the likelihood of injuries based on the patient's mechanism of injury. At the completion of this unit, the Paramedic student will be able to:
- 33.01 List and describe the components of a comprehensive trauma system.
  - 33.02 Describe the role of and differences between levels of trauma centers.
  - 33.03 Describe the criteria for transport to a trauma center.
  - 33.04 Describe the criteria and procedure for air medical transport.
  - 33.05 Define energy and force as they relate to trauma.
  - 33.06 Define laws of motion and energy and understand the role that increased speed has on injuries.
  - 33.07 Describe the pathophysiology of the head, spine, thorax, and abdomen that result from the above forces.
  - 33.08 List specific injuries and their causes as related to interior and exterior vehicle damage.
  - 33.09 Describe the kinematics of penetrating injuries.
- 34.0 Implement the proper treatment plan for a patient with shock or hemorrhage. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with shock or hemorrhage. At the completion of this unit, the paramedic student will be able to:
- 34.01 Describe the epidemiology, including the morbidity/ mortality and prevention strategies, for shock and hemorrhage.
  - 34.02 Discuss the anatomy and physiology of the cardiovascular system.
  - 34.03 Discuss the various types and degrees of shock and hemorrhage.
  - 34.04 Discuss the pathophysiology of hemorrhage and shock.
  - 34.05 Discuss the assessment findings associated with hemorrhage and shock.
  - 34.06 Discuss the treatment plan and management of hemorrhage and shock.
  - 34.07 Discuss the management of external hemorrhage.
  - 34.08 Differentiate between the administration rate and amount of IV fluid in a patient with controlled versus uncontrolled hemorrhage.

- 34.09 Relate internal hemorrhage to the assessment findings of compensated and decompensated hemorrhagic shock.
  - 34.10 Discuss the management of internal hemorrhage.
  - 34.11 Describe the effects of decreased perfusion at the capillary level.
  - 34.12 Relate pulse pressure changes to perfusion status.
  - 34.13 Relate orthostatic vital sign changes to perfusion status.
  - 34.14 Define compensated and decompensated hemorrhagic shock.
  - 34.15 Differentiate between compensated and decompensated shock.
  - 34.16 Differentiate between the normotensive, hypotensive, or profoundly hypotensive patient.
  - 34.17 Differentiate between the administration of fluid in the normotensive, hypotensive, or profoundly hypotensive patient.
  - 34.18 Develop, execute and evaluate a treatment plan based on the field impression for the hemorrhage or shock patient.
- 35.0 Implement the proper treatment plan for a patient with soft tissue trauma. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with soft tissue trauma. At the completion of this unit, the paramedic student will be able to:
- 35.01 Identify the major functions of the integumentary system.
  - 35.02 Discuss the pathophysiology of soft tissue injuries.
  - 35.03 Differentiate between the following types of closed soft tissue injuries: contusions, hematoma and crush injuries.
  - 35.04 Discuss the assessment findings associated with closed soft tissue injuries.
  - 35.05 Discuss the management of a patient with closed soft tissue injuries.
  - 35.06 Differentiate between the following types of open soft tissue injuries: abrasions, lacerations, major arterial lacerations, avulsions, impaled objects, amputations, incisions, crush injuries, blast injuries, and penetrations/punctures.
  - 35.07 Discuss the incidence, morbidity, and mortality of blast injuries.
  - 35.08 Predict blast injuries based on mechanism of injury, including primary, secondary and tertiary.
  - 35.09 Discuss types of trauma, including but not limited to blunt, penetrating, barotrauma and bur
  - 35.10 Discuss the effects of an explosion within an enclosed space on a patient.
  - 35.11 Discuss the assessment findings associated with blast injuries.
  - 35.12 Discuss the management of a patient with a blast injury.
  - 35.13 Discuss the incidence, morbidity, and mortality of crush injuries.
  - 35.14 Define crush injury, crush syndrome and compartment syndrome.
  - 35.15 Discuss the management of a patient with a crush injury.
  - 35.16 Discuss the pathophysiology of hemorrhage associated with soft tissue injuries, including capillary, venous and arterial.
  - 35.17 Discuss the assessment findings associated with open soft tissue injuries.
  - 35.18 Differentiate between the various management techniques for hemorrhage control of open soft tissue injuries, including but not limited to: direct pressure, elevation, pressure dressing, pressure point and tourniquet application.
  - 35.19 Integrate pathophysiological principles to the assessment of a patient with a soft tissue injury.

- 35.20 Formulate treatment priorities for patients with soft tissue injuries in conjunction with airway/face/neck trauma, thoracic trauma (open/closed), and abdominal trauma.
  - 35.21 Develop, execute, and evaluate a treatment plan based on the field impression for the patient with soft tissue trauma.
  - 35.22 Defend the rationale explaining why immediate life-threats must take priority over wound closure.
  - 35.23 Defend the management regimens for various soft tissue injuries.
- 36.0 Implement the proper treatment plan for a patient with burn injuries. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the management plan for the patient with a burn injury. At the completion of this unit, the paramedic student will be able to:
- 36.01 Describe the epidemiology, including incidence, mortality/ morbidity, risk factors, and prevention strategies for the patient with a burn injury.
  - 36.02 Describe the pathophysiologic complications and systemic complications of a burn injury.
  - 36.03 Identify and describe types of burn injuries, including a thermal burn, an inhalation burn, a chemical burn, an electrical burn, and a radiation exposure.
  - 36.04 Identify and describe the depth classifications of burn injuries, including a superficial burn, a partial-thickness burn, a full-thickness burn, and other depth classifications described by local protocol.
  - 36.05 Identify and describe methods for determining body surface area percentage of a burn injury including the "rules of nines," the "rules of palms," and other methods described by local protocol.
  - 36.06 Identify and describe the severity of a burn including a minor burn, a moderate burn, a severe burn, and other severity classifications described by local protocol.
  - 36.07 Describe special considerations for a pediatric patient with a burn injury.
  - 36.08 Discuss conditions associated with burn injuries, including trauma, blast injuries, airway compromise, respiratory compromise, and child abuse.
  - 36.09 Describe the management of a burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol.
  - 36.10 Describe the pathophysiology of a thermal burn injury.
  - 36.11 Identify and describe the depth classifications of a thermal burn injury.
  - 36.12 Describe the pathophysiology of an inhalation burn injury.
  - 36.13 Describe considerations which impact management and prognosis of the patient with an inhalation burn injury.
  - 36.14 Describe the management of an inhalation burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, and psychological support/ communication strategies.
  - 36.15 Describe the pathophysiology of a chemical burn injury, including types of chemicals and their burning processes and a chemical burn injury to the eye.
  - 36.16 Describe the management of a chemical burn injury and a chemical burn injury to the eye, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, and psychological support/ communication strategies.

- 36.17 Identify and describe the severity of an electrical burn injury.
  - 36.18 Discuss mechanisms of burn injury and conditions associated with an electrical burn injury.
  - 36.19 Describe the management of an electrical burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, and psychological support/ communication strategies.
  - 36.20 Describe the pathophysiology of a radiation exposure, including the types and characteristics of ionizing radiation.
  - 36.21 Identify and describe the severity of a radiation exposure.
  - 36.22 Describe the management of a radiation exposure, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, and psychological support/ communication strategies.
  - 36.23 Develop, execute and evaluate a management plan based on the field impression for the patient with thermal, inhalation, chemical, electrical, and radiation burn injuries.
  - 36.24 Perform management of a thermal burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol.
  - 36.25 Perform management of an inhalation burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol.
  - 36.26 Perform management of a chemical burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol.
  - 36.27 Perform management of an electrical burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol.
  - 36.28 Perform management of a radiation exposure, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol.
- 37.0 Implement the proper treatment plan for a trauma patient with a head injury. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the trauma patient with a suspected head injury. At the completion of this unit, the paramedic student will be able to:
- 37.01 Differentiate between facial injuries based on the assessment and history.
  - 37.02 Develop a patient management plan for a patient with a facial injury based on the field impression.
  - 37.03 Relate assessment findings associated with eye injuries to pathophysiology.
  - 37.04 Develop a patient management plan for a patient with an eye injury based on the field impression.
  - 37.05 Formulate a field impression for a patient with an ear injury based on the assessment findings.

- 37.06 Develop a patient management plan for a patient with an ear injury based on the field impression.
  - 37.07 Formulate a field impression for a patient with a nose injury based on the assessment findings.
  - 37.08 Develop a patient management plan for a patient with a nose injury based on the field impression.
  - 37.09 Formulate a field impression for a patient with a throat injury based on the assessment findings.
  - 37.10 Develop a patient management plan for a patient with a throat injury based on the field impression.
  - 37.11 Formulate a field impression for a patient with a mouth injury based on the assessment findings.
  - 37.12 Develop a patient management plan for a patient with a mouth injury based on the field impression.
  - 37.13 Distinguish between head injury and brain injury.
  - 37.14 Define and explain the process involved with each of the levels of increasing ICP.
  - 37.15 Identify the need for rapid intervention and transport of the patient with a head/brain injury.
  - 37.16 Describe and explain the general management of the head/ brain injury patient, including pharmacological and non-pharmacological treatment.
  - 37.17 Explain the pathophysiology of skull fracture.
  - 37.18 Develop a management plan for a patient with a skull fracture.
  - 37.19 Develop a management plan for a patient with a cerebral contusion.
  - 37.20 Explain the pathophysiology of intracranial hemorrhage, including epidural, subdural, intracerebral, and subarachnoid.
  - 37.21 Develop a management plan for a patient with an intracranial hemorrhage, including epidural, subdural, intracerebral and subarachnoid.
- 38.0 Implement the proper treatment plan for a patient with a suspected spinal injury. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with a suspected spinal injury. At the completion of this unit, the paramedic student will be able to:
- 38.01 Describe the pathophysiology of spinal injuries.
  - 38.02 Describe the assessment findings associated with spinal injuries.
  - 38.03 Describe the management of spinal injuries.
  - 38.04 Develop a patient management plan based on the field impression.
  - 38.05 Describe the pathophysiology of traumatic spinal injury related to spinal shock, spinal neurogenic shock, quadriplegia/paraplegia, and incomplete cord injury/cord syndromes, including central cord syndrome, anterior cord syndrome and Brown-Sequard syndrome.
  - 38.06 Describe the assessment findings associated with traumatic spinal injuries.
  - 38.07 Describe the management of traumatic spinal injuries.
  - 38.08 Differentiate between traumatic and non-traumatic spinal injuries based on the assessment and history.
  - 38.09 Develop a patient management plan for traumatic spinal injury based on the field impression.
  - 38.10 Describe the pathophysiology of non-traumatic spinal injury, including but not limited to, low back pain, herniated intervertebral disk and spinal cord tumors.
  - 38.11 Describe the management of non-traumatic spinal injuries.

- 38.12 Differentiate between traumatic and non-traumatic spinal injuries based on the assessment and history.
- 38.13 Develop a patient management plan for non-traumatic spinal injury based on the field impression.
- 38.14 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury.
- 38.15 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury.
- 38.16 Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of spinal injury from the following presentations: Supine, Prone, Semi-prone, Sitting, Standing
- 38.17 Demonstrate preferred methods for stabilization of a helmet from a potentially spine injured patient.
- 38.18 Demonstrate helmet removal techniques.

**Course Number: EMS0220**  
**Occupational Completion Point: B**  
**Paramedic (2 of 3) – 336 Hours – SOC Code 31-9099**

- 39.0 Implement the proper treatment plan for a patient with a suspected thoracic injury. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for a patient with a thoracic injury. At the completion of this unit, the paramedic student will be able to:
- 39.01 Discuss the anatomy and physiology of the organs and structures related to thoracic injuries.
  - 39.02 Discuss the pathophysiology of thoracic injuries.
  - 39.03 Discuss the management of thoracic injuries.
  - 39.04 Identify the need for rapid intervention and transport of the patient with thoracic injuries.
  - 39.05 Discuss the pathophysiology of specific chest wall injuries, including rib fracture, flail segment, and sternal fracture.
  - 39.06 Identify the need for rapid intervention and transport of the patient with chest wall injuries.
  - 39.07 Discuss the management of chest wall injuries.
  - 39.08 Discuss the pathophysiology of injury to the lung, including but not limited to simple, open and tension pneumothorax, hemothorax, hemopneumothorax, and pulmonary contusion.
  - 39.09 Discuss the management of lung injuries.
  - 39.10 Discuss the pathophysiology of myocardial injuries, including but not limited to pericardial tamponade, myocardial contusion and myocardial rupture.
  - 39.11 Discuss the management of myocardial injuries.
  - 39.12 Discuss the pathophysiology of vascular injuries, including injuries to the aorta, vena cava, and pulmonary arteries and veins.
  - 39.13 Discuss the management of vascular injuries.
  - 39.14 Discuss the pathophysiology of tracheo-bronchial injuries.
  - 39.15 Discuss the management of tracheo-bronchial injuries.
  - 39.16 Discuss the pathophysiology of traumatic asphyxia.
  - 39.17 Discuss the assessment findings associated with traumatic asphyxia.
  - 39.18 Discuss the management of traumatic asphyxia.
  - 39.19 Demonstrate a clinical assessment for a patient with suspected thoracic trauma.
  - 39.20 Demonstrate the following techniques of management for thoracic injuries:  
 Needle decompression, Fracture stabilization, Elective intubation, ECG monitoring Oxygenation and ventilation
- 40.0 Implement the proper treatment plan for a patient with a suspected abdominal trauma. – At the completion of this unit, the paramedic student will be able to integrate pathophysiologic principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with suspected abdominal trauma. At the completion of this unit, the paramedic student will be able to:
- 40.01 Describe the anatomy and physiology of organs and structures related to abdominal injuries.
  - 40.02 Describe open and closed abdominal injuries.
  - 40.03 Explain the pathophysiology of abdominal injuries.

- 40.04 Describe the management of abdominal injuries.
  - 40.05 Describe the assessment findings associated with solid organ injuries.
  - 40.06 Describe the treatment plan and management of solid organ injuries.
  - 40.07 Describe the assessment findings associated with hollow organ injuries.
  - 40.08 Describe the treatment plan and management of hollow organ injuries.
  - 40.09 Describe the assessment findings associated with pelvic fractures.
  - 40.10 Describe the treatment plan and management of pelvic fractures.
  - 40.11 Develop a patient management plan for a patient with abdominal injuries, based upon field impression.
- 41.0 Implement the proper treatment plan for a patient with a suspected musculoskeletal injury. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement the treatment plan for the patient with a musculoskeletal injury. At the completion of this unit, the paramedic student will be able to:
- 41.01 Discuss the anatomy and physiology of the musculoskeletal system.
  - 41.02 Discuss types of musculoskeletal injuries, including fracture (open and closed), dislocation/fracture, sprain, and strain.
  - 41.03 Discuss the pathophysiology of musculoskeletal injuries.
  - 41.04 Discuss the assessment findings associated with musculoskeletal injuries.
  - 41.05 Discuss the management of musculoskeletal injuries.
  - 41.06 Discuss the general guidelines for splinting.
  - 41.07 Discuss the pathophysiology of open and closed fractures.
  - 41.08 Discuss the assessment findings associated with fractures.
  - 41.09 Discuss the management of fractures.
  - 41.10 Discuss the pathophysiology of dislocations.
  - 41.11 Discuss the out-of-hospital management of dislocation/fractures, including splinting and realignment.
  - 41.12 Explain the importance of manipulating a knee dislocation/fracture with an absent distal pulse.
  - 41.13 Discuss the assessment findings of sprains.
  - 41.14 Discuss the management of sprains.
  - 41.15 Discuss the management of strains.
  - 41.16 Discuss the management of a tendon injury.
  - 41.17 Develop a patient management plan for the musculoskeletal injury based on the field impression.
  - 41.18 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with a suspected musculoskeletal injury.
  - 41.19 Demonstrate the proper use of fixation, soft and traction splints for a patient with a suspected fracture.
- 42.0 Implement the proper treatment plan for a patient with suspected respiratory problems. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with respiratory problems. At the completion of this unit, the paramedic student will be able to:
- 42.01 Identify and describe the function of the structures located in the upper and lower airway.
  - 42.02 Discuss the physiology of ventilation and respiration.

- 42.03 Discuss abnormal assessment findings associated with pulmonary diseases and conditions.
  - 42.04 Compare various airway and ventilation techniques used in the management of pulmonary diseases.
  - 42.05 Review the pharmacological preparations that paramedics use for management of respiratory diseases and conditions.
  - 42.06 Review the use of equipment used during the physical examination of patients with complaints associated with respiratory diseases and conditions.
  - 42.07 Identify the epidemiology, anatomy, physiology, pathophysiology, assessment findings, and management for, but not limited to the following: adult respiratory distress syndrome, chronic bronchitis, bronchial asthma, emphysema, pneumonia, pulmonary edema, pulmonary thromboembolism, neoplasms of the lung, upper respiratory infections, spontaneous pneumothorax and hyperventilation syndrome.
  - 42.08 Demonstrate proper use of airway and ventilation devices.
  - 42.09 Conduct a history and patient assessment for patients with pulmonary diseases and conditions.
- 43.0 Implement the proper treatment plan for a patient with suspected cardiovascular disease. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with cardiovascular disease. At the completion of this unit, the paramedic student will be able to:
- 43.01 Identify the risk factors most predisposing to coronary artery disease.
  - 43.02 Describe the anatomy of the heart, including the position in the thoracic cavity, layers of the heart, chambers of the heart, and location and function of cardiac valves.
  - 43.03 Identify the major structures of the vascular system.
  - 43.04 Identify and define the components of cardiac output.
  - 43.05 Identify phases of the cardiac cycle.
  - 43.06 Identify the structure and course of all divisions and subdivisions of the cardiac conduction system.
  - 43.07 Identify and describe how the heart's pacemaking control, rate, and rhythm are determined.
  - 43.08 Describe the clinical significance of Starling's law.
  - 43.09 Identify the structures of the autonomic nervous system (ANS).
  - 43.10 Identify the effect of the ANS on heart rate, rhythm and contractility.
  - 43.11 Identify and describe the components of the focused history as it relates to the patient with cardiovascular compromise.
  - 43.12 Explain the purpose of ECG monitoring.
  - 43.13 Correlate the electrophysiological and hemodynamic events occurring throughout the entire cardiac cycle with the various ECG wave forms, segments and intervals.
  - 43.14 Given an ECG, identify the arrhythmia.
  - 43.15 Describe a systematic approach to the analysis and interpretation of cardiac arrhythmias.
  - 43.16 Describe the arrhythmias originating in the sinus node, the AV junction, the atria, and the ventricles.
  - 43.17 Describe the arrhythmias originating or sustained in the AV junction.
  - 43.18 Describe the abnormalities originating within the bundle branch system.

- 43.19 Describe the conditions of pulseless electrical activity.
- 43.20 Recognize the changes on the ECG that may reflect evidence of myocardial ischemia and injury.
- 43.21 Identify the major therapeutic objectives in the treatment of the patient with any arrhythmia.
- 43.22 Identify the clinical indications for transcutaneous and permanent artificial cardiac pacing.
- 43.23 Describe the techniques of applying a transcutaneous pacing system.
- 43.24 List the possible complications of pacing.
- 43.25 Describe the epidemiology, morbidity and mortality, and pathophysiology of angina pectoris.
- 43.26 List other clinical conditions that may mimic signs and symptoms of coronary artery disease and angina pectoris.
- 43.27 Identify the paramedic responsibilities associated with management of the patient with angina pectoris.
- 43.28 Describe the epidemiology, morbidity and mortality of myocardial infarction.
- 43.29 List and describe the assessment parameters to be evaluated in a patient with a suspected myocardial infarction.
- 43.30 List the characteristics of a patient eligible for thrombolytic therapy.
- 43.31 Describe the most commonly used cardiac drugs in terms of therapeutic effect and dosages, routes of administration, side effects and toxic effects.
- 43.32 Define the term "acute pulmonary edema" and describe its relationship to left ventricular failure.
- 43.33 Define preload, afterload and left ventricular end-diastolic pressure and relate each to the pathophysiology of heart failure.
- 43.34 Differentiate between early and late signs and symptoms of left ventricular failure and those of right ventricular failure.
- 43.35 Explain the clinical significance of paroxysmal nocturnal dyspnea.
- 43.36 List the interventions prescribed for the patient in acute congestive heart failure.
- 43.37 Describe the most commonly used pharmacological agents in the management of congestive heart failure in terms of therapeutic effect, dosages, routes of administration, side effects and toxic effects.
- 43.38 Define the term "cardiac tamponade".
- 43.39 Identify the paramedic responsibilities associated with management of a patient with cardiac tamponade.
- 43.40 Define the term "hypertensive emergency".
- 43.41 Describe the clinical features of the patient in a hypertensive emergency.
- 43.42 Identify the drugs of choice for hypertensive emergencies, rationale for use, clinical precautions and disadvantages of selected antihypertensive agents.
- 43.43 Define the term "cardiogenic shock".
- 43.44 Describe the most commonly used pharmacological agents in the management of cardiogenic shock in terms of therapeutic effects, dosages, routes of administration, side effects and toxic effects.
- 43.45 Define the term "cardiac arrest".
- 43.46 Describe the arrhythmias seen in cardiac arrest.
- 43.47 Define the terms defibrillation and synchronized cardioversion.
- 43.48 Describe the most commonly used pharmacological agents in the management of cardiac arrest in terms of therapeutic effects.
- 43.49 Identify the major factors involved in the pathophysiology of aortic aneurysm.myocardial infarction patient

- 43.50 Recognize and describe the signs and symptoms of dissecting thoracic or abdominal aneurysm.
  - 43.51 Differentiate between signs and symptoms of cardiac tamponade, hypertensive emergencies, cardiogenic shock, and cardiac arrest.
  - 43.52 Develop, execute, and evaluate a treatment plan based on field impression for the patient in need of a pacemaker.
  - 43.53 Develop, execute and evaluate a treatment plan based on the field impression for the patient with chest pain.
  - 43.54 Develop, execute and evaluate a treatment plan based on the field impression for the suspected myocardial infarction patient.
  - 43.55 Develop, execute, and evaluate a treatment plan based on the field impression for the heart failure patient.
  - 43.56 Develop, execute and evaluate a treatment plan based on the field impression for the patient with cardiac tamponade.
  - 43.57 Develop, execute and evaluate a treatment plan based on the field impression for the patient with a hypertensive emergency.
  - 43.58 Develop, execute, and evaluate a treatment plan based on the field impression for the patient with cardiogenic shock.
  - 43.59 Demonstrate a working knowledge of various ECG lead systems.
  - 43.60 Set up and apply a transcutaneous pacing system.
  - 43.61 Demonstrate satisfactory performance of psychomotor skills of basic and advanced life support techniques according to the current American Heart Association Standards and Guidelines, including: cardiopulmonary resuscitation, defibrillation, synchronized cardioversion, and transcutaneous pacing.
  - 43.62 Complete a communication patch with medical direction and law enforcement used for termination of resuscitation efforts.
- 44.0 Implement the proper treatment plan for a patient with a suspected neurologic problem.  
 – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with a neurological problem. At the completion of this unit, the paramedic student will be able to:
- 44.01 Identify the risk factors most predisposing to the nervous system.
  - 44.02 Discuss the anatomy and physiology of the organs and structures related to nervous system.
  - 44.03 Discuss the assessment findings associated with non-traumatic neurologic emergencies.
  - 44.04 Discuss the management of non-traumatic neurological emergencies.
  - 44.05 Discuss the pathophysiology of coma and altered mental status.
  - 44.06 Discuss the management/treatment plan of coma and altered mental status.
  - 44.07 Describe and differentiate the major types of seizures.
  - 44.08 Discuss the assessment findings associated with syncope.
  - 44.09 Discuss the management/treatment plan of syncope.
  - 44.10 Describe the types of stroke and intracranial hemorrhage.
  - 44.11 Discuss the assessment findings associated with stroke and intracranial hemorrhage.
  - 44.12 Discuss the management/treatment plan of stroke and intracranial hemorrhage.
  - 44.13 Discuss the assessment findings associated with transient ischemic attack.
  - 44.14 Discuss the management/treatment plan of transient ischemic attack.

- 44.15 Discuss the assessment findings associated with degenerative neurological diseases.
  - 44.16 Discuss the management/treatment plan of degenerative neurological diseases.
  - 44.17 Differentiate among the various treatment and pharmacological interventions used in the management of degenerative neurological diseases.
  - 44.18 Perform an appropriate assessment of a patient with coma or altered mental status.
  - 44.19 Perform a complete neurological examination as part of the comprehensive physical examination of a patient with coma or altered mental status.
  - 44.20 Appropriately manage a patient with coma or altered mental status, including the administration of oxygen, oral glucose, 50% dextrose and narcotic reversal agents.
  - 44.21 Perform an appropriate assessment of a patient with syncope.
  - 44.22 Appropriately manage a patient with syncope.
  - 44.23 Appropriately manage a patient with seizures, including the administration of diazepam or lorazepam.
  - 44.24 Perform an appropriate assessment of a patient with stroke and intracranial hemorrhage or TIA.
  - 44.25 Appropriately manage a patient with stroke and intracranial hemorrhage or TIA.
- 45.0 Implement the proper treatment plan for a patient with a suspected endocrine problem. –  
At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with an endocrine problem. At the completion of this unit, the paramedic student will be able to:
- 45.01 Identify the risk factors most predisposing to endocrinologic disease.
  - 45.02 Discuss the anatomy and physiology of organs and structures related to endocrinologic diseases.
  - 45.03 Discuss the general assessment findings associated with endocrinologic emergencies.
  - 45.04 Discuss the management of endocrinologic emergencies.
  - 45.05 Discuss the management of diabetic emergencies.
  - 45.06 Differentiate between the pathophysiology of normal glucose metabolism and diabetic glucose metabolism.
  - 45.07 Describe the mechanism of ketone body formation and its relationship to ketoacidosis.
  - 45.08 Recognize the signs and symptoms of the patient with hypoglycemia.
  - 45.09 Describe the compensatory mechanisms utilized by the body to promote homeostasis relative to hypoglycemia.
  - 45.10 Describe the management of a responsive hypoglycemic patient.
  - 45.11 Correlate abnormal findings in assessment with clinical significance in the patient with hypoglycemia.
  - 45.12 Recognize the signs and symptoms of the patient with hyperglycemia.
  - 45.13 Describe the management of hyperglycemia.
  - 45.14 Discuss the pathophysiology of diabetic ketoacidosis.
  - 45.15 Recognize the signs and symptoms of the patient with diabetic ketoacidosis.
  - 45.16 Describe the management of diabetic ketoacidosis.
  - 45.17 Discuss the pathophysiology of Cushing's syndrome.
  - 45.18 Recognize signs and symptoms of the patient with Cushing's syndrome.
  - 45.19 Describe the management of Cushing's syndrome.

- 45.20 Discuss the pathophysiology of adrenal Insufficiency.
  - 45.21 Recognize signs and symptoms of the patient with adrenal insufficiency.
  - 45.22 Describe the management of adrenal insufficiency.
  - 45.23 Develop a patient management plan based on field impression in the patient with an endocrinologic emergency.
- 46.0 Implement the proper treatment plan for a patient with a suspected allergic or anaphylactic reaction. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with an allergic or anaphylactic reaction. At the completion of this unit, the paramedic student will be able to:
- 46.01 Define allergic reaction.
  - 46.02 Define anaphylaxis.
  - 46.03 Discuss the anatomy and physiology of the organs and structures related to anaphylaxis.
  - 46.04 Describe the prevention of anaphylaxis and appropriate patient education.
  - 46.05 Discuss the pathophysiology of allergy and anaphylaxis.
  - 46.06 Describe the common methods of entry of substances into the body.
  - 46.07 Define antigens and antibodies.
  - 46.08 List common antigens most frequently associated with anaphylaxis.
  - 46.09 Describe physical manifestations in anaphylaxis.
  - 46.10 Differentiate manifestations of an allergic reaction from anaphylaxis.
  - 46.11 Recognize the signs and symptoms related to anaphylaxis.
  - 46.12 Differentiate among the various treatment and pharmacological interventions used in the management of anaphylaxis.
  - 46.13 Develop a treatment plan based on field impression in the patient with allergic reaction and anaphylaxis.
- 47.0 Implement the proper treatment plan for a patient with a suspected gastroenterologic problem. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with a gastroenterologic problem. At the conclusion of this unit, the paramedic student will be able to:
- 47.01 Discuss the anatomy and physiology of the organs and structures related to gastrointestinal diseases.
  - 47.02 Discuss the pathophysiology of inflammation and its relationship to acute abdominal pain.
  - 47.03 Differentiate between hemorrhagic and non-hemorrhagic abdominal pain.
  - 47.04 Discuss the signs and symptoms of peritoneal inflammation relative to acute abdominal pain.
  - 47.05 Describe the questioning technique and specific questions the paramedic should ask when gathering a focused history in a patient with abdominal pain.
  - 47.06 Describe the technique for performing a comprehensive physical examination on a patient complaining of abdominal pain.
  - 47.07 Define upper gastrointestinal bleeding.
  - 47.08 Recognize the signs and symptoms related to upper gastrointestinal bleeding.
  - 47.09 Describe the management for upper gastrointestinal bleeding.
  - 47.10 Recognize the signs and symptoms related to lower gastrointestinal bleeding.

- 47.11 Describe the management for lower gastrointestinal bleeding.
  - 47.12 Define acute gastroenteritis.
  - 47.13 Recognize the signs and symptoms related to acute gastroenteritis.
  - 47.14 Describe the management for acute gastroenteritis.
  - 47.15 Recognize the signs and symptoms related to colitis.
  - 47.16 Describe the management for colitis.
  - 47.17 Recognize the signs and symptoms related to gastroenteritis.
  - 47.18 Describe the management for gastroenteritis.
  - 47.19 Recognize the signs and symptoms related to diverticulitis.
  - 47.20 Describe the management for diverticulitis.
  - 47.21 Recognize the signs and symptoms related to appendicitis.
  - 47.22 Describe the management for appendicitis.
  - 47.23 Recognize the signs and symptoms related to peptic ulcer disease.
  - 47.24 Describe the management for peptic ulcer disease.
  - 47.25 Recognize the signs and symptoms related to bowel obstruction.
  - 47.26 Describe the management for bowel obstruction.
  - 47.27 Recognize the signs and symptoms related to Crohn's disease.
  - 47.28 Describe the management for Crohn's disease.
  - 47.29 Recognize the signs and symptoms related to pancreatitis.
  - 47.30 Describe the management for pancreatitis.
  - 47.31 Recognize the signs and symptoms related to esophageal varices.
  - 47.32 Describe the management for esophageal varices.
  - 47.33 Recognize the signs and symptoms related to hemorrhoids.
  - 47.34 Describe the management for hemorrhoids.
  - 47.35 Recognize the signs and symptoms related to cholecystitis.
  - 47.36 Describe the management for cholecystitis.
  - 47.37 Recognize the signs and symptoms related to acute hepatitis.
  - 47.38 Describe the management for acute hepatitis.
  - 47.39 Differentiate between gastrointestinal emergencies based on assessment findings.
  - 47.40 Correlate abnormal findings in the assessment with the clinical significance in the patient with abdominal pain.
  - 47.41 Develop a patient management plan based on field impression in the patient with abdominal pain.
- 48.0 Implement the proper treatment plan for a patient with a suspected renal or urologic problem. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with a renal or urologic problem. At the conclusion of this unit, the paramedic student will be able to:
- 48.01 Describe the incidence, morbidity, mortality, and risk factors predisposing to urological emergencies.
  - 48.02 Discuss the anatomy and physiology of the organs and structures related to urogenital diseases.
  - 48.03 Define referred pain and visceral pain as it relates to urology.
  - 48.04 Describe the technique for performing a comprehensive physical examination of a patient complaining of abdominal pain.
  - 48.05 Discuss the pathophysiology of acute renal failure.
  - 48.06 Recognize the signs and symptoms related to acute renal failure.
  - 48.07 Describe the management for acute renal failure.

- 48.08 Define chronic renal failure.
  - 48.09 Define renal dialysis.
  - 48.10 Discuss the common complication of renal dialysis.
  - 48.11 Discuss the pathophysiology of renal calculi.
  - 48.12 Recognize the signs and symptoms related to renal calculi.
  - 48.13 Describe the management for renal calculi.
  - 48.14 Discuss the pathophysiology of urinary tract infection.
  - 48.15 Recognize the signs and symptoms related to urinary tract infection.
  - 48.16 Describe the management for a urinary tract infection.
  - 48.17 Apply the epidemiology to develop prevention strategies for urological emergencies.
  - 48.18 Integrate pathophysiological principles to the assessment of a patient with abdominal pain.
  - 48.19 Synthesize assessment findings and patient history information to accurately differentiate between pain of a urogenital emergency and that of other origins.
  - 48.20 Develop, execute, and evaluate a treatment plan based on the field impression made in the assessment.
- 49.0 Implement the proper treatment plan for a patient with a suspected toxic exposure. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with a toxic exposure. At the completion of this unit, the paramedic student will be able to:
- 49.01 Describe the incidence, morbidity and mortality of toxic emergencies.
  - 49.02 Identify the risk factors most predisposing to toxic emergencies.
  - 49.03 Describe the routes of entry of toxic substances into the body.
  - 49.04 Discuss the role of the Poison Control Center in the United States.
  - 49.05 Discuss the assessment findings associated with various toxidromes.
  - 49.06 Discuss the management of toxic substances.
  - 49.07 List the most common poisonings by ingestion.
  - 49.08 Recognize the signs and symptoms related to the most common poisonings by ingestion.
  - 49.09 Differentiate among the various treatments and pharmacological interventions in the management of the most common poisonings by ingestion.
  - 49.10 Discuss the factors affecting the decision to induce vomiting in a patient with ingested poison.
  - 49.11 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with the most common poisonings by ingestion.
  - 49.12 Define poisoning by inhalation.
  - 49.13 List the most common poisonings by inhalation.
  - 49.14 Describe the pathophysiology of poisoning by inhalation.
  - 49.15 Recognize the signs and symptoms related to the most common poisonings by inhalation.
  - 49.16 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with the most common poisonings by inhalation.
  - 49.17 Define poisoning by injection.
  - 49.18 List the most common poisonings by injection.

- 49.19 Recognize the signs and symptoms related to the most common poisonings by injection.
- 49.20 Differentiate among the various treatments and pharmacological interventions in the management of the most common poisonings by injection.
- 49.21 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with the most common poisonings by injection.
- 49.22 Define poisoning by surface absorption.
- 49.23 List the most common poisonings by surface absorption.
- 49.24 Describe the pathophysiology of poisoning by surface absorption.
- 49.25 Recognize the signs and symptoms related to the most common poisonings by surface absorption.
- 49.26 Differentiate among the various treatments and pharmacological interventions in the management of the most common poisonings by surface absorption.
- 49.27 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for patients with the most common poisonings by surface absorption.
- 49.28 Define poisoning by overdose.
- 49.29 List the most common poisonings by overdose.
- 49.30 Describe the pathophysiology of poisoning by overdose.
- 49.31 Recognize the signs and symptoms related to the most common poisonings by overdose.
- 49.32 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for patients with the most common poisonings by overdose.
- 49.33 Define drug abuse.
- 49.34 Define the following terms: Substance or drug abuse, Substance or drug dependence, Tolerance, Withdrawal, Addiction
- 49.35 List the most commonly abused drugs (both by chemical name and street names).
- 49.36 Describe the pathophysiology of commonly used drugs.
- 49.37 Recognize the signs and symptoms related to the most commonly abused drugs.
- 49.38 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for patients using the most commonly abused drugs.
- 49.39 List the clinical uses, street names, pharmacology, assessment finding and management for patient who have taken the following drugs or been exposed to the following substances: Cocaine, marijuana and cannabis compounds, Amphetamines and amphetamine-like drugs, Barbiturates, Sedative-hypnotics, Cyanide, Narcotics/opiates, cardiac medications, Caustics, common household substances, Drugs abused for sexual purposes/sexual gratification, Carbon monoxide, Alcohols, Hydrocarbons, Psychiatric medications, Newer anti-depressants and serotonin syndromes, Lithium, MAO inhibitors, Non-prescription pain medications, Nonsteroidal anti-inflammatory agents, Salicylates, Acetaminophen, Theophylline, Metals, Plants and mushrooms
- 49.40 Discuss common causative agents, pharmacology, assessment findings and management for a patient with food poisoning.
- 49.41 Discuss common offending organisms, pharmacology, assessment findings and management for a patient with a bite or sting.
- 49.42 Develop a patient management plan based on field impression in the patient exposed to a toxic substance.

- 50.0 Implement the proper treatment plan for a patient with a suspected hematopoietic patient. – At the completion of this unit, the paramedic student will be able to integrate the pathophysiological principles of the hematopoietic system to formulate a field impression and implement a treatment plan. At the completion to this unit, the paramedic student will be able to:
- 50.01 Identify the anatomy of the hematopoietic system.
  - 50.02 Describe volume and volume-control related to the hematopoietic system.
  - 50.03 Describe normal red blood cell (RBC) production, function and destruction.
  - 50.04 Explain the significance of the hematocrit with respect to red cell size and number.
  - 50.05 Explain the correlation of the RBC count, hematocrit and hemoglobin values.
  - 50.06 Define anemia.
  - 50.07 Describe normal white blood cell (WBC) production, function and destruction.
  - 50.08 Identify alterations in immunologic response.
  - 50.09 List the leukocyte disorders.
  - 50.10 Describe platelets with respect to normal function, life span and numbers.
  - 50.11 Describe the components of the hemostatic mechanism.
  - 50.12 Describe the function of coagulation factors, platelets and blood vessels necessary for normal coagulation.
  - 50.13 Identify blood groups.
  - 50.14 Identify the components of physical assessment as they relate to the hematologic system.
  - 50.15 Describe the pathology and clinical manifestations and prognosis associated with Anemia, Leukemia, Lymphomas, Polycythemia, Disseminated intravascular coagulopathy Hemophilia, Sickle cell disease, Multiple myeloma
  - 50.16 Integrate pathophysiological principles into the assessment of a patient with hematologic disease.
  - 50.17 Perform an assessment of the patient with hematologic disorder.
- 51.0 Implement the proper treatment plan for a patient with a suspected environmental problem. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with an environmentally induced or exacerbated medical or traumatic condition. At the completion of this unit, the paramedic student will be able to:
- 51.01 Define "environmental emergency."
  - 51.02 Identify environmental factors that may cause illness or exacerbate a preexisting illness.
  - 51.03 Identify environmental factors that may complicate treatment or transport decisions.
  - 51.04 List the principal types of environmental illnesses.
  - 51.05 Describe several methods of temperature monitoring.
  - 51.06 Identify the components of the body's thermoregulatory mechanism.
  - 51.07 Describe the general process of thermal regulation, including substances used and wastes generated.
  - 51.08 Describe the body's compensatory process for over heating.
  - 51.09 Describe the body's compensatory process for excess heat loss.
  - 51.10 List the common forms of heat and cold disorders.

- 51.11 Integrate the pathophysiological principles and complicating factors common to environmental emergencies and discuss differentiating features between emergent and urgent presentations.
- 51.12 Relate symptomatic findings to the commonly used terms: heat cramps, heat exhaustion, and heatstroke.
- 51.13 Describe the contribution of dehydration to the development of heat disorders.
- 51.14 Describe the differences between classical and exertional heatstroke.
- 51.15 Define fever and discuss its pathophysiologic mechanism.
- 51.16 Discuss the role of fluid therapy in the treatment of heat disorders.
- 51.17 Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient who has dehydration, heat exhaustion, or heatstroke.
- 51.18 Describe the pathophysiology of hypothermia.
- 51.19 Identify differences between mild and severe hypothermia.
- 51.20 Describe differences between chronic and acute hypothermia.
- 51.21 List signs and symptoms of hypothermia.
- 51.22 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient who has either mild or severe hypothermia.
- 51.23 Define frostbite.
- 51.24 Define superficial frostbite (frostnip).
- 51.25 Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with superficial or deep frostbite.
- 51.26 Define near-drowning.
- 51.27 List signs and symptoms of near-drowning.
- 51.28 Describe the lack of significance of fresh versus saltwater immersion, as it relates to near-drowning.
- 51.29 Discuss the incidence of "wet" versus "dry" drownings and the differences in their management.
- 51.30 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the near-drowning patient.
- 51.31 Define self contained underwater breathing apparatus (SCUBA).
- 51.32 Describe the pathophysiology of diving emergencies.
- 51.33 Define decompression illness (DCI).
- 51.34 Identify the various conditions that may result from pulmonary over-pressure accidents.
- 51.35 List signs and symptoms of diving emergencies.
- 51.36 Describe the function of the Divers Alert Network (DAN) and how its members may aid in the management of diving related illnesses.
- 51.37 Differentiate among the various treatments and interventions for the management of diving accidents.
- 51.38 Describe the specific function and benefit of hyperbaric oxygen therapy for the management of diving accidents.
- 51.39 Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a management plan for the patient who has had a diving accident.
- 51.40 Develop a patient management plan based on the field impression of the patient affected by an environmental emergency.

- 52.0 Implement the proper treatment plan for a patient with a suspected infectious and/or communicable disease. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a management plan for the patient with infectious and communicable diseases. At the completion of this unit, the paramedic student will be able to:
- 52.01 Review the specific anatomy and physiology pertinent to infectious and communicable diseases.
  - 52.02 List and describe the steps of an infectious process.
  - 52.03 List and describe infectious agents, including bacteria, viruses, fungi, protozoans, and helminths (worms).
  - 52.04 Describe host defense mechanisms against infection.
  - 52.05 Describe characteristics of the immune system, including the categories of white blood cells, the reticuloendothelial system (RES), and the complement system.
  - 52.06 Describe and discuss the rationale for the various types of PPE.
  - 52.07 Describe the assessment of a patient suspected of, or identified as having, an infectious/communicable disease.
  - 52.08 Discuss the proper disposal of contaminated supplies (sharps, gauze sponges, tourniquets, etc.).
  - 52.09 Discuss disinfection of patient care equipment, and areas in which care of the patient occurred.
  - 52.10 Discuss the following relative to HIV - causative agent, body systems affected and potential secondary complications, modes of transmission, the seroconversion rate after direct significant exposure, susceptibility and resistance, signs and symptoms, specific patient management and personal protective measures, and immunization.
  - 52.11 Discuss Hepatitis A (infectious hepatitis), including the causative agent, body systems affected and potential secondary complications, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization.
  - 52.12 Discuss Hepatitis B (serum hepatitis), including the causative agent, the organ affected and potential secondary complications, routes of transmission, signs and symptoms, patient management and protective measures, and immunization.
  - 52.13 Discuss Hepatitis C, including the causative agent, the organ affected, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization and control measures.
  - 52.14 Discuss Hepatitis D (Hepatitis delta virus), including the causative agent, the organ affected, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization and control measures.
  - 52.15 Discuss Hepatitis E, including the causative agent, the organ affected, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization and control measures.
  - 52.16 Discuss tuberculosis, including the causative agent, body systems affected and secondary complications, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization and control measures.
  - 52.17 Discuss meningococcal meningitis (spinal meningitis), including causative organisms, tissues affected, modes of transmission, susceptibility and resistance,

- signs and symptoms, patient management and protective measures, and immunization and control measures.
- 52.18 Discuss pneumonia, including causative organisms, body systems affected, routes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization.
- 52.19 Discuss tetanus, including the causative organism, the body system affected, modes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization.
- 52.20 Discuss chickenpox, including the causative organism, the body system affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization and control measures.
- 52.21 Discuss mumps, including the causative organism, the body organs and systems affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization.
- 52.22 Discuss rubella (German measles), including the causative agent, the body tissues and systems affected, modes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization.
- 52.23 Discuss measles (rubeola, hard measles), including the causative organism, the body tissues, organs, and systems affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization.
- 52.24 Discuss influenza, including causative organisms, the body system affected, mode of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization.
- 52.25 Discuss mononucleosis, including the causative organisms, the body regions, organs, and systems affected modes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization.
- 52.26 Discuss the characteristics of, and organisms associated with, febrile and afebrile respiratory disease, to include bronchiolitis, bronchitis, laryngitis, croup, epiglottitis, and the common cold.
- 52.27 Discuss gastroenteritis, including the causative organisms, the body system affected, modes of transmission, susceptibility and resistance, signs and symptoms, patient management and protective measures, and immunization.
- 52.28 Consistently demonstrate the use of body substance isolation.
- 52.29 Demonstrate the ability to comply with body substance isolation guidelines.
- 52.30 Perform an assessment of a patient with an infectious/communicable disease.
- 52.31 Effectively and safely manage a patient with an infectious/communicable disease, including airway and ventilation care, support of circulation, pharmacological intervention, transport considerations, psychological support/communication strategies, and other considerations as mandated by local protocol.
- 53.0 Implement the proper treatment plan for a patient with a suspected behavioral emergency. – At the end of this unit, the paramedic student will be able to describe and demonstrate safe, empathetic competence in caring for patients with behavioral emergencies. At the completion of this unit, the paramedic student will be able to:
- 53.01 Define behavior and distinguish between normal and abnormal behavior.
- 53.02 Discuss the prevalence of behavior and psychiatric disorders.

- 53.03 Discuss the factors that may alter the behavior or emotional status of an ill or injured individual.
  - 53.04 Describe the medical legal considerations for management of emotionally disturbed patients.
  - 53.05 Discuss the pathophysiology of behavioral and psychiatric disorders.
  - 53.06 Define the following terms: Affect, Anger, Anxiety, Confusion, Depression, Fear, Mental status, Open-ended questions, Posture
  - 53.07 Describe the verbal techniques useful in managing the emotionally disturbed patient.
  - 53.08 Describe the circumstances when relatives, bystanders and others should be removed from the scene.
  - 53.09 Describe the techniques that facilitate the systematic gathering of information from the disturbed patient.
  - 53.10 Identify techniques for physical assessment in a patient with behavioral problems.
  - 53.11 Describe methods of restraint that may be necessary in managing the emotionally disturbed patient.
  - 53.12 List the risk factors for suicide.
  - 53.13 List the behaviors that may be seen indicating that patient may be at risk for suicide.
  - 53.14 Differentiate between the various behavioral and psychiatric disorders based on the assessment and history.
  - 53.15 Develop a patient management plan based on the field impressions.
  - 53.16 Demonstrate safe techniques for managing and restraining a violent patient.
- 54.0 Implement the proper treatment plan for a patient with a suspected gynecological emergency. – At the end of this unit, the paramedic student will be able to utilize gynecological principles and assessment findings to formulate a field impression and implement the management plan for the patient experiencing a gynecological emergency. At the completion of this unit, the paramedic student will be able to:
- 54.01 Review the anatomic structures and physiology of the female reproductive system.
  - 54.02 Identify the normal events of the menstrual cycle.
  - 54.03 Describe how to assess a patient with a gynecological complaint.
  - 54.04 Explain how to recognize a gynecological emergency.
  - 54.05 Describe the general care for any patient experiencing a gynecological emergency.
  - 54.06 Describe the pathophysiology, assessment, and management of specific gynecological emergencies.
  - 54.07 Value the importance of maintaining a patient's modesty and privacy while still being able to obtain necessary information.
  - 54.08 Defend the need to provide care for a patient of sexual assault, while still preventing destruction of crime scene information.
  - 54.09 Serve as a role model for other EMS providers when discussing or caring for patients with gynecological emergencies.
  - 54.10 Demonstrate how to assess a patient with a gynecological complaint.
  - 54.11 Demonstrate how to provide care for a patient with: Excessive vaginal bleeding, Abdominal pain Sexual assault.

**Course Number: EMS0221**  
**Occupational Completion Point: B**  
**Paramedic (3 of 3) – 338 Hours – SOC Code 31-9099**

- 55.0 Implement the proper treatment plan for a patient with a suspected obstetrical emergency. – At the completion of this unit, the paramedic student will be able to apply an understanding of the anatomy and physiology of the female reproductive system to the assessment and management of a patient experiencing normal or abnormal labor. At the completion of this unit, the paramedic student will be able to:
- 55.01 Review the anatomic structures and physiology of the reproductive system.
  - 55.02 Identify the normal events of pregnancy.
  - 55.03 Describe how to assess an obstetrical patient.
  - 55.04 Identify the stages of labor and the paramedic's role in each stage.
  - 55.05 Differentiate between normal and abnormal delivery.
  - 55.06 Identify and describe complications associated with pregnancy and delivery.
  - 55.07 State indications of an imminent delivery.
  - 55.08 Differentiate the management of a patient with predelivery emergencies from a normal delivery.
  - 55.09 State the steps in the predelivery preparation of the mother.
  - 55.10 State the steps to assist in the delivery of a newborn.
  - 55.11 Describe how to care for the newborn.
  - 55.12 Describe how and when to cut the umbilical cord.
  - 55.13 Discuss the steps in the delivery of the placenta.
  - 55.14 Describe the management of the mother post-delivery.
  - 55.15 Describe the procedures for handling abnormal deliveries.
  - 55.16 Describe the procedures for handling complications of pregnancy.
  - 55.17 Describe the procedures for handling maternal complications of labor.
  - 55.18 Describe special considerations when meconium is present in amniotic fluid or during delivery.
  - 55.19 Describe special considerations of a premature baby.
  - 55.20 Demonstrate how to assess an obstetric patient.
  - 55.21 Demonstrate how to provide care for a patient with: Excessive vaginal bleeding, Abdominal pain Hypertensive crisis
  - 55.22 Demonstrate how to prepare the obstetric patient for delivery.
  - 55.23 Demonstrate how to assist in the normal cephalic delivery of the fetus.
  - 55.24 Demonstrate how to deliver the placenta.
  - 55.25 Demonstrate how to provide post-delivery care of the mother.
  - 55.26 Demonstrate how to assist with abnormal deliveries.
  - 55.27 Demonstrate how to care for the mother with delivery complications.
- 56.0 Implement the proper treatment plan for a neonatal emergency. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for a neonatal patient. At the completion of this unit, the paramedic student will be able to:
- 56.01 Define the term neonate.
  - 56.02 Identify important antepartum factors that can affect childbirth.
  - 56.03 Identify important intrapartum factors that can term the newborn high risk.
  - 56.04 Identify the factors that lead to premature birth and low birth weight newborns.

- 56.05 Discuss pulmonary perfusion and asphyxia.
- 56.06 Calculate the APGAR score given various newborn situations.
- 56.07 Determine when ventilatory assistance is appropriate for a newborn.
- 56.08 Prepare appropriate ventilation equipment, adjuncts and technique for a newborn.
- 56.09 Determine when chest compressions are appropriate for a newborn.
- 56.10 Discuss appropriate chest compression techniques for a newborn.
- 56.11 Determine when endotracheal intubation is appropriate for a newborn.
- 56.12 Discuss appropriate endotracheal intubation techniques for a newborn.
- 56.13 Identify complications related to endotracheal intubation for a newborn.
- 56.14 Determine when vascular access is indicated for a newborn.
- 56.15 Discuss the routes of medication administration for a newborn.
- 56.16 Determine when blow-by oxygen delivery is appropriate for a newborn.
- 56.17 Determine when an orogastric tube should be inserted during positive-pressure ventilation.
- 56.18 Discuss the signs of hypovolemia in a newborn.
- 56.19 Discuss the initial steps in resuscitation of a newborn.
- 56.20 Discuss the effects maternal narcotic usage has on the newborn.
- 56.21 Discuss appropriate transport guidelines for a newborn.
- 56.22 Determine appropriate receiving facilities for low and high risk newborns.
- 56.23 Describe the epidemiology, including the incidence, morbidity/ mortality, risk factors and prevention strategies for meconium aspiration.
- 56.24 Discuss the management/treatment plan for meconium aspiration.
- 56.25 Discuss the pathophysiology of apnea in the neonate.
- 56.26 Discuss the assessment findings associated with apnea in the neonate.
- 56.27 Discuss the management/treatment plan for apnea in the neonate.
- 56.28 Describe the epidemiology, including the incidence, morbidity/ mortality and risk factors for bradycardia in the neonate.
- 56.29 Discuss the assessment findings associated with bradycardia in the neonate.
- 56.30 Discuss the management/ treatment plan for bradycardia in the neonate.
- 56.31 Discuss the pathophysiology of premature infants.
- 56.32 Discuss the assessment findings associated with premature infants.
- 56.33 Discuss the management/treatment plan for premature infants.
- 56.34 Discuss the pathophysiology of respiratory distress/ cyanosis in the neonate.
- 56.35 Discuss the assessment findings associated with respiratory distress/ cyanosis in the neonate.
- 56.36 Discuss the management/treatment plan for respiratory distress/ cyanosis in the neonate.
- 56.37 Discuss the pathophysiology of seizures in the neonate.
- 56.38 Discuss the assessment findings associated with seizures in the neonate.
- 56.39 Discuss the management/treatment plan for seizures in the neonate.
- 56.40 Discuss the pathophysiology of fever in the neonate.
- 56.41 Discuss the assessment findings associated with fever in the neonate.
- 56.42 Discuss the management/treatment plan for fever in the neonate.
- 56.43 Discuss the pathophysiology of hypothermia in the neonate.
- 56.44 Discuss the assessment findings associated with hypothermia in the neonate.
- 56.45 Discuss the management/treatment plan for hypothermia in the neonate.
- 56.46 Discuss the pathophysiology of hypoglycemia in the neonate.
- 56.47 Discuss the assessment findings associated with hypoglycemia in the neonate.
- 56.48 Discuss the management/treatment plan for hypoglycemia in the neonate.
- 56.49 Discuss the pathophysiology of vomiting in the neonate.

- 56.50 Discuss the assessment findings associated with vomiting in the neonate.
  - 56.51 Discuss the management/treatment plan for vomiting in the neonate.
  - 56.52 Discuss the pathophysiology of common birth injuries in the neonate.
  - 56.53 Discuss the assessment findings associated with common birth injuries in the neonate.
  - 56.54 Discuss the management/treatment plan for common birth injuries in the neonate.
  - 56.55 Discuss the pathophysiology of cardiac arrest in the neonate.
  - 56.56 Discuss the assessment findings associated with cardiac arrest in the neonate.
  - 56.57 Discuss the management/treatment plan for cardiac arrest in the neonate.
  - 56.58 Discuss the pathophysiology of post arrest management of the neonate.
  - 56.59 Discuss the management/treatment plan to stabilize the post arrest neonate.
  - 56.60 Demonstrate preparation of a newborn resuscitation area.
  - 56.61 Demonstrate appropriate assessment technique for examining a newborn.
  - 56.62 Demonstrate appropriate assisted ventilations for a newborn.
  - 56.63 Demonstrate appropriate endotracheal intubation technique for a newborn.
  - 56.64 Demonstrate appropriate chest compression and ventilation technique for a newborn.
  - 56.65 Demonstrate vascular access cannulation techniques for a newborn.
  - 56.66 Demonstrate the initial steps in resuscitation of a newborn.
  - 56.67 Demonstrate blow-by oxygen delivery for a newborn.
- 57.0 Implement the proper treatment plan for the pediatric patient. – At the completion of this unit, the paramedic student will be able to integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the pediatric patient. At the completion of this unit, the paramedic student will be able to:
- 57.01 Identify key growth and developmental characteristics of infants and children and their implications.
  - 57.02 Identify key anatomical and physiological characteristics of infants and children and their implications.
  - 57.03 Describe techniques for successful assessment of infants and children.
  - 57.04 Describe techniques for successful treatment of infants and children.
  - 57.05 Outline differences in adult and childhood anatomy and physiology.
  - 57.06 Identify "normal" age group related vital signs.
  - 57.07 Determine appropriate airway adjuncts for infants and children.
  - 57.08 Discuss complications of improper utilization of airway adjuncts with infants and children.
  - 57.09 Discuss appropriate ventilation devices for infants and children.
  - 57.10 Discuss complications of improper utilization of ventilation devices with infants and children.
  - 57.11 Identify complications of improper endotracheal intubation procedure in infants and children.
  - 57.12 List the indications and methods for gastric decompression for infants and children.
  - 57.13 Differentiate between upper airway obstruction and lower airway disease.
  - 57.14 Describe the general approach to the treatment of children with respiratory distress, failure, or arrest from upper airway obstruction or lower airway disease.
  - 57.15 Discuss the common causes of hypoperfusion in infants and children.
  - 57.16 Identify the major classifications of pediatric cardiac rhythms.

- 57.17 Discuss the primary etiologies of cardiopulmonary arrest in infants and children.
- 57.18 Discuss the appropriate equipment for vascular access in infants and children.
- 57.19 Identify complications of vascular access for infants and children.
- 57.20 Describe the primary etiologies of altered level of consciousness in infants and children.
- 57.21 Identify common lethal mechanisms of injury in infants and children.
- 57.22 Identify infant and child trauma patients who require spinal immobilization.
- 57.23 Discuss fluid management and shock treatment for infant and child trauma patient.
- 57.24 Determine when pain management and sedation are appropriate for infants and children.
- 57.25 Define child abuse.
- 57.26 Define child neglect.
- 57.27 Define sudden infant death syndrome (SIDS).
- 57.28 Discuss the parent/caregiver responses to the death of an infant or child.
- 57.29 Define children with special health care needs.
- 57.30 Discuss basic cardiac life support (CPR) guidelines for infants and children.
- 57.31 Integrate advanced life support skills with basic cardiac life support for infants and children.
- 57.32 Discuss the indications, dosage, route of administration and special considerations for medication administration in infants and children.
- 57.33 Discuss the pathophysiology of respiratory distress/failure in infants and children.
- 57.34 Discuss the assessment findings associated with respiratory distress/ failure in infants and children.
- 57.35 Discuss the management/treatment plan for respiratory distress/failure in infants and children.
- 57.36 Discuss the pathophysiology of hypoperfusion in infants and children.
- 57.37 Discuss the assessment findings associated with hypoperfusion in infants and children.
- 57.38 Discuss the management/treatment plan for hypoperfusion in infants and children.
- 57.39 Discuss the pathophysiology of cardiac dysrhythmias in infants and children.
- 57.40 Discuss the assessment findings associated with cardiac dysrhythmias in infants and children.
- 57.41 Discuss the management/treatment plan for cardiac dysrhythmias in infants and children.
- 57.42 Discuss the pathophysiology of neurological emergencies in infants and children.
- 57.43 Discuss the assessment findings associated with neurological emergencies in infants and children.
- 57.44 Discuss the management/treatment plan for neurological emergencies in infants and children.
- 57.45 Discuss the pathophysiology of trauma in infants and children.
- 57.46 Discuss the assessment findings associated with trauma in infants and children.
- 57.47 Discuss the management/treatment plan for trauma in infants and children.
- 57.48 Discuss the pathophysiology of abuse and neglect in infants and children.
- 57.49 Discuss the assessment findings associated with abuse and neglect in infants and children.
- 57.50 Discuss the management/treatment plan for abuse and neglect in infants and children, including documentation and reporting.
- 57.51 Discuss the pathophysiology of children with special health care needs including technology assisted children.

- 57.52 Discuss the assessment findings associated for children with special health care needs including technology assisted children.
- 57.53 Discuss the management/treatment plan for children with special health care needs including technology assisted children.
- 57.54 Discuss the pathophysiology of SIDS in infants.
- 57.55 Discuss the assessment findings associated with SIDS infants.
- 57.56 Discuss the management/treatment plan for SIDS in infants.
- 57.57 Demonstrate the appropriate approach for treating infants and children.
- 57.58 Demonstrate appropriate intervention techniques with families of acutely ill or injured infants and children.
- 57.59 Demonstrate an appropriate assessment for different developmental age groups.
- 57.60 Demonstrate an appropriate technique for measuring pediatric vital signs.
- 57.61 Demonstrate the use of a length-based resuscitation device for determining equipment sizes, drug doses and other pertinent information for a pediatric patient.
- 57.62 Demonstrate the appropriate approach for treating infants and children with respiratory distress, failure, and arrest.
- 57.63 Demonstrate proper technique for administering blow-by oxygen to infants and children.
- 57.64 Demonstrate the proper utilization of a pediatric non-rebreather oxygen mask.
- 57.65 Demonstrate proper technique for suctioning of infants and children.
- 57.66 Demonstrate appropriate use of airway adjuncts with infants and children.
- 57.67 Demonstrate appropriate use of ventilation devices for infants and children.
- 57.68 Demonstrate endotracheal intubation procedures in infants and children.
- 57.69 Demonstrate appropriate treatment/management of intubation complications for infants and children.
- 57.70 Demonstrate appropriate needle cricothyroidotomy in infants and children.
- 57.71 Demonstrate proper placement of a gastric tube in infants and children.
- 57.72 Demonstrate an appropriate technique for insertion of peripheral intravenous catheters for infants and children.
- 57.73 Demonstrate an appropriate technique for administration of intramuscular, inhalation, subcutaneous, rectal, endotracheal and oral medication for infants and children.
- 57.74 Demonstrate an appropriate technique for insertion of an intraosseous line for infants and children.
- 57.75 Demonstrate age appropriate basic airway clearing maneuvers for infants and children with a completely obstructed airway.
- 57.76 Demonstrate proper technique for direct laryngoscopy and foreign body retrieval in infants and children with a completely obstructed airway.
- 57.77 Demonstrate appropriate airway and breathing control maneuvers for infant and child trauma patients.
- 57.78 Demonstrate appropriate immobilization techniques for infant and child trauma patients.
- 57.79 Demonstrate treatment of infants and children with head injuries.
- 57.80 Demonstrate appropriate treatment of infants and children with chest injuries.
- 57.81 Demonstrate appropriate treatment of infants and children with abdominal injuries.
- 57.82 Demonstrate appropriate treatment of infants and children with extremity injuries.
- 57.83 Demonstrate appropriate treatment of infants and children with burns.
- 57.84 Demonstrate appropriate parent/caregiver interviewing techniques for infant and child death situations.

- 57.85 Demonstrate proper infant CPR.
  - 57.86 Demonstrate proper child CPR.
  - 57.87 Demonstrate proper techniques for performing infant and child defibrillation and synchronized cardioversion.
- 58.0 Implement the proper treatment plan for the geriatric patient. – At the completion of this unit, the paramedic student will be able to integrate the pathophysiological principles and the assessment findings to formulate and implement a treatment plan for the geriatric patient. At the completion of this unit, the paramedic student will be able to:
- 58.01 Discuss common emotional and psychological reactions to aging to include causes and manifestations.
  - 58.02 Discuss the problems with mobility in the elderly and develop strategies to prevent falls.
  - 58.03 Discuss factors that may complicate the assessment of the elderly patient.
  - 58.04 Describe principles that should be employed when assessing and communicating with the elderly.
  - 58.05 Discuss common complaints of elderly patients.
  - 58.06 Discuss the impact of polypharmacy and medication non-compliance on patient assessment and management.
  - 58.07 Discuss medication issues of the elderly including polypharmacy, dosing errors and increased drug sensitivity.
  - 58.08 Discuss the assessment of the elderly patient with pulmonary complaints, including pneumonia, chronic obstructive pulmonary diseases, and pulmonary embolism.
  - 58.09 Identify the need for intervention and transport of the elderly patient with pulmonary complaints.
  - 58.10 Develop a treatment and management plan of the elderly patient with pulmonary complaints, including pneumonia, chronic obstructive pulmonary diseases, and pulmonary embolism.
  - 58.11 Discuss the assessment of the elderly patient with complaints related to the cardiovascular system, including myocardial infarction, heart failure, dysrhythmias, aneurism, and hypertension.
  - 58.12 Develop a treatment and management plan of the elderly patient with cardiovascular complaints, including myocardial infarction, heart failure, dysrhythmias, aneurism and hypertension.
  - 58.13 Discuss the assessment of the elderly patient with complaints related to the nervous system, including cerebral vascular disease, delirium, dementia, Alzheimer's disease and Parkinson's disease.
  - 58.14 Develop a treatment and management plan of the elderly patient with complaints related to the nervous system, including cerebral vascular disease, delirium, dementia, Alzheimer's disease and Parkinson's disease.
  - 58.15 Describe the epidemiology for endocrine diseases in the elderly, including incidence, morbidity/mortality, risk factors, and prevention strategies for patients with diabetes and thyroid diseases.
  - 58.16 Discuss the assessment of the elderly patient with complaints related to the endocrine system, including diabetes and thyroid diseases.
  - 58.17 Develop a treatment and management plan of the elderly patient with endocrine problems, including diabetes and thyroid diseases.
  - 58.18 Develop and execute a treatment and management plan of the elderly patient with gastrointestinal problems.

- 58.19 Develop and execute a treatment and management plan of the elderly patient with toxicological problems.
  - 58.20 Discuss the management/considerations when treating an elderly patient with drug and alcohol abuse.
  - 58.21 Develop and execute a treatment and management plan of the elderly patient with environmental considerations.
  - 58.22 Develop a treatment and management plan of the elderly psychiatric patient, including depression and suicide.
  - 58.23 Discuss the assessment findings common in elderly patients with traumatic injuries, including orthopedic injuries, burns and head injuries.
  - 58.24 Discuss the management/considerations when treating an elderly patient with traumatic injuries, including orthopedic injuries, burns and head injuries.
  - 58.25 Demonstrate the ability to assess a geriatric patient.
  - 58.26 Demonstrate the ability to adjust their assessment to a geriatric patient.
- 59.0 Implement the proper treatment plan for a patient who has sustained abuse or assault. – At the completion of this unit, the paramedic student will be able to integrate the assessment findings to formulate a field impression and implement a treatment plan for the patient who has sustained abuse or assault. At the completion of this unit, the paramedic student will be able to:
- 59.01 Discuss the incidence of abuse and assault.
  - 59.02 Describe the categories of abuse.
  - 59.03 Discuss examples of spouse abuse.
  - 59.04 Discuss examples of elder abuse.
  - 59.05 Discuss examples of child abuse.
  - 59.06 Discuss examples of sexual assault.
  - 59.07 Describe the characteristics associated with the profile of the typical abuser of a spouse.
  - 59.08 Describe the characteristics associated with the profile of the typical abuser of the elder.
  - 59.09 Describe the characteristics associated with the profile of the typical abuser of children.
  - 59.10 Describe the characteristics associated with the profile of the typical assailant of sexual assault.
  - 59.11 Identify the profile of the "at-risk" spouse.
  - 59.12 Identify the profile of the "at-risk" elder.
  - 59.13 Identify the profile of the "at-risk" child.
  - 59.14 Discuss the assessment and management of the abused patient.
  - 59.15 Discuss the legal aspects associated with abuse situations.
  - 59.16 Discuss the documentation associated with abused and assaulted patient.
  - 59.17 Demonstrate the ability to assess a spouse, elder or child abused patient.
  - 59.18 Demonstrate the ability to assess a sexually assaulted patient.
- 60.0 Implement the proper treatment plan for a variety of diverse patients with a suspected emergency. – At the completion of this unit the paramedic student will be able to integrate pathophysiological and psychosocial principles to adapt the assessment and treatment plan for diverse patients and those who face physical, mental, social and financial challenges. At the completion of this unit, the paramedic student will be able to:
- 60.01 Recognize the patient with a hearing impairment.

- 60.02 Anticipate accommodations that may be needed in order to properly manage the patient with a hearing impairment.
  - 60.03 Recognize the patient with a visual impairment.
  - 60.04 Describe the various etiologies and types of speech impairments.
  - 60.05 Recognize the patient with a speech impairment.
  - 60.06 Describe paraplegia/quadriplegia.
  - 60.07 Describe the various etiologies of mental illness.
  - 60.08 Recognize the presenting signs of the various mental illnesses.
  - 60.09 Recognize the patient with a developmental disability.
  - 60.10 Recognize the patient with Down's syndrome.
  - 60.11 Describe the various etiologies of emotional impairment.
  - 60.12 Recognize the patient with an emotional impairment.
  - 60.13 Describe the following diseases/illnesses: Arthritis, Cancer, Cerebral palsy, Cystic fibrosis Multiple sclerosis, Muscular dystrophy, Myasthenia gravis, Poliomyelitis, Spina bifida, patients with a previous head injury
  - 60.14 Identify the possible presenting sign(s) for the following diseases/illnesses: Arthritis, Cancer, Cerebral palsy, Cystic fibrosis, Multiple sclerosis, Muscular dystrophy, Myasthenia gravis, Poliomyelitis, Spina bifida, and patients with a previous head injury.
  - 60.15 Identify a patient that is terminally ill.
  - 60.16 Identify a patient with a communicable disease.
  - 60.17 Recognize the presenting signs of a patient with a communicable disease.
  - 60.18 Recognize sign(s) of financial impairments.
- 61.0 Implement the proper treatment plan for the chronic care patient. – At the completion of this unit, the paramedic student will be able to integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the acute deterioration of a chronic care patient. At the completion of this unit, the paramedic student will be able to:
- 61.01 Identify the importance of home health care medicine as related to the ALS level of care.
  - 61.02 Differentiate between the role of EMS provider and the role of the home care provider.
  - 61.03 Discuss the aspects of home care that result in enhanced quality of care for a given patient.
  - 61.04 Discuss the aspects of home care that have a potential to become a detriment to the quality of care for a given patient.
  - 61.05 List complications commonly seen in the home care patients, which result in their hospitalization.
  - 61.06 Define hospice care, comfort care and DNR/DNAR as they relate to local practice, law and policy.
  - 61.07 List the stages of the grief process and relate them to an individual in hospice care.
  - 61.08 Given a series of home care scenarios, determine which patients should receive follow-up home care and which should be transported to an emergency care facility.
  - 61.09 Describe airway maintenance devices typically found in the home care environment.
  - 61.10 Describe devices that provide or enhance alveolar ventilation in the home care setting.

- 61.11 List vascular access devices found in the home care setting.
  - 61.12 Describe complications of assessing each of the airway, vascular access, and GI/GU devices described above.
  - 61.13 Describe the indications and contraindications for urinary catheter insertion in an out-of-hospital setting.
  - 61.14 Identify the proper anatomy for placement of urinary catheters in males or females.
  - 61.15 Identify failure of GI/GU devices found in the home care setting.
  - 61.16 Identify failure of ventilatory devices found in the home care setting.
  - 61.17 Identify failure of vascular access devices found in the home care setting.
  - 61.18 Identify failure of drains.
  - 61.19 Discuss the rights of the terminally ill.
  - 61.20 Observe for an infected or otherwise complicated venous access point.
  - 61.21 Demonstrate proper tracheotomy care.
  - 61.22 Demonstrate the insertion of a new inner cannula and/or the use of an endotracheal tube to temporarily maintain an airway in a tracheostomy patient.
  - 61.23 Demonstrate proper technique for drawing blood from a central venous line.
  - 61.24 Demonstrate the method of accessing vascular access devices found in the home health care setting.
- 62.0 Implement the proper treatment plan for patients with common complaints. – At the completion of this unit, the paramedic student will be able to integrate the principles of assessment based management to perform an appropriate assessment and implement the management plan for patients with common complaints. At the completion of this unit, the paramedic student will be able to:
- 62.01 Explain how the paramedic's attitude affects assessment and decision making.
  - 62.02 Explain how uncooperative patients affect assessment and decision making.
  - 62.03 Explain the roles of the team leader and the patient care person.
  - 62.04 List and explain the rationale for carrying the essential patient care items.
  - 62.05 Explain the general approach to the emergency patient.
  - 62.06 Explain the general approach, patient assessment, differentials, and management priorities for patients, including but not limited to the following problems: chest pain, medical and traumatic cardiac arrest, acute abdominal pain, GI bleed, altered mental status, dyspnea, syncope, seizures, environmental or thermal problems, hazardous material or toxic exposure, trauma or multi-trauma patients, allergic reactions, behavioral problems, obstetric or gynecological problems, and pediatric problems.
  - 62.07 Describe how to effectively communicate patient information face to face, over the telephone, by radio, and in writing.
  - 62.08 While serving as team leader, choreograph the EMS response team, perform a patient assessment, provide local/regionally appropriate treatment, present cases verbally and in writing given a moulaged and programmed simulated patient.
  - 62.09 While serving as team leader, assess a programmed patient or mannequin, consider differentials, make decisions relative to interventions and transportation, provide the interventions, patient packaging and transportation, work as a team and practice various roles, including but not limited to the following common emergencies: chest pain. Cardiac arrest, acute abdominal pain, GI bleed, altered mental status, dyspnea, syncope, seizure, thermal/environmental problems, hazardous materials/toxicology, trauma, allergic reactions/bites/envenomation, behavioral, obstetrical, gynecological and pediatric.

- 63.0 Demonstrate the proper procedures to ensure safe and effective ground and air transport. – At the completion of this unit, the paramedic will understand standards and guidelines that help ensure safe and effective ground and air medical transport. At the completion of this unit, the paramedic student will be able to:
- 63.01 Identify current local and state standards which influence ambulance design, equipment requirements and staffing of ambulances.
  - 63.02 Discuss the importance of completing an ambulance equipment/ supply checklist.
  - 63.03 Discuss the factors to be considered when determining ambulance stationing within a community.
  - 63.04 Describe the advantages and disadvantages of air medical transport.
  - 63.05 Identify the conditions/situations in which air medical transport should be considered.
  - 63.06 Assess personal practices relative to ambulance operations which may affect the safety of the crew, the patient and bystanders.
  - 63.07 Serve as a role model for others relative to the operation of ambulances.
  - 63.08 Value the need to serve as the patient advocate to ensure appropriate patient transportation via ground or air.
  - 63.09 Demonstrate how to place a patient in, and remove a patient from, an ambulance.
- 64.0 Integrate the principles of general incident management and multiple casualty incident management. – At the completion of this unit, the paramedic student will be able to integrate the principles of general incident management and multiple casualty incident (MCI) management techniques in order to function effectively at major incidents. At the completion of this unit, the paramedic student will be able to:
- 64.01 Explain the need for the incident management system (IMS)/incident command system (ICS) in managing emergency medical services incidents.
  - 64.02 Define the term multiple casualty incident (MCI).
  - 64.03 Define the term disaster management.
  - 64.04 Describe essential elements of scene size-up when arriving at a potential MCI.
  - 64.05 Describe the role of the paramedics and EMS systems in planning for MCIs and disasters.
  - 64.06 Describe the functional components of the incident management system in terms of the following: command, finance, logistics, operations and planning.
  - 64.07 Differentiate between singular and unified command and when each is most applicable.
  - 64.08 Describe the role of command.
  - 64.09 Describe the need for transfer of command and procedures for transferring it.
  - 64.10 List and describe the functions of the following groups and leaders in ICS as it pertains to EMS incidents: safety, logistics, rehabilitation, staging, treatment, triage, transportation, extrication/rescue, morgue, and communications.
  - 64.11 Describe the role of the physician at multiple casualty incidents.
  - 64.12 Define triage and describe the principles of triage.
  - 64.13 Describe the START (simple triage and rapid treatment) method of initial triage.
  - 64.14 Define primary and secondary triage.
  - 64.15 Describe techniques used to allocate patients to hospitals and track them.

- 64.16 List and describe the essential equipment to provide logistical support to MCI operations, including but not limited to: Airway, respiratory and hemorrhage control, Burn management, and Patient packaging/immobilization.
  - 64.17 List the physical and psychological signs of critical incident stress.
  - 64.18 Describe the role of critical incident stress management sessions in MCIs.
  - 64.19 Explain the organizational benefits for having standard operating procedures (SOPs) for using the incident management system or incident command system.
  - 64.20 Demonstrate the use of local/regional triage tagging system used for primary and secondary triage.
  - 64.21 Given a classroom simulation of a MCI with 5-10 patients, fulfill the role of triage group leader.
  - 64.22 Given a classroom simulation of a MCI with 5-10 patients, fulfill the role of treatment group leader.
  - 64.23 Given a classroom simulation of a MCI with 5-10 patients, fulfill the role of transportation group leader.
- 65.0 Integrate the principles of rescue awareness management. – At the completion of this unit, the paramedic student will be able to integrate the principles of rescue awareness and operations to safely rescue a patient from water, hazardous atmospheres, trenches, highways, and hazardous terrain. At the completion of this unit, the paramedic student will be able to:
- 65.01 Explain the medical and mechanical aspects of rescue situations.
  - 65.02 Explain the role of the paramedic in delivering care at the site of the injury, continuing through the rescue process and to definitive care.
  - 65.03 Describe the phases of a rescue operation.
  - 65.04 Explain the differences in risk between moving water and flat water rescue.
  - 65.05 Explain the effects of immersion hypothermia on the ability to survive sudden immersion and self rescue.
  - 65.06 Explain the phenomenon of the cold protective response in cold water drowning situations.
  - 65.07 Explain the rescue techniques associated with reach-throw-row-go.
  - 65.08 Given a list of rescue scenarios, identify the victim survivability profile and which are rescue versus body recovery situations.
  - 65.09 Explain the self-rescue position if unexpectedly immersed in moving water.
  - 65.10 Identify components necessary to ensure site safety prior to confined space rescue attempts.
  - 65.11 Explain the hazard of cave-in during trench rescue operations.
  - 65.12 Describe the effects of traffic flow on the highway rescue incident including limited access superhighways and regular access highways.
  - 65.13 List and describe the hazards associated with the following auto/ truck components: energy absorbing bumpers, air bag/supplemental restraint systems, catalytic converters and conventional fuel systems, stored energy, and alternate fuel systems.
  - 65.14 Describe methods for emergency stabilization using rope, cribbing, jacks, spare tire, and come-a-longs for vehicles found on their:
  - 65.15 Describe the electrical hazards commonly found at highway incidents (above and below ground).
  - 65.16 Explain the difference between tempered and safety glass, identify its locations on a vehicle and how to break it safely.
  - 65.17 Explain typical door anatomy and methods to access through stuck doors.

- 65.18 Explain SRS or "air bag" systems and methods to neutralize them.
  - 65.19 Describe the procedure for stokes litter packaging for low angle evacuations.
  - 65.20 Explain techniques to be used in non-technical litter carries over rough terrain.
  - 65.21 Explain non-technical high angle rescue procedures using aerial apparatus.
  - 65.22 Explain assessment procedures and modifications necessary when caring for entrapped patients.
  - 65.23 List the equipment necessary for an "off road" medical pack.
  - 65.24 Explain specific methods of improvisation for assessment, spinal immobilization and extremity splinting.
  - 65.25 Explain the indications, contraindications and methods of pain control for entrapped patients.
  - 65.26 Explain the need for and techniques of thermal control for entrapped patients.
  - 65.27 Develop proficiency in patient packaging and evacuation techniques that pertain to hazardous or rescue environments.
  - 65.28 Demonstrate methods of "stokes" packaging for patients being vertically lifted (high angle), horizontally lifted (low angle), and carried over rough terrain.
  - 65.29 Demonstrate methods of packaging for patients being vertically lifted without stokes litter stretcher packaging.
  - 65.30 Demonstrate litter securing techniques for patients being evacuated by aerial apparatus.
  - 65.31 Demonstrate in-water spinal immobilization techniques.
  - 65.32 Demonstrate donning and properly adjusting a PFD.
- 66.0 Integrate the principles of human hazard awareness. – At the completion of this unit, the paramedic student will have an awareness of the human hazard of crime and violence and the safe operation at crime scenes and other emergencies. At the completion of this unit, the paramedic student will be able to:
- 66.01 Explain specific techniques for risk reduction when approaching the following types of routine EMS scenes: highway encounters, violent street incidents, and residences and "dark houses".
  - 66.02 Describe warning signs of potentially violent situations.
  - 66.03 Describe police evidence considerations and techniques to assist in evidence preservation.
  - 66.04 Demonstrate field contact and cover procedures during assessment and care, evasive tactics, and concealment techniques.
- 67.0 Integrate the principles of general incident management of hazardous materials emergencies. – At the completion of this unit, the paramedic student will be able to evaluate hazardous materials emergencies, call for appropriate resources, and work in the cold zone. At the completion of this unit, the paramedic student will be able to:
- 67.01 Identify resources for substance identification, decontamination and treatment information, including but not limited to the following: poison control center, medical control, material safety data sheets (MSDS), reference textbooks, computer databases (CAMEO), CHEMTREC, technical specialists and agency for toxic substances and disease registry.
  - 67.02 Explain primary and secondary contamination risk.
  - 67.03 List and describe the following routes of exposure: topical, respiratory, gastrointestinal, and parenteral.

- 67.04 Explain how the substance and route of contamination alters triage and decontamination methods.
- 67.05 Explain the limitations of field decontamination procedures.
- 67.06 Explain the use and limitations of personal protective equipment (PPE) in hazardous material situations.
- 67.07 List and explain the common signs, symptoms and treatment for the following substances: corrosives (acids/alkalis), pesticides (carbamates/organophosphates), chemical asphyxiants (cyanide/carbon monoxide), and hydrocarbon solvents (xylene, methylene chloride).
- 67.08 Identify local facilities and resources capable of treating patients exposed to hazardous materials.
- 67.09 Define the following terms and explain their importance to the risk assessment process: boiling point, flammable/explosive limits, flash point, ignition temperature, specific gravity, vapor density, vapor pressure, water solubility, and alpha, beta, and gamma radiation.
- 67.10 Define the following toxicologic terms and their use in the risk assessment process: threshold limit value (TLV), lethal concentration and doses (LD), parts per million/billion (ppm/ppb), immediately dangerous to life and health (IDLH), permissible exposure limit (PEL), permissible exposure limit (PEL), short term exposure limit (TLV-STEL), and ceiling level (TLV-C).
- 67.11 Determine the appropriate level of PPE to include: types, application, use and limitations, and use of chemical compatibility chart.
- 67.12 Explain decontamination procedures when functioning in the following modes: critical patient rapid two step decontamination process and non-critical patient eight step decontamination process.
- 67.13 Explain specific decontamination procedures.
- 67.14 Explain the documentation necessary for Haz-Mat medical monitoring and rehabilitation operations, including the substance, the toxicity and danger of secondary contamination, appropriate PPE and suit breakthrough time, appropriate level of decontamination, appropriate antidote and medical treatment and transportation method.
- 67.15 Given a simulated hazardous substance, use reference material to determine the appropriate actions.
- 67.16 Demonstrate the donning and doffing of appropriate PPE.
- 67.17 Set up and demonstrate an emergency two-step decontamination process.

**APPENDIX B**  
**MASTER PLAN OF INSTRUCTION**  
**PARAMEDIC**

# LAKETECH

2010 - 2011

## Master Plan of Instruction Paramedic

Layne Hendrickson, Program Director



**MISSION:** Lake Technical Center's mission is to meet the educational needs of the community by offering a variety of high quality career-technical training opportunities.

No person shall, on the basis of race, color, creed, religion, sex, age, handicap, marital status, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity under the direction of Lake Technical Charter Board. Lake Technical Center is an Equal Opportunity Institution.

*charting new directions*

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**TABLE OF CONTENTS**  
**Paramedic Master Plan of Instruction**

Introduction .....	1
Paramedic Philosophy .....	1
Test of Adult Basic Education (TABE).....	1
Financial Aid.....	2
Admission Requirements .....	2
Background Screening – Drug Testing .....	3
Insurance .....	3
Tuition.....	4
Attendance Policy .....	4
Safety .....	7
Grading Procedure .....	7
Requirement for Program Completion - Certification .....	8
Reasons for Dismissal from Program .....	8
Core Performance Standards .....	9
Uniform Code .....	9
EMS Department Policies and Procedures .....	10
Description of the Profession .....	14
Job Description.....	14
Plan of Instructional Practices .....	16

## **INTRODUCTION**

The Paramedic Program is designed to establish and maintain appropriate quality education for those wishing to become specialists in pre-hospital emergency medical care. The program is based on the U.S. Department of Transportation 1998 National Standard Curriculum. The curriculum is comprehensive and consists of four components: classroom skills, practice laboratory, clinical experience (hospital), and field internship (ambulance). It is organized to provide the student with knowledge about the acute, critical differences in physiology, pathophysiology, or clinical symptoms as they pertain to pre-hospital emergency medical care of the infant, child, adolescent, adult, and geriatric patient.

Graduates of the program will be eligible to take the State of Florida Certification examination and/or National Registry Certification Paramedic.

## **PARAMEDIC PHILOSOPHY**

We believe the dignity and worth of the individual in our democratic and ever-changing society fosters self-reliance. We must acknowledge individual differences and show respect for the right of the individual to seek fulfillment of spiritual, emotional, mental, physical, and socio-economic needs. In addition to the required skills and knowledge, instruction emphasizes good work habits, desirable personal characteristics, and effective interpersonal relationships, and leads to a productive life as a contributing member of the community.

We believe the paramedic is a specialist in pre-hospital emergency medical care that performs under medical command authority to provide emergency care to acutely ill or injured patients at the site and in other appropriate settings, which are under physician control.

We believe the paramedic curriculum must be competency-based and include formal course work skills, practice laboratories, clinical rotations, and field experiences. The competencies include, but are not limited to, recognition, assessment, and management of medical emergencies under the direction of a physician.

We believe continuous evaluation of a student's progress is necessary in measuring the effectiveness of the instruction and in achieving the stated objectives of the program.

We further believe paramedic education is a continuous process, which must persist after completion of the program to keep the practitioner accountable for and alert to current trends and practices in the care of ill or injured patients.

## **TEST OF ADULT BASIC EDUCATION (TABE)**

The Florida Legislature requires that students without an applied associate's degree or higher be tested using the Test of Adult Basic Education (TABE) to determine levels of reading, math, and language skills. This test is given prior to entering the program and helps staff and student in determining the career fields in which each student can be successful.

According to Florida Department of Education rules, students who fail all or parts of the TABE may only retest using a different TABE version after at least 60 documented hours of remediation in the Vocational Preparatory Instruction (VPI) lab or 6 weeks, whichever is sooner. Students may not retake the same test version for six months. We therefore strongly recommend that students test early, especially for licensure programs, in order to allow time for remediation and retesting should the need arise.

Students who do not meet the State mandated minimum TABE exit scores for their program are considered to be enrolled under “Ability to Benefit” status (see catalog) and must begin attending remediation classes in the VPI lab within two weeks of enrollment, regularly attend VPI classes outside of their program hours and make acceptable progress as determined by the VPI instructor. Students who do not meet TABE scores may not receive a certificate of completion as per Florida Department of Education rules.

## **FINANCIAL AID**

Scholarships, grants and limited in-house scholarships are available to eligible students from federal and local sources through the Financial Aid Office. Students should be aware that the application for financial aid should be completed as early of possible. If the application process is not completed at least one month prior to the start of class students should be prepared to pay tuition until verification of eligibility can be completed. Referrals to local agencies for additional support may be made. Applications and information are provided through the Financial Aid Office.

Financial Aid personnel are available daily to assist students with financial aid needs and requests. The Financial Aid Coordinator is also the liaison for all local agencies.

## **ADMISSION REQUIREMENTS**

The paramedic program is available only to Florida-certified emergency medical technicians or emergency medical technician applicants who will obtain Florida certification prior to completion of phase one of the paramedic program. Phase I is defined as completion of A&P, Modules I, II, III.

To be considered for admission to the Paramedic Program, in addition to the above-noted criteria, the applicant must have the following prerequisites.

1. High school diploma or its equivalent (GED)
2. Valid Florida driver's license
3. Current State of Florida EMT Certification
4. Current American Heart Association or Red Cross certification in “professional” BLS or an equivalent

The paramedic application is considered complete when the following information is included:

1. LTC application
2. Official transcript of high school diploma or its equivalent.
3. TABE scores of 11 or greater\* (unless exempt; proof of college degree required)
4. Applicant information sheet
5. Names and addresses of three (3) professional references
6. Photocopy of current EMT certification
7. Photocopy (front & back) of current “professional” CPR card
8. Photocopy of driver’s license
9. Verification of financial aid application or waiver
10. Work experience letter from current employer
11. Submit a completed residency form with documentation to the Admissions Office
12. Have a negative drug screening (to be done at the start of the program)

\*Students with TABE scores less than 11 please review TABE information beginning on page 1.

Program admission is based on:

- References
- Related EMS experience
- Educational experience

Acceptance and continuance into the program is conditional based upon results of a physical exam, background check, and random drug screen.

### **Re-admission**

At the direction of the EMS Department faculty and the Center's administration, students in good standing who withdraw from the paramedic program prior to program completion may reapply to the subsequent program. Students will be allowed to repeat only one time. Students exiting for clinical failure will not be considered for readmission.

Readmission is contingent upon the following:

1. Applicants for readmission prior to successful completion of the first semester will be required to start at the beginning of the paramedic program.
2. Students in good standing who withdraw during the second semester, after successful completion of the program's first semester, may reapply to the second semester of the subsequent program.
3. Students applying for readmission will be admitted on a space available basis.

## **BACKGROUND SCREENING – DRUG TESTING**

The Agency for Health Care Administration requires all employees and other individuals (students) whose responsibilities may require them to provide personal care or services to residents or has access to their living area or personal property to undergo a background screening. A student whose background screening reveals prior arrest incidents will be counseled regarding a retention program and potential employment opportunities. The healthcare profession recognizes that substance abuse among its members is a serious problem that may compromise the ability of the abuser and jeopardize the safety of patients entrusted to their care. The Center, in its effort to maintain high standards of education and clinical practice and to comply with requirements mandated by cooperating clinical facilities, has implemented a drug-testing program.

If at any time during a pre-clinical screening, random screening or reasonable cause screening, a student refuses to be tested, the student will be withdrawn from the program. If at any time the student's drug test is positive, or a negative dilute and has not been medically approved, the student will be withdrawn from the program.

## **INSURANCE**

All students are required to purchase professional liability insurance through the school.

As a clinical requirement, students must show proof of accident insurance. Any student who does not have proof of private health care insurance may purchase the school accident insurance to fulfill this requirement. This insurance is provided at a very reasonable cost and provides coverage during required EMS course functions. Information regarding purchase of school accident insurance will be provided during new student orientation or in the Admissions Office.

## TUITION

Tuition is charged for adult students at a reasonable rate that may vary slightly from year to year. Current fee information is available from the Admissions Office. Tuition is due prior to the first day of each semester. Failure to pay all fees due at the time class begins will result in the student not being able to attend class and/or clinicals.

## ATTENDANCE POLICY

In an effort to develop appropriate work ethics, Lake Technical Center students are expected to attend all class sessions. As is expected in the workplace, when it is necessary to be absent due to illness or emergency situations, all students are to notify the instructor on or before the date of absence.

The expectation of Lake Technical Center is that all students will be in attendance each day of the scheduled program. The student attendance code for each postsecondary program is consistent with industry standards as recommended by the program advisory committee and approved by the administration of Lake Technical Center.

Excessive absences may result in an unsatisfactory knowledge, skills, and/or work habits grade and can result in termination from the program.

Campus attendance is kept via a computerized system. It is the responsibility of the student to **log in and out** in order to receive credit for class time. This allows the school to keep accurate attendance records for the actual number of hours and minutes attended.

In Florida, public technical centers are on a clock-hour rather than a credit hour system and are thus required by federal financial aid guidelines to have and adhere to an attendance policy. In addition, students should understand that in-state tuition only pays for approximately 25% of the cost of education, with the state taxpayers contributing the other 75%.

### Absences

As a licensure program, attendance is taken very seriously. Any student whose absences exceed 3% of the cumulative number of hours will be placed on probation. The purpose of probation is to formally notify and appropriately document any existing condition that is jeopardizing the ability of a student to successfully complete the Paramedic program. Students missing more than 5% of program hours will be recommended to be dismissed from the program.

Students applying for readmissions will be admitted on a space available basis in the subsequent program.

A student who is absent, excused or unexcused, for six (6) consecutive class sessions will be withdrawn from membership in their program. Students must re-register during the next enrollment period in order to return to school. A School Intervention Team will review all applications for reenrollment.

Only regularly scheduled class hours will be reported for attendance. Make-up time will not be accepted.

Attendance is very important in the Paramedic program. Absences and tardiness are significant areas of interest by potential employers such that any violation of the above will significantly lower the student's work habits grade as outlined in the department's grading policy.

A student who finds it necessary to be absent MUST notify the EMS Programs Department at least one hour prior to the start of class that day. Failure of notification will result in:

1. a verbal reprimand at the first no-call, no-show
2. a written reprimand and meeting with the EMS Director for the second no-call, no-show
3. a School Intervention Team meeting (SIT) and academic probation for the third no-call, no-show

### **Tardiness**

Students are expected to be in their seats promptly in the morning, after break, and after lunch. Students must notify the EMS Administrative Assistant of any expected tardiness and of an expected arrival time. Any student who is tardy and/or leaves early for 20% or more of the number of days scheduled for any given half-semester will be placed on academic probation. Probationary status will terminate when the number of tardies/early departures no longer exceeds 20% of the completed scheduled attendance days.

### **Testing Policy**

If the student misses a scheduled exam, the student must contact the EMS Director by 10:00 a.m. the next business day (a business day is Monday – Friday, 8 a.m. – 5 p.m.) to make arrangements. The exam must be taken prior to the next scheduled class date or at the discretion of the EMS Director. The student will not be allowed to make up more than four (4) missed exams. A zero will be issued if the student fails to contact the EMS Director by this time.

If a test is not taken at the regularly scheduled time, students will lose ten points off their grade on that test. Regularly scheduled means the original time and date that a test is scheduled. Students who enter the classroom after any of the testing students leave the classroom will be considered as missing the regularly scheduled time and be subject to the ten-point penalty. Students who arrive late for a test must take the test the same day. The student may be required to take a revised exam at the EMS Director's discretion.

Students with a grade average of less than 80% at module ending will be required to take a module cumulative exam. Students must schedule and take the cumulative within 3 days from the date that test results are received. Students must score an 80% or greater in order to continue in the program. A retake of the cumulative exam is not permitted. Only 2 module cumulative exams will be allowed during the course of the program.

Florida Statute 401.2701 (5) requires students pass a comprehensive final written and practical examination.

Students who fail the final exam, but who pass the program, will be allowed one retake on the final written exam for a passing grade. Students who fail the practical examination will be allowed up to three attempts to pass.

### **Lecture/Classroom Attendance**

The Paramedic program is a thirteen-month, 1100-hour program consisting of 622 classroom hours, 150 clinical hours and 328 internship hours. Classroom dates are based on a 24/48 hour work schedule. Classroom hours are 9:30 a.m. to 4:00 p.m. Any necessary schedule changes will be posted well in advance.

Attendance is taken every session and every student is required to sign in on the Lake Technical Center's computerized attendance program. Students will use the first letter of their first name and the first letter of their last name followed by the last 4 digits of their social security number.

1. Tardiness/Early Dismissal: Students arriving late or who will not be in attendance for class shall call before the start of class to report their name and reason. When students are tardy, they are required to sign

in on the computerized attendance program and the attendance roster and indicate the time they signed in. Students leaving class prior to dismissal must sign out at the time they leave.

2. Absences during practical skills require make-up work to be done at a time not designated for other studies. The student shall demonstrate for the instructor/director the level of skills acquired by other students during the absence.
3. Make-up: All materials and assignments missed during the student's absence must be made up. It is the student's responsibility to meet with the instructor to get missed assignments and handouts.
4. Breaks, lunch period, and release at the end of the day will be designated by the lead instructor.
5. **Attendance at the 4-hour HIV/AIDS training and at the 2-hour instruction on Florida Trauma Registry is mandatory. (Per F.S. 401.2701 5.c.)**
6. **Attendance at the 2-hour Trauma Methodology lecture is mandatory. (Per F.S. 401.2701 5.b.)**
7. Leaving class: No member of the class will be permitted to leave the classroom, clinical site, or field internship without first discussing with and receiving the expressed permission of the lead instructor, or preceptor.

#### **Clinical and Field Internship Attendance**

Hours of clinical instruction will vary with some clinical rotations beginning as early as 6:30 a.m. Most internship rotations will begin at 7:00 a.m. with the student riding fifteen-hour shifts. All schedules will be posted well in advance.

Attendance is taken every session and each student is required to have all required paperwork signed by the instructor or preceptor.

1. If a student is tardy to the clinical or field internship, the instructor will mark unsatisfactory on the appropriate spot of the Clinical/Field Internship Evaluation Form. If a student must leave a clinical/field internship prior to dismissal, the student must have the preceptor sign out on the clinical evaluation form.
2. Any violation of the attendance policy will significantly lower the student's work habits grade as outlined in the department's grading policy.
3. The student will be required to meet the quarterly clinical and internship hour completion phases as assigned at class beginning. Failure to act in accordance with this requirement will result in:
  - a. Meeting with the EMS Program Director for the first failure to comply
  - b. A School Intervention Team meeting (SIT) and academic probation for the second failure to comply.
4. All clinical and field internship hours missed because of the student's absence/tardiness must be re-scheduled as soon as possible. The student is responsible for making arrangement with the EMS Administrative Assistant as to any missed clinical/field internship time.
5. A student who finds it necessary to be absent MUST notify the EMS Administrative Assistant at least 12 hours before the scheduled clinical and internship except in emergency situations. Any clinical or field internship missed without proper notification will result in:
  - a. first no-call no-show – a verbal reprimand
  - b. a second no-call, no-show – a written reprimand and meeting with the EMS Director

- c. a third no-call, no-show – a School Intervention Team (SIT) meeting and academic probation

## **SAFETY**

Basic safety standards, which include fire drills, weather drills, equipment usage, and traffic regulations, will be covered in the program orientation. These basic safety standards will be reinforced throughout the program. See the current school catalog for additional school safety information.

## **GRADING POLICY**

The grading policy for the Lake Technical Center Paramedic Program is as follows:

90 – 100	Excellent
80 – 89	Average
<80	Failing

The grading scale for each postsecondary program will reflect industry standards, as recommended by the advisory committee and approved by the administration of Lake Technical Center. The approved postsecondary program grading requirements must be met if the student is to receive a certificate.

The student's grade is determined by evaluating three equal parts of the student's performance.

Knowledge	33 1/3%
Skills	33 1/3%
Work habits	33 1/3%

For a student to complete the Paramedic Program, the student must successfully complete both the classroom portion and the clinical/field internship portion of the program independent from each other. The grade assigned to each portion of the program is based on the three criteria as listed above. The minimum satisfactory grade for each portion is 80%. Students will be evaluated per module after 50% of that module exams have been taken. Any student with less than the minimum satisfactory grade of 80% will receive a Student Academic Record of Counsel. The student must obtain a cumulative grade of a least 80% per each module.

### **1. Lecture and Classroom**

- a. Knowledge (33 1/3%): Based on written exams and assignments.
- b. Skills (33 1/3%): Based on skill competency examinations.
- c. Work Habits (33 1/3%): Based on professional appearance and behavior, attendance, and classroom participation.

### **2. Clinical and Field internship**

A final grade for the student's clinical and field internship activities is calculated and based on the following criteria:

- a. Knowledge and Skills (66 2/3%) – These required components are very closely integrated in the training and work of a paramedic and therefore will be weighted together to make up this portion of the curriculum. The knowledge and skills grade will encompass the following areas of study:
  - 1. Clinical / field internship chronologies and essays

2. Skills competence
  3. Total clinical/field internship hours
- b. Work Habits (33 1/3%) – This third of the total clinical/field internship grade is based on the following areas:
1. Integrity
  2. Empathy
  3. Self-motivation
  4. Appearance and personal hygiene
  5. Self-confidence
  6. Communication
  7. Time management
  8. Teamwork and diplomacy
  9. Respect
  10. Patient advocacy
  11. Careful delivery of service

### **REQUIREMENTS FOR PROGRAM COMPLETION – CERTIFICATION**

Students must meet the following program requirements for certification:

- Meet minimum TABE recommendations prior to graduation.
- Successfully complete all competencies specified in the program State of Florida curriculum framework.
- Successfully complete both the classroom portion and the clinical/field internship portion of the program independent from each other. The grade assigned to each portion of the program is based on the three criteria as listed above. The minimum satisfactory grade for each portion is 80 percent.

### **REASONS FOR DISMISSAL FROM PROGRAM**

1. Unsatisfactory academic, lab or clinical work.
2. Demonstration of unsafe performance and poor professional judgment in the clinical and internship area such as, but not limited to, endangering a patient's safety by:
  - a. Violating standard safety practices in the care of patients
  - b. Delaying care that is within the student's realm of ability and/or knowledge
  - c. Performing skills or procedures beyond the realm of the student's ability and/or knowledge
3. Being found in any restricted or unauthorized area.
4. Unethical conduct such as fraud, drug abuse, alcohol abuse, breach of confidentiality (HIPAA violation); inappropriate student/patient interaction or interpersonal relation; or aggressive or dishonest behavior to any school or hospital staff member, physician, patient, or other student, defined as follows:
  - a. Aggressive behavior is defined as a forceful, self-assertive action or attitude that is expressed physically, verbally, or symbolically and is manifested by abusive or destructive acts towards oneself or others
  - b. Dishonest behavior is defined as an untruthful, untrustworthy or unreliable action
5. Cheating in any manner
6. Withdrawal from a hospital or participating agency as the result of due process proceedings based upon a written request from the agency that the student be withdrawn
7. Violations of the attendance policy
8. Failure to satisfy identified probationary requirements within the stated time
9. Failure to comply with requirements as stated in the Master Plan of Instruction

## CORE PERFORMANCE STANDARDS

Emergency Medical Services involves the provision of direct care of individuals and is characterized by the application of verified knowledge in the skillful performance of emergency care functions. Paramedic is a practiced discipline with cognitive, sensory, affective, and psychomotor performance requirements. Based on these requirements, a list of Core Performance Standards has been developed.

Critical Thinking	Critical thinking ability sufficient for clinical judgment
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, and intellectual backgrounds
Communication	Communication abilities sufficient for interaction with others in verbal and written form
Mobility	Physical abilities sufficient to move from room to room, maneuver in small spaces, and navigate stairwells
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective emergency care
Hearing	Auditory ability sufficient to monitor and assess health needs
Visual	Visual ability sufficient for observation and assessment necessary in emergency care
Tactile	Tactile ability sufficient for physical assessment

Students unable to demonstrate the Core Performance Standards must notify the EMS Director by the end of the first class day to investigate the feasibility of reasonable accommodations.

### CLASSROOM, LAB, CLINICAL AND FIELD INTERNSHIP UNIFORM CODE

As stated in the Code of Student Conduct approved by the Lake Technical Center Charter School Board, students who attend Lake Technical Center shall dress in a manner appropriate for the job in which they are receiving training, including any special protective gear and professional uniforms. The postsecondary program student dress code is consistent with industry standards as recommended by the program advisory committee and approved by the administration of Lake Technical Center.

**PURPOSE:** A uniform identifies you to the public and hospital staff as an EMS student and presents a professional appearance. In addition, it prevents the possibility of cross contamination by separating street clothes from work clothes.

**All EMS students will strictly follow the uniform code while attending classroom, clinical, or field internship, Failure to present a professional appearance will result in dismissal from the day's activity and an unexcused absence.**

### UNIFORM CODE

1. **Program approved polo shirt:** Shirt must always be cleaned and ironed. It should be open at the neck one button from the collar. (If undershirt is worn it must be consistent with the professional nature of EMS. No patches are to be worn on the shirt.
2. **Dark dress slacks:** Black or navy blue. Slacks must always be clean and ironed. (Cargo pants – no more than 2 pockets.) Jeans are not permitted.

3. **Belts:** Black with simple, unadorned buckle, maintained in relatively new condition.
4. **Dark shoes:** Non-permeable, closed-toe, and hard-soled. Black leather GORE-TEX® boots will be acceptable. No soft leather suede or athletic-type footwear is permitted. If ankles are exposed, solid black socks must be worn. High heels and platforms are unacceptable.
5. **Lake Technical Student ID badge** must be worn at all times when in uniform.
6. **Jewelry:** Must be confined to a watch and wedding or engagement rings (if applicable). Body piercing is not permitted. Body piercing includes, but not limited to: ears, brows, nose, lips, and tongue.
7. **Make-up:** Will be moderately applied. Make-up should be consistent with the professional nature of EMS.
8. **Hair:** Should be cleaned and groomed neatly. Hairstyle and color are to be consistent with the professional nature of EMS; extremes in either parameter will not be allowed. Hair longer than shoulder length (men or women), must be tied back. No hats may be worn in the classroom, lab areas, or during clinical or field internships. Students must be clean shaven. Mustaches are permitted if neatly kept. No other growth of facial hair may be grown during clinical and field internship time.
9. **Fingernails** are to be kept clean and trimmed not to exceed ¼” past the nail tip. Polished nails must be clear or neutral. Bright and dark colors are not permitted. No artificial nails allowed.
10. **Body Art:** All visible tattoos must be covered.
11. **Equipment:** A watch with a second hand, a black ink pen, stethoscope, scissors, safety glasses, and notebook.

**Please remember that strong perfume, hair spray, coffee, cologne, or cigarette smoke may be offensive to many patients and co-workers.**

**All aspects of personal hygiene, including the individual, uniform and undergarments, represent our professional image. Cleanliness and appropriate use of personal hygiene products are important components of professionalism and are expected of all students.**

*It is recommended that the student consider purchasing (2) shirts and (2) pants. Due to the uncertainty of the pre-hospital field environment, stained or torn clothing may prevent you from completing your assigned shift.*

## **EMS DEPARTMENT POLICIES AND PROCEDURES**

### **General Rules for Students\*\***

1. THERE IS TO BE NO FOOD IN THE CLASSROOM, CAPPED WATER BOTTLES ONLY.
2. Students are to be in proper uniform for any class, lab, clinical, internship, or other related school activity unless assigned otherwise.
3. All laboratory equipment should be returned to its proper place after use. Any broken equipment must be reported to the instructor for repairs.
4. The kitchen facilities are for use in instructional programs. When used for this purpose, the instructor and students are responsible for cleanup.
5. Students will not have pagers or cellular phones on their person while in classroom or on Center grounds. No cell phones are allowed in the hospital or clinical setting.
6. Incoming messages will not be delivered to the student during class time except in emergencies.

7. No student is allowed in the instructors' office without permission.
8. Students will provide the proper respect due the instructor in asking questions or making statements.
9. Students are responsible for keeping their individual desk areas policed of trash and in order. Chairs are to be returned to place at the end of each class.
10. Conflicts – at any time that conflict arises, for any reason, during class time or clinical the student is to avoid a serious confrontation at all costs. Right or wrong, students should avoid being part of a bad scenario that would have an impact on the program. Students should report to the instructor or department chairperson immediately and allow one of these individuals to disarm the situation.
11. All injuries and / or illnesses must be reported immediately to the instructor.
12. Students who become ill during class must notify the instructor before leaving the classroom.
13. Profanity and vulgarity will not be tolerated.
14. Use of tobacco products of any kind is prohibited.
15. Students will be asked to leave the classroom, clinical or field internship if there is any subjective or objective assessment that they are under the influence of drugs or alcohol. Students will be immediately sent for drug screening in this situation.
16. Each student is expected to behave in a dignified manner at all times – a manner which conforms to the ethics of the profession and which instills patient confidence in paramedic abilities. Irresponsible, unprofessional, or unethical behavior may result in termination from the program.

**Classroom Rules\*\* – NO CELL PHONES ALLOWED IN CLASS**

Students will:

1. Maintain a neat, clean, appropriate appearance
  - When in uniform, be dressed according to the dress code
  - When not in uniform, wear standard business attire for class or other occasions
  - Refrain from wearing shorts, midriff tops, etc.; these are not appropriate at any time
2. Demonstrate punctuality
  - Notify an instructor prior to expected time regarding tardiness or absences
  - Seek permission and follow procedure to leave early when necessary
  - Return from breaks and meal times at the specified time
3. Respect the rights of others
  - Be attentive and polite
  - Do not talk to neighbors thus preventing others from learning
  - Respect the property of others
  - Be patient and considerate of others
  - Pay attention
  - Think before speaking to avoid misunderstanding
  - Do not talk while others are talking
4. Demonstrate good interpersonal relationships with peers and instructors.
  - Exhibit a congenial and cooperative attitude with others
  - Show respect for instructors and peers
  - Accept others for themselves
5. Contribute to a learning atmosphere
  - Wait for recognition before speaking
  - Do not interrupt class
  - Assist classmates if able and time is appropriate
  - Contribute new or pertinent material on topic when appropriate

6. Make good use of classroom/laboratory time.
  - Do reading or assignments when no lecture or formal class is in progress
  - Practice procedures and be prepared for requested sign-off on procedures
7. Take responsibility for own learning.
  - Come to class prepared by bringing pen, pencil, paper, and books
  - Make up work missed during absence in a timely manner without prompting
  - Complete reading assignments and participate in class discussions
  - Be responsible for all assigned books and equipment
8. Attempt to do the best possible.
  - Try to achieve full potential.
  - Make an effort to answer questions when called upon. There will be no unison responses to questions. The instructor will recognize students before asking a question
  - Use time wisely
  - See the teacher privately to clarify any unclear material
9. Respect school and clinical facility property.
  - Always leave the classroom, laboratory and conference areas neater than found
  - Do not eat, drink, or smoke except in designated areas
  - Do not deface property of others
  - Be proud of your school and remember to be an ambassador to the public.

#### **Clinical/Field Internship Rules\*\***

1. Students are to abide by the policies and procedures of Lake Technical Center, the EMS Department and the facilities utilized by the EMS Department for clinical and internships. Any student not in compliance with the set guidelines may be asked by the lead instructor to leave the clinical or internship facility. The student will not be allowed to return to that clinical or internship. The lead instructor will notify the EMS Director of the event.
2. The paramedic student may not be subject to call or serving as part of the ambulance or fire department required staffing while participating in class, hospital clinical, or field internship. **(64J 1.020(1)(a) Florida Administrative Code)**
3. Students will observe patient care activities and assist only as directed by the instructor or paramedic in charge. Students will perform only patient care that has been covered and completed in his/her present program.
2. Students are not allowed to be alone with patients at any time 64J1.020(1)(b). They must be accompanied by a Lake Tech Instructor, a clinical site employee or an approved preceptor at all times.
3. All school, fire and physician office regulations are to be followed by students during clinical and field internship training.
4. Remember to protect patient privacy and confidential information. What you hear and see is not for general discussion. Any violation of this policy will be considered a serious breach of professional ethics. A Confidentiality Statement with each student's signature is kept on file.
5. Students will attend clinical and field internship according to the clinical and field internship schedule. The EMS Administrative Assistant will do all scheduling. If there is a scheduling conflict, you must

contact the EMS Director or EMS Administrative Assistant during business hours. Schedule changes must be done 24 hours prior to the clinical and field internship time or it will be considered an unexcused absence.

6. Students are authorized to be at the stations only for scheduled times. Please do not arrive early or stay late unless permitted to do so in order to complete a run. Students are not to be in any field internship station unless accompanied by a crewmember or instructor. **IF AN INCIDENT OCCURS WHILE AT A CLINICAL SITE OR FIELD SITE, THE EMS DIRECTOR MUST BE CONTACTED IMMEDIATELY.**
7. Unauthorized clinical and field internships are not allowed. Hours for students attending any clinical or field internship (including scheduled dates but not scheduled stations) without prior approval from the EMS Director will not be counted toward clinical / field internship hours.
8. Students are to occupy only those areas specified for training during clinical and field internships. They are not to be in areas such as the sleep quarters.
9. Students are expected to utilize their time productively (i.e., no watching television, no sleeping, etc.) Students are expected to study or practice with equipment in order to maximize clinical and field internship experiences.
10. Any student not in a proper, professional, maintained uniform will be sent home and he/she will have to reschedule.
11. The student is responsible for providing protective eyewear. During all skills activities, whether in- or outdoor, proper and appropriate personal protective equipment shall be worn. Students will not be permitted to assist in patient extrication or hazardous incident as determined by the incident commander unless the student is dressed in the proper rescue / turnout gear.
12. During a potentially harmful or dangerous patient care situation, students may be required to remain in the vehicle. Please follow this directive without question.
13. Certain records must be maintained in order to document clinical and field internship experiences and skill performance. **It is the responsibility of the student to adequately and accurately maintain these records.**
14. The paramedic / preceptor on duty must approve use of the station telephone by students. Personal cell phones are not to be used during patient care and transport.
15. Students will not drive emergency vehicles.
16. Additional policies and regulations may be established by the school or by the EMS Director during the course of the program. After due and proper notification, students will be expected to comply fully with all regulations.

**\*\* Violation of any of the above may result in disciplinary action up to and including suspension/dismissal from the program.**

## DESCRIPTION OF THE PROFESSION

Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Paramedics primarily provide care to emergency patients in an out-of-hospital setting.

Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the paramedic include public education, health promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the paramedic will function as a facilitator of access to care, as well as an initial treatment provider.

Paramedics are responsible and accountable to medical direction, the public, and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

## JOB DESCRIPTION

### **Main Function**

In accordance with the EMS department manual of rules and regulations, the main function of the paramedic is: to provide quality emergency care to patients requiring ambulance services; to provide safe and effective transportation of patients to and from predetermined locations; to ensure that emergency vehicles and equipment are in a proper state of readiness at all times; and to instruct and assist EMTs on the scene.

### **Duties and Responsibilities**

Under the general supervision of the operations coordinator or paramedic supervisor, the paramedic will do the following:

1. Perform basic and advanced life support and emergency medical techniques as appropriate, following departmental procedures and protocol.
2. Accurately document patient conditions on ambulance records.
3. Demonstrate proficiency in all radio procedures.
4. Demonstrate proficiency in covering area familiarization and response.
5. Demonstrate safe, effective-driving skills.
6. Maintain adequate ambulance records by prompt and accurate recording.
7. Report all vehicle, equipment, or maintenance needs to the shift supervisor.
8. Inform the supervisor of new equipment needs.
9. Maintain the appearance and sanitary condition of vehicles following established procedures.
10. Restock the ambulance after each use.
11. Inventory and inspect rescue equipment and ambulance field supplies, replacing or exchanging used, damaged, outdated, or malfunctioning supplies and equipment, inclusive of the drug box.
12. Attend department meetings, all required in-service training, and advanced life support audits.
13. Assist with the basic life support audits.

14. Assist with the orientation of new ambulance employees to the service activities, policies, and procedures.
15. Assist the paramedic supervisor in assessing the skill level and job performance of ambulance personnel assigned with them.
16. Provide an opportunity for employees to upgrade skills by demonstrating proper methods.
17. Maintain a professional appearance by following the established dress code.
18. Assist with a continuing education program as outlined by the director.
19. Plan and participate in public relations programs as outlined by the director.
20. Assist in public education of first responder programs as outlined by the director.
21. Demonstrate a good working relationship with all department personnel and interrelationships with all hospital personnel, physicians, patients, and families.
22. Refer to supervisory personnel those decisions that are controversial or unnecessarily deplete the service of its normal functioning capacity within its designated coverage area.
23. Maintain a valid Florida driver's license.
24. Maintain a valid BCLS certification.
25. Maintain a valid ACLS certification.
26. Maintain a valid EVOC certification.
27. Maintain a valid extrication certification.
28. Report for duty on time.
29. Adhere to a time schedule.
30. Assume responsibility for professional growth through continuing education and attending seminars and workshops.
31. Perform other duties as assigned by supervisory personnel within the department.

### **Background Requirements**

1. Successful completion of an accredited paramedic-training program, which requires a minimum of 1100 hours
2. Current certification as a paramedic in the State of Florida
3. Certification in BCLS, ACLS and EVOC or CEVO

### **Interrelationships**

The paramedic has constant contact with patient, family members, physicians, students, visitors, enforcement agencies, fire departments, first responders, social service agencies, and other hospital employees.

### **Physical Requirements**

The paramedic must be able to withstand extensive physical exertion such as lifting and carrying heavy patients and equipment for long distances. The paramedic must be able to perform manual extrication of a patient from various sites and scenarios, and be able to perform CPR for extended intervals of time.

### **Work Environment**

The paramedic works within the hospital or ambulance operation premise in well lighted, heated, and ventilated areas. Outside the hospital or ambulance operation premises, the paramedic is exposed to certain risk factors, including mobilization of vehicles in traffic and unpredictable field environments and is subjected to disagreeable odors, disinfectants, and displeasing sights. The paramedic is also subjected to psychological stress associated with the seriously ill or dying patients; possible strains from lifting patients and equipment; possible exposure to cuts from instruments; and exposure to infection and contagious diseases.

## PLAN OF INSTRUCTIONAL PRACTICES

### Teaching Methods

Pre- and post-testing, lecture, demonstration, discussion, group interaction, audio-visual materials, required reading and written assignments, oral reports, role playing, question and answer, unit examinations, skill practice, anatomical models and charts, self-directed learning activity packages, clinical and field internship experiences.

### Teaching and Instructional Aids

Textbooks, workbooks, projects, reports, simulations, hands-on computer experience, video-taped instructions, films, guest speakers, board examples.

### Methods of Teaching Safety

A basic outline of safety standards and practices is covered along with continuous implementation of safety principles. Skills are demonstrated by the student in the lab environment and must meet competency standards prior to performance in the clinical setting.

### Evaluation

Class performance, skills performance, pre- and post-testing, practical test evaluation (labs), required written and workbook assignments, clinical observation of performance objectives during clinical experiences, decision-making, attendance, and work habits are included in a student's evaluation.

### Clinical and Field Internship

Students will receive clinical and field experiences under the direct supervision of their instructor and/or preceptor.

## PARAMEDIC COURSE INFORMATION

### Time Allotted

1100 hours

### Program Faculty

EMS Director:	Layne C. Hendrickson, BS, EMT-P, 589-2250
Medical Director:	Paul Banerjee, DO
EMS Administrative Assistant:	Laura Johnson, 589-2250, ext. 186

### Lectures

- Paramedic Preparatory
- Airway Management
- Patient Assessment
- Anatomy & Physiology
- Trauma Management
- Medical Emergencies
- Special Considerations
- Assessment Based Management
- Operations

**Laboratory** – Paramedic Practicum

**Clinical** – Hospital/Health Care Clinical

## **Field Experience/Field Internship**

### **Required Fees, Books and Supplies**

Tuition \*\*  
Registration Fee\*\*  
Supply Fee\*\*  
Tool Deposit (refunded upon return of safety vest)  
Malpractice Insurance  
Accident Insurance (See insurance)  
Criminal Background Check  
Complete Drug Screening (scheduled after the start of the program)  
Physical  
Approved Polo Shirt  
Protective Eyewear  
Watch with Second Hand  
Bandage Scissors  
Stethoscope  
Safety Glasses  
Course Textbooks and Workbook

\*\*Current tuition and fee information is available from the Admissions Office.

### **Textbooks**

- BASIC ARRHYTHMIAS, 6<sup>th</sup> edition, by Walraven, R. J. Brady Company.
- MOSBY'S PARAMEDIC TEXTBOOK, revised 3<sup>rd</sup> edition, by Mick J. Sanders.
- MOSBY'S PARAMEDIC WORKBOOK revised 3<sup>rd</sup> edition, by Mick J. Sanders.
- BRADY ANATOMY AND PHYSIOLOGY FOR EMERGENCY CARE, 2<sup>nd</sup> edition by Frederic H. Martini, Ph.D.; Edwin F. Bartholomew, M. S.; and Bryan E. Bledsoe, D.O.
- PRE HOSPITAL EMERGENCY PHARMACOLOGY, 6<sup>th</sup> edition, by Bryan E. Bledsoe, Gideon Bosker, and Frank J. Papa, 2002.
- MOSBY'S ACLS QUICK REVIEW STUDY GUIDE, 3ed edition, by Barbara Aehlert, RN