



INSTRUCTIONAL PACKAGE

EMS 109
Emergency Care II

202120

INSTRUCTIONAL PACKAGE

Part I: Course Information

Effective Term: 202120

COURSE PREFIX: 109

COURSE TITLE: Emergency Care II

CONTACT HOURS: 6-3-7

CREDIT HOURS: 7

RATIONALE FOR THE COURSE:

This course is the second in a sequence of courses covering the initial knowledge and skills needed in providing pre-hospital emergency medical care to critically injured and ill patients.

COURSE DESCRIPTION:

PREREQUISITES/CO-REQUISITES:

Prerequisite: 18 years old by the last day of class, HS Diploma or GED
EMS 104

Co-Requisite: EMS 212

REQUIRED MATERIALS:

Please visit the [BOOKSTORE](#) online site for most current textbook information. Use the direct link below to find textbooks.

Enter the semester, course prefix, number and section when prompted and you will be linked to the correct textbook.

ADDITIONAL REQUIREMENTS:

Stethoscope

Watch with second hand

Receives calls from dispatchers, responds verbally to emergency calls, reads maps, drives ambulances to emergency sites, uses most expeditious route, and observes traffic ordinances and regulations. Works as a member of a two-person team.

Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultate breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based upon competency and certification level); may administer intravenous drugs for fluid replacement as directed by a physician and based upon competency and certification level. May use equipment (based upon competency and certification level) such as but not limited to,

defibrillator, electrocardiograph, inserts oral airway adjuncts, maintains open airways and ventilates patients.

Assists with lifting, carrying, and transporting patient in ambulance to a medical facility. Reassures patients and bystanders, avoids mishandling patient and undue haste, and searches for medical identification emblem to aid in care. Extricates patients from entrapment, assess extent of injury, uses prescribed techniques and appliances, radios dispatcher for additional assistance or services, provides light rescue service if required, provides additional emergency care following established protocols.

Complies with regulations in handling deceased, notifies authorities, and arranges for protection of property and evidence at scene. Determines appropriate facility to which patient will be transported, report nature and extent of injuries or illness to the facility, ask for direction from hospital physician or emergency department (based upon competency and certification level). Observes patient enroute and administers care as directed by physician or emergency department or according to published protocol based on competency and certification level. Identifies diagnostic signs that require communication with facility. Assist in removing patient from ambulance and into emergency facility. Reports verbally and in writing observations about and care of patients at the scene and enroute to facility, provides assistance to emergency staff as required.

Replaces supplies, prepares and / or sends used supplies for sterilization and / or disposal in accordance with state and OSHA regulations and published standard operating procedures. Checks all equipment for future readiness, maintains ambulance in operable condition, ensures ambulance cleanliness and orderliness of equipment and supplies, decontaminates vehicle interior determines vehicle readiness by checking oil, gas, water in battery and radiator, and tire pressure, maintains familiarity with all specialized equipment.

ALL EMT's MUST BE ABLE TO PERFORM THESE ESSENTIAL JOB FUNCTIONS:

- Ability to communicate verbally, via telephone and radio equipment.
- Ability to lift, carry, and balance up to 125 pounds (250 pounds with assistance).
- Ability to read and interpret written, oral, and diagnostic form instructions.
- Ability to use good sound judgment and remain calm in high-stress situations.
- Ability to work effectively in an environment with loud noises and flashing lights.
- Ability to function efficiently throughout an entire work shift.
- Ability to calculate weight and volume ratios and read small print, both under life threatening time constraints.
- Ability to read and understand English language manuals and road maps
- Accurately discern street signs and address numbers.
- Ability to interview patient, family members, and bystanders; Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such.
- Ability to converse in English with co-workers and hospital staff as to status of patient.
- Good manual dexterity, with ability to perform all tasks related to highest quality patient care.

- Ability to bend, stoop, and crawl on uneven terrain.
- Ability to withstand varied environmental conditions such as extreme heat, cold, and moisture.
- Ability to work in low light, confined spaces and other dangerous environments.

TECHNICAL REQUIREMENTS:

Access to Desire2Learn (D2L), HGTC's student portal for course materials.
myHGTC and college email access.

STUDENT IDENTIFICATION VERIFICATION:

Students enrolled in online courses will be required to participate in a minimum of one (1) proctored assignment and/or one (1) virtual event to support student identification verification. Please refer to your Instructor Information Sheet for information regarding this requirement.

CLASSROOM ETIQUETTE:

As a matter of courtesy to other students and your professor, please turn off cell phones and other communication/entertainment devices before class begins. The prior information includes the use of your phone for text messaging, social internet access, or other uses not related to the class lecture or lab. If you are monitoring for an emergency, please notify your professor prior to class and switch cell phone to vibrate.

Part II: Student Learning Outcomes

COURSE LEARNING OUTCOMES and ASSESSMENTS*:

Upon completion of the course the student will have been provided with the knowledge and skills necessary to be able to:

1. Utilize universal Precautions while providing patient care.
2. Comprehend the diagnostic signs and symptoms of the patient suffering from a traumatic injury.
3. Perform the necessary steps to properly immobilize a trauma patient.
4. Perform the necessary steps to provide the treatment for shock to a traumatically injured patient.
5. Comprehend the diagnostic signs and symptoms of a patient suffering from an obstetrical emergency.
6. Possess a basic understanding of EMS Operations including patient triage, mass casualty priorities, and hazardous materials awareness.
7. Demonstrate the ability to complete a patient care report including a summation of treatment provided to the receiving facility or transporting ambulance.

****Students – please refer to the Instructor's Course Information sheet for specific information on assessments and due dates.***

Module #1 – Chapters 25-28

Material Covered:

Chapter 25: Trauma Overview

Chapter 26: Bleeding

Chapter 27: Soft-Tissue Injuries

Chapter 28 Face and Neck Injuries

Assessments:

Chapter quizzes located in Desire2Learn/EMS Testing

Chapter Vocabulary Quizzes

Chapter Outlines

Module #1 Test

Chapter 25: Trauma Overview

KNOWLEDGE OBJECTIVES

1. Define the terms mechanism of injury (MOI), blunt trauma, and penetrating trauma. (pp 901, 904)
2. Explain the relationship of the MOI to potential energy, kinetic energy, and work. (pp 901–902)
3. Provide examples of the MOI that would cause blunt and penetrating trauma to occur. (pp 904–915)
4. Describe the five types of motor vehicle crashes, the injury patterns associated with each one, and how each relates to the index of suspicion of life-threatening injuries. (pp 904–911)
5. Discuss the three specific factors to consider during assessment of a patient who has been injured in a fall, plus additional considerations for pediatric and geriatric patients. (pp 912–913)
6. Discuss the effects of high-, medium-, and low-velocity penetrating trauma on the body and how an understanding of each type helps EMTs form an index of suspicion about unseen life-threatening injuries. (pp 913–915)
7. Discuss primary, secondary, tertiary, and miscellaneous blast injuries and the anticipated damage each one will cause to the body. (pp 915–918)
8. Describe multisystem trauma and the special considerations that are required for patients who fit this category. (pp 918–919)
9. Explain the major components of trauma patient assessment; include considerations related to whether the MOI was significant or nonsignificant. (p 920)
10. Discuss the special assessment considerations related to a trauma patient who has injuries in each of the following areas: head, neck and throat, chest, and abdomen. (pp 920–922)
11. Provide a general overview of multisystem trauma patient management. (pp 922–924)
12. Explain trauma patient management in relation to scene time and transport selection. (pp 922–926)
13. List the criteria for the appropriate use of helicopter emergency medical services. (p 924)
14. Discuss the American College of Surgeons Committee on Trauma classification of trauma centers. (pp 922–924)
15. Explain the American College of Surgeons Committee on Trauma and the Centers for Disease Control and Prevention field triage decision scheme as it relates to making an appropriate destination selection for a trauma patient. (pp 922–925)

Chapter 26: Bleeding

KNOWLEDGE OBJECTIVES

1. Describe the general structure of the circulatory system and the function of its parts, including the heart, arteries, veins, and capillaries. (pp 934–937)
2. Explain the significance of bleeding caused by blunt force trauma, including the importance of perfusion. (pp 937–941)
3. Discuss hypovolemic shock as a result of bleeding, including the signs of shock. (pp 940–941)
4. Explain the importance of following standard precautions when treating a patient with external bleeding. (p 938)
5. Describe the characteristics of external bleeding, including the identification of the following types of bleeding: arterial, venous, and capillary. (pp 938–940)

6. Explain how to determine the nature of the illness (NOI) for internal bleeding, including identifying possible traumatic and nontraumatic sources. (p 940)
7. Identify the signs and symptoms of internal bleeding. (pp 940–941)
8. Discuss internal bleeding in terms of the different mechanisms of injury (MOIs) and their associated internal bleeding sources. (p 940)
9. Explain how to conduct a primary assessment, including identification of life threats beyond bleeding, ensuring a patent airway, and making a transport decision. (pp 942–944)
10. Explain how to assess a patient with external or internal bleeding, including the physical examination, vital signs, and the use of monitoring devices. (pp 943–944)
11. Explain the emergency medical care of the patient with external bleeding. (pp 944–954)
12. Explain the emergency medical care of the patient with internal bleeding. (pp 955–956, Skill Drill 26-5)

SKILLS OBJECTIVES

1. Demonstrate the emergency medical care of the patient with external bleeding. (p 947, Skill Drill 26-1)
2. Demonstrate the emergency medical care of the patient with external bleeding using wound packing. (p 948, Skill Drill 26-2)
3. Demonstrate the emergency medical care of the patient with external bleeding using a commercial tourniquet. (p 950, Skill Drill 26-3)
4. Demonstrate emergency medical care of the patient with epistaxis, or nosebleed. (p 953, Skill Drill 26-4)
5. Demonstrate the emergency medical care of the patient who shows signs and symptoms of internal bleeding. (pp 955–956, Skill Drill 26-5)

Chapter 27: Soft-Tissue Injuries

KNOWLEDGE OBJECTIVES

1. Describe the anatomy of the skin; include the layers of the skin. (pp 962–964)
2. Know the major functions of the skin. (p 964)
3. Name the three types of soft-tissue injuries. (p 964)
4. Describe the types of closed soft-tissue injuries. (pp 965–966)
5. Describe the types of open soft-tissue injuries. (pp 966–970)
6. Explain patient assessment of closed and open injuries. (pp 970–976)
7. Explain patient assessment of closed and open injuries in relation to airway management. (pp 971–973)
8. Explain the emergency medical care for closed and open injuries. (pp 976–977)
9. Explain the emergency medical care for an open wound to the abdomen. (pp 977–978)
10. Explain the emergency medical care for an impaled object. (p 978)
11. Explain the emergency medical care for neck injuries. (pp 978–980)
12. Describe the steps of the emergency treatment of small animal bites, human bites, and rabies. (pp 980–981)
13. Explain how the seriousness of a burn is related to its depth and extent. (pp 984–986)
14. Define superficial, partial-thickness, and full-thickness burns; include the characteristics of each burn. (pp 983–985)
15. Explain the primary assessment of a patient with a burn. (pp 986–989)
16. Explain the emergency medical care for burn injuries. (pp 989–991)
17. Describe the emergency management of chemical, electrical, thermal, inhalation, and radiation burns. (pp 991–997)
18. Know the functions of sterile dressings and bandages. (pp 997–998)

SKILLS OBJECTIVES

1. Demonstrate the emergency medical care of an open chest wound. (pp 976–977)
2. Demonstrate the emergency medical care of closed soft-tissue injuries. (p 976)
3. Demonstrate how to control bleeding from an open soft-tissue injury. (pp 976–977)
4. Demonstrate the emergency medical care of an open abdominal wound. (pp 977–978)

5. Demonstrate how to stabilize an impaled object. (pp 978, 979, Skill Drill 27-1)
6. Demonstrate how to care for a burn. (pp 989–991, Skill Drill 27-2)
7. Demonstrate the emergency medical care of a chemical, electrical, thermal, inhalation, or radiation burn. (pp 991–997)

Chapter 28 Face and Neck Injuries

KNOWLEDGE OBJECTIVES

1. Describe the anatomy and physiology of the head, face, and neck; include major structures and specific important landmarks of which EMTs must be aware. (pp 1006–1009)
2. Describe the factors that may cause obstruction of the upper airway following a facial injury. (pp 1009–1011)
3. Discuss the different types of facial injuries and the patient care considerations related to each one. (pp 1009–1011)
4. Explain the emergency care of a patient who has sustained face and neck injuries; include assessment of the patient, review of signs and symptoms, and management of care. (pp 1009–1016)
5. Explain emergency medical care of a patient with soft-tissue wounds of the face and neck. (pp 1015–1016)
6. Explain the emergency medical care of a patient with an eye injury based on the following scenarios: foreign object, impaled object, burns, lacerations, blunt trauma, closed head injuries, and blast injuries. (pp 1016–1027)
7. Describe the three different causes of a burn injury to the eye and the patient management considerations related to each one. (pp 1021–1023)
8. Explain emergency medical care of a patient with injuries of the nose. (pp 1027–1028)
9. Explain the emergency medical care of a patient with injuries of the ear, including lacerations and foreign body insertions. (pp 1028–1030)
10. Explain the physical findings and emergency care of a patient with a facial fracture. (pp 1030–1031)
11. Explain the emergency medical care of the patient with dental and cheek injuries; include how to deal with an avulsed tooth. (p 1031)
12. Explain the emergency medical care of a patient with an upper airway injury caused by blunt trauma. (pp 1030–1032)
13. Explain the emergency medical care of the patient with a penetrating injury to the neck; include how to control regular and life-threatening bleeding. (pp 1032–1033)

SKILLS OBJECTIVES

1. Demonstrate the removal of a foreign object from under a patient's upper eyelid. (pp 1016–1019, Skill Drill 28-1)
2. Demonstrate the stabilization of a foreign object that has been impaled in a patient's eye. (pp 1016–1020, Skill Drill 28-2)
3. Demonstrate irrigation of a patient's eye using a nasal cannula, bottle, or basin. (pp 1021–1023)
4. Demonstrate the care of a patient who has a penetrating eye injury. (pp 1020, 1023)
5. Demonstrate how to control bleeding from a neck injury. (pp 1032–1033, Skill Drill 28-3)

Module #2 – Chapters 29-31

Material Covered:

Chapter 29: Head and Spine Injuries

Chapter 30: Chest Injuries

Chapter 31: Abdominal and Genitourinary Injuries

Assessments:

Chapter quizzes located in Desire2Learn/EMS Testing

Chapter Vocabulary Quizzes

Chapter Outlines

Module #2 Test

Chapter 29: Head and Spine Injuries

KNOWLEDGE OBJECTIVES

2021-2022

1. Describe the anatomy and physiology of the nervous system, including its divisions into the central nervous system (CNS) and peripheral nervous system (PNS) and the structures and functions of each. (pp 1040–1045)
2. Explain the functions of the somatic and autonomic nervous systems. (p 1044)
3. List the major bones of the skull and spinal column and their related structures; include their functions as they relate to the nervous system. (pp 1044–1045)
4. Explain the different types of head injuries, their potential mechanism of injury (MOI), and general signs and symptoms of a head injury that EMTs should consider when performing a patient assessment. (pp 1045–1052)
5. Define traumatic brain injury (TBI). (p 1048)
6. Explain the difference between a primary (direct) injury and a secondary (indirect) injury; include examples of possible MOIs that may cause each one. (pp 1048–1049)
7. Describe the different types of brain injuries and their corresponding signs and symptoms, including increased intracranial pressure (ICP), concussion, contusion, and injuries caused by medical conditions. (pp 1048–1052)
8. Describe the different types of injuries that may damage the cervical, thoracic, or lumbar spine; include examples of possible MOIs that may cause each one. (p 1052)
9. Explain the steps in the patient assessment process for a person who has a suspected head or spine injury; include specific variations that may be required as related to the type of injury. (pp 1053–1061)
10. List the MOIs that cause a high index of suspicion for the possibility of a head or spinal injury. (p 1053)
11. Explain emergency medical care of a patient with a head injury; include the three general principles designed to protect and maintain the critical functions of the CNS and ways to determine if the patient has a TBI. (pp 1061–1063)
12. Explain emergency medical care of a patient with a spinal injury; include the implications of not properly caring for patients with injuries of this nature, the steps for performing manual in-line stabilization, implications for sizing and using a cervical collar, and key symptoms that contraindicate in-line stabilization. (pp 1064–1067)
13. Explain the process of preparing patients who have suspected head or spinal injuries for transport; include the use and functions of a long backboard, vacuum mattress, short backboard, and other short spinal extrication devices to immobilize the patient's cervical and thoracic spine. (pp 1067–1079)
14. Explain the different circumstances in which a helmet should be left on or taken off a patient with a possible head or spinal injury. (pp 1079–1080)
15. List the steps EMTs must follow to remove a helmet, including the removal of a football helmet. (pp 1079–1084)
16. Discuss age-related variations that are required when providing emergency care to a pediatric patient who has a suspected head or spine injury. (pp 1083–1084)

SKILLS OBJECTIVES

1. Demonstrate how to perform a jaw-thrust maneuver on a patient with a suspected spinal injury. (p 1064)
2. Demonstrate how to perform manual in-line stabilization on a patient with a suspected spinal injury. (pp 1064–1065, Skill Drill 29-1)
3. Demonstrate how to apply a cervical collar to a patient with a suspected spinal injury. (pp 1065–1067, Skill Drill 29-2)
4. Demonstrate how to secure a patient with a suspected spinal injury to a long backboard. (pp 1067–1070, Skill Drill 29-3)
5. Demonstrate how to secure a patient with a suspected spinal injury using a vacuum mattress. (pp 1070–1075, Skill Drill 29-4)
6. Demonstrate how to secure a patient with a suspected spinal injury who was found in a sitting position. (pp 1075–1077, Skill Drill 29-5)
7. Demonstrate how to remove a helmet from a patient with a suspected head or spinal injury. (pp 1079–1082, Skill Drill 29-6)
8. Demonstrate the method for removal of a football helmet from a patient with a suspected head or spinal injury. (p 1083)

Chapter 30: Chest Injuries **KNOWLEDGE OBJECTIVES**

1. Explain the mechanics of ventilation in relation to chest injuries. (pp 1094–1095)
2. Describe the differences between an open and closed chest injury. (pp 1095–1096)
3. Recognize the signs of chest injury. (pp 1096–1097)
4. Describe the management of a patient with a suspected chest injury, including pneumothorax, hemothorax, cardiac tamponade, rib fractures, flail chest, pulmonary contusion, traumatic asphyxia, blunt myocardial injury, commotio cordis, and laceration of the great vessels. (pp 1102–1110)
5. Recognize the complications that can accompany chest injuries. (pp 1102–1110)
6. Explain the complications of a patient with an open pneumothorax (sucking chest wound). (pp 1102–1104)
7. Differentiate between a pneumothorax (open, simple, and tension) and a hemothorax. (pp 1102–1105)
8. Describe the complications of cardiac tamponade. (pp 1105–1107)
9. Describe the complications of rib fractures. (p 1107)
10. Describe the complications of a patient with a flail chest. (pp 1107–1108)

SKILLS OBJECTIVES

1. Describe the steps to take in the assessment of a patient with a suspected chest injury. (pp 1097–1102)
2. Demonstrate the management of a patient with a sucking chest wound. (pp 1103–1104)

Chapter 31: Abdominal and Genitourinary Injuries

KNOWLEDGE OBJECTIVES

1. Describe the anatomy and physiology of the abdomen; include an explanation of abdominal quadrants and boundaries and the difference between hollow and solid organs. (pp 1118–1121)
2. Describe some special considerations related to the care of pediatric patients and geriatric patients who have experienced abdominal trauma. (pp 1121, 1125)
3. Define closed abdominal injuries; provide examples of the mechanisms of injury (MOIs) likely to cause this type of trauma, and common signs and symptoms exhibited by patients who have experienced this type of injury. (pp 1121–1122)
4. Define open abdominal injuries; include the three common velocity levels that distinguish these injuries, provide examples of the MOIs that would cause each, and describe common signs and symptoms exhibited by patients who have experienced this type of injury. (pp 1122–1123)
5. Describe the different ways hollow and solid organs of the abdomen can be injured, and include the common signs and symptoms exhibited by patients depending on the organ or organs involved. (pp 1123–1125)
6. Explain assessment of a patient who has experienced an abdominal injury; include common indicators that help determine the MOI and whether it is a significant MOI. (pp 1125–1129)
7. Explain the emergency medical care of a patient who has sustained a closed abdominal injury, including blunt trauma caused by a seat belt or airbag. (p 1129)
8. Explain the emergency medical care of a patient who has sustained an open abdominal injury, including penetrating injuries and abdominal evisceration. (pp 1129–1130)
9. Describe the anatomy and physiology of the female and male genitourinary systems; include the differences between the hollow and solid organs. (pp 1131–1133)
10. Discuss the types of traumatic injuries sustained by the male and female genitourinary systems, including the kidneys, urinary bladder, and internal and external genitalia. (pp 1133–1135)
11. Explain assessment of a patient who has experienced a genitourinary injury; include special considerations related to patient privacy and determining the MOI. (pp 1135–1137)
12. Explain the emergency medical care of a patient who has sustained a genitourinary injury to the kidneys, urinary bladder, external male genitalia, female genitalia, or rectum. (pp 1137–1138)
13. Explain special considerations related to a patient who has experienced a genitourinary injury caused by a sexual assault, including patient treatment, criminal implications, and evidence management. (pp 1138–1139)

SKILLS OBJECTIVES

1. Demonstrate proper emergency medical care of a patient who has experienced a blunt abdominal injury. (p 1129)
2. Demonstrate proper emergency medical care of a patient who has a penetrating abdominal injury with an

impaled object. (pp 1129–1130)

3. Demonstrate how to apply a dressing to an abdominal evisceration wound. (pp 1130–1131)

Module #3 – Chapters 32-33

Material Covered:

Chapter 32: Orthopedic Injuries

Chapter 33: Environmental Injuries

Assessments:

Chapter quizzes located in Desire2Learn/EMS Testing

Chapter Vocabulary Quizzes

Chapter Outlines

Module #3 Test

Chapter 32: Orthopedic Injuries

KNOWLEDGE OBJECTIVES

1. Describe the anatomy and physiology of the musculoskeletal system. (pp 1146–1151)

2. Name the four mechanisms of injury. (pp 1151–1152)

3. Describe the different types of musculoskeletal injuries, including fractures, dislocations, amputations, sprains, and strains. (pp 1151–1158)

4. Recognize the characteristics of specific types of musculoskeletal injuries. (pp 1151–1158, 1169–1191)

5. Differentiate between open and closed fractures. (pp 1152–1153)

6. Explain how to assess the severity of an injury. (p 1158)

7. Describe the emergency medical care of the patient with an orthopaedic injury. (pp 1163–1192)

8. Describe the emergency medical care of the patient with a swollen, painful, deformed extremity (fracture). (pp 1163–1191)

9. Discuss the need for, general rules of, and possible complications of splinting. (pp 1164–1165)

10. Explain the reasons for splinting fractures, dislocations, and sprains at the scene versus transporting the patient immediately. (pp 1164–1165)

11. Describe the emergency medical care of the patient with an amputation. (p 1191)

SKILLS OBJECTIVES

1. Demonstrate the care of musculoskeletal injuries. (pp 1163–1164, Skill Drill 32-1)

2. Demonstrate how to apply a rigid splint. (pp 1165–1167, Skill Drill 32-2)

3. Demonstrate how to apply a vacuum splint. (pp 1167–1168, Skill Drill 32-3)

4. Demonstrate how to splint the hand and wrist. (pp 1176–1177, Skill Drill 32-4)

5. Demonstrate how to apply a Hare traction splint. (pp 1183–1185, Skill Drill 32-5)

6. Demonstrate how to apply a Sager traction splint. (pp 1185–1186, Skill Drill 32-6)

7. Demonstrate how to splint the clavicle, the scapula, the shoulder, the humerus, the elbow, and the forearm. (pp 1169–1176)

8. Demonstrate how to care for a patient with an amputation. (p 1191)

Chapter 33: Environmental Injuries

KNOWLEDGE OBJECTIVES

1. Identify the four factors that affect how a person deals with exposure to a cold or hot environment. (pp 1201–1202)

2. Describe the five ways heat loss occurs in the body, and how the rate and amount of heat loss or gain can be modified in an emergency situation. (pp 1202–1203)

3. Describe the four general stages of hypothermia. (pp 1203–1205)

4. Describe local cold injuries and their underlying causes. (pp 1205–1206)

5. Describe the process of providing emergency care to a patient who has sustained a cold injury, including

- assessment of the patient, review of signs and symptoms, and management of care. (pp 1209–1210)
6. Explain the importance of following local protocols when rewarming a patient who is experiencing moderate or severe hypothermia. (p 1209)
 7. Describe the three emergencies that are caused by heat exposure, including their risk factors, signs, and symptoms. (pp 1211–1213)
 8. Describe the process of providing emergency care to a patient who is experiencing a heat emergency, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1213–1217)
 9. Describe drowning, including its incidence, risk factors, and prevention. (pp 1218–1220)
 10. List the basic rules of performing a water and ice rescue. (p 1219)
 11. Explain why EMTs should have a prearranged rescue plan based on the environment in which they work. (p 1219)
 12. List five conditions that may result in a spinal injury following a submersion incident and the steps for stabilizing a patient with a suspected spinal injury in the water. (pp 1218–1220)
 13. Discuss recovery techniques and resuscitation efforts EMTs may need to follow when managing a patient who has been involved in a submersion incident. (p 1220)
 14. Describe the three types of diving emergencies, how they may occur, and their signs and symptoms. (pp 1220–1222)
 15. Describe the process of providing emergency care to a patient who has been involved in a drowning or diving emergency, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1223–1226)
 16. Discuss the types of dysbarism injuries, including their incidence, risk factors, signs and symptoms, and emergency medical treatment. (pp 1226–1227)
 17. Discuss lightning injuries, including their incidence, risk factors, signs and symptoms, and emergency medical treatment. (pp 1227–1228)
 18. Describe the process of providing emergency care to patients who have been bitten by each of the following venomous spiders: (pp 1228–1229)
 - Black widow spider
 - Brown recluse spider
 19. Describe the process of providing emergency care to a patient who has sustained a bite or sting from each of the following insects and arachnids, including steps the EMT should follow if a patient develops a severe reaction to the sting or bite: (pp 1229–1230, 1233–1234)
 - Hymenoptera (bees, wasps, yellowjackets, and ants)
 - Scorpions • Ticks
 20. Describe the process of providing emergency care to a patient who has been bitten by each of the following types of snake and is showing signs of envenomation: (pp 1231–1233)
 - Pit viper
 - Coral snake
 21. Describe the process of providing emergency care to a patient who has been stung by a coelenterate or other marine animal. (p 1235)

SKILLS OBJECTIVES

1. Demonstrate the emergency medical treatment of local cold injuries in the field. (p 1210)
2. Demonstrate how to use a warm-water bath to rewarm the limb of a patient who has sustained a local cold injury. (p 1210)
3. Demonstrate how to treat a patient with heat cramps. (p 1215)
4. Demonstrate how to treat a patient with heat exhaustion. (pp 1215–1217, Skill Drill 33-1)
5. Demonstrate how to treat a patient with heatstroke. (p 1217)
6. Demonstrate how to stabilize a patient with a suspected spinal injury in the water. (pp 1218–1221, Skill Drill 33-2)
7. Demonstrate how to care for a patient who is suspected of having an air embolism or decompression sickness following a drowning or diving emergency. (pp 1222–1223)
8. Demonstrate how to care for a patient who has been bitten by a pit viper and is showing signs of envenomation. (pp 1231–1232)
9. Demonstrate how to care for a patient who has been bitten by a coral snake and is showing signs of

envenomation. (pp 1232–1233)

10. Demonstrate how to care for a patient who has sustained a coelenterate envenomation. (p 1235)

Module #4 – Chapters 34-35

Material Covered:

Chapter 34: Obstetrics and Neonatal Care

Chapter 35: Pediatric Emergencies

Assessments:

Chapter quizzes located in Desire2Learn/EMS Testing

Chapter Vocabulary Quizzes

Chapter Outlines

Module #4 Test

Chapter 34: Obstetrics and Neonatal Care

KNOWLEDGE OBJECTIVES 1. Identify the anatomy and physiology of the female reproductive system. (pp 1243–1245) 2. Explain the normal changes that occur in the body during pregnancy. (pp 1246–1247)

3. Recognize complications of pregnancy including abuse, substance abuse, hypertensive disorders, bleeding, spontaneous abortion (miscarriage), and gestational diabetes. (pp 1247–1251)

4. Discuss the need to consider two patients—the woman and the unborn fetus—when treating a pregnant trauma patient. (pp 1251–1252)

5. Discuss special considerations involving pregnancy in different cultures and with teenage patients. (pp 1252–1253)

6. Explain assessment of the pregnant patient. (pp 1253–1255)

7. Explain the significance of meconium in the amniotic fluid. (p 1254)

8. Differentiate among the three stages of labor. (pp 1255–1256)

9. Describe the indications of an imminent delivery. (p 1256)

10. Explain the steps involved in normal delivery management. (pp 1256–1265)

11. List the contents of an obstetrics kit. (p 1257)

12. Explain the necessary care of the fetus as the head appears. (p 1263)

13. Describe the procedure followed to clamp and cut the umbilical cord. (p 1264)

14. Describe delivery of the placenta. (pp 1264–1265)

15. Explain the steps to take in neonatal assessment and resuscitation. (pp 1265–1270)

16. Recognize complicated delivery emergencies, including breech presentations, limb presentations, umbilical cord prolapse, spina bifida, multiple gestation, premature newborns, postterm pregnancy, and fetal demise. (pp 1270–1274)

17. Describe postpartum complications and how to treat them. (p 1274)

SKILLS OBJECTIVES

1. Demonstrate the procedure to assist in a normal cephalic delivery. (pp 1256–1265, Skill Drill 34-1)

2. Demonstrate care procedures of the fetus as the head appears. (p 1263)

3. Demonstrate how to clamp and cut the umbilical cord. (pp 1262–1264)

4. Demonstrate the steps to follow in postdelivery care of the newborn. (p 1264)

5. Demonstrate how to assist in delivery of the placenta. (pp 1264–1265)

6. Demonstrate the postdelivery care of the woman. (p 1264)

7. Demonstrate procedures to follow for complicated delivery emergencies including vaginal bleeding, breech presentation, limb presentation, and prolapsed umbilical cord. (pp 1270–1273)

Chapter 35: Pediatric Emergencies

KNOWLEDGE OBJECTIVES

1. Explain some of the challenges inherent in providing emergency care to pediatric patients and why effective

- communication with both the patient and his or her family members is critical to a successful outcome. (p 1284)
2. Discuss the physical and cognitive developmental stages of an infant, including health risks, signs that may indicate illness, and patient assessment. (pp 1285–1286)
 3. Discuss the physical and cognitive developmental stages of a toddler, including health risks, signs that may indicate illness, and patient assessment. (pp 1286–1287)
 4. Discuss the physical and cognitive developmental stages of a preschool-age child, including health risks, signs that may indicate illness, and patient assessment. (pp 1287–1288)
 5. Discuss the physical and cognitive developmental stages of a school-age child, including health risks, signs that may indicate illness, and patient assessment. (pp 1288–1289)
 6. Discuss the physical and cognitive developmental stages of an adolescent, including health risks, patient assessment, and privacy issues. (pp 1289–1290)
 7. Describe differences in the anatomy and physiology of the pediatric patient compared to the adult patient and their implications for EMTs, with a focus on the following body systems: respiratory, circulatory, nervous, gastrointestinal, musculoskeletal, and integumentary. (pp 1290–1293)
 8. Describe differences in the pathophysiology of the pediatric patient compared to the adult patient and their implications for EMTs, with a focus on the following body systems: respiratory, circulatory, nervous, gastrointestinal, musculoskeletal, and integumentary. (pp 1290–1293)
 9. Explain the steps in the primary assessment of a pediatric patient, including the elements of the pediatric assessment triangle (PAT), hands-on XABCs, transport decision considerations, and privacy issues. (pp 1294–1303)
 10. Explain the steps in the secondary assessment of a pediatric patient, including what EMTs should look for related to different body areas and the method of injury. (pp 1304–1306)
 11. Describe the emergency care of a pediatric patient in respiratory distress, including the different causes of pediatric respiratory emergencies, the signs and symptoms of increased work of breathing, and the difference between respiratory distress and respiratory failure. (pp 1294–1297, 1308–1320)
 12. List the possible causes of an upper and a lower airway obstruction in a pediatric patient and the steps in the management of foreign body airway obstruction. (pp 1308–1310)
 13. Describe asthma, its possible causes, signs, and symptoms, and the steps in the management of a pediatric patient who is experiencing an asthma attack. (pp 1310–1311)
 14. Explain how to determine the correct size of an airway adjunct intended for a pediatric patient during an emergency. (p 1313)
 15. List the different oxygen delivery devices that are available for providing oxygen to a pediatric patient, including the indications for the use of each and precautions EMTs must take to ensure the patient's safety. (pp 1316–1320)
 16. Describe the emergency care of a pediatric patient who is in shock (hypoperfusion), including common causes, signs, and symptoms. (pp 1320–1322)
 17. Describe the emergency care of a pediatric patient with an altered mental status, including common causes, signs, and symptoms. (p 1322)
 18. Describe the emergency care of a pediatric patient who has experienced a seizure, including the different types of seizures and the common causes, signs, and symptoms. (pp 1322–1323, 1328)
 19. Describe the emergency care of a pediatric patient with meningitis, including common causes, signs, symptoms, and special precautions. (pp 1323–1324)
 20. Describe the emergency care of a pediatric patient who is experiencing a gastrointestinal emergency, including common causes, signs, and symptoms. (pp 1324–1325)
 21. Describe the emergency care of a pediatric patient who has been poisoned, including common sources of poisoning, signs, and symptoms. (pp 1325–1326)
 22. Describe the emergency care of a pediatric patient who is dehydrated, including how to gauge the severity of dehydration based on key signs and symptoms. (pp 1326–1327)
 23. Describe the emergency care of a pediatric patient who is experiencing a fever emergency, including common causes. (pp 1327–1329)

24. Describe the emergency care of a pediatric patient who has experienced a drowning emergency, including common causes, signs, and symptoms. (pp 1328–1329)
25. Discuss the common causes of pediatric trauma emergencies; include how to differentiate between injury patterns in adults, infants, and children. (pp 1329–1335)
26. Discuss the significance of burns in pediatric patients, their most common causes, and general guidelines EMTs should follow when assessing patients who have sustained burns. (pp 1333–1335)
27. Explain the four triage categories used in the JumpSTART system for pediatric patients during disaster management. (pp 1335–1336)
28. Describe child abuse and neglect and its possible indicators, including the medical and legal responsibilities of EMTs when caring for a pediatric patient who is a possible victim of child abuse. (pp 1336–1339)
29. Discuss brief resolved unexplained event (BRUE), sudden unexpected infant death, and sudden infant death syndrome (SIDS), including its risk factors, patient assessment, and special management considerations related to the death of an infant patient. (pp 1339–1342)
30. Discuss the responsibilities of EMTs when communicating with a family or loved ones following the death of a child. (pp 1340–1341)
31. Discuss some positive ways EMTs may cope with the death of a pediatric patient and why managing posttraumatic stress is important for all health care professionals. (pp 1341–1342)

SKILLS OBJECTIVES

1. Demonstrate how to position the airway in a pediatric patient. (pp 1297–1298, Skill Drill 35-1)
2. Demonstrate how to palpate the pulse and estimate the capillary refill time in a pediatric patient. (pp 1299–1300)
3. Demonstrate how to use a length-based resuscitation tape to size equipment appropriately for a pediatric patient. (p 1313)
4. Demonstrate how to insert an oropharyngeal airway in a pediatric patient. (pp 1313–1314, Skill Drill 35-2)
5. Demonstrate how to insert a nasopharyngeal airway in a pediatric patient. (pp 1314–1316, Skill Drill 35-3)
6. Demonstrate how to administer blow-by oxygen to a pediatric patient. (pp 1316–1317)
7. Demonstrate how to assist ventilation of an infant or child using a bag-mask device. (pp 1317–1318)
8. Demonstrate how to perform one-person bag-mask ventilation on a pediatric patient. (pp 1318, 1319, Skill Drill 35-4)
9. Demonstrate how to perform two-person bag-mask ventilation on a pediatric patient. (pp 1318–1319)
10. Demonstrate how to immobilize a pediatric patient who has been involved in a trauma emergency. (pp 1330, 1331, Skill Drill 35-5)
11. Demonstrate how to immobilize a pediatric patient in a car seat who has been involved in a trauma emergency. (pp 1330–1333, Skill Drill 35-6)

Module #5 – Chapters 36-38

Material Covered:

- Chapter 36: Geriatric Emergencies
- Chapter 37: Patients with Special Challenges
- Chapter 38: Transport Operations

Assessments:

- Chapter quizzes located in Desire2Learn/EMS Testing
- Chapter Vocabulary Quizzes
- Chapter Outlines
- Module #5 Test

Chapter 36: Geriatric Emergencies

KNOWLEDGE OBJECTIVES

1. Define the term geriatrics. (p 1350)

2. Recognize some of the special aspects of the lives of older people. (p 1350)
3. Know generational considerations when communicating with a geriatric patient. (pp 1350–1351)
4. Describe the common complaints and the leading causes of death in older people. (p 1352)
5. Discuss the physiologic changes associated with the aging process and the age-related assessment and treatment modifications that result. (pp 1352–1365)
6. Define polypharmacy and the toxicity issues that can result. (pp 1365–1367)
7. Discuss the effect of aging on behavioral emergencies. (pp 1367–1368)
8. Explain the GEMS diamond and its role in the assessment and care of the geriatric patient. (p 1368)
9. Explain special considerations when performing the patient assessment process on a geriatric patient with a medical condition. (pp 1368–1373)
10. Discuss the effects of aging on environmental emergencies. (p 1375)
11. Explain special considerations when performing the patient assessment process on a geriatric patient with a traumatic injury. (pp 1375–1378)
12. Explain special considerations when responding to calls at nursing and skilled care facilities. (pp 1379–1380)
13. Define an advance directive and considerations with older patients. (pp 1380–1381)
14. Discuss the prevalence of elder abuse and neglect; include why the extent of elder abuse is not well known. (pp 1381–1383)
15. Recognize acts of commission or omission by a caregiver that result in harm, potential harm, or threat of harm to a geriatric patient. (p 1381)
16. Explain the assessment and care of a geriatric patient who has potentially been abused or neglected. (pp 1382–1383)

Chapter 37: Patients with Special Challenges

KNOWLEDGE OBJECTIVES

1. Give examples of patients with special challenges EMTs may encounter during a medical emergency. (p 1392)
2. Explain the special patient care considerations required when providing emergency medical care to patients with intellectual disabilities, including patients with autism spectrum disorder (ASD), Down syndrome, or prior brain injuries. (pp 1393–1396)
3. Describe the different types of visual impairments and the special patient care considerations required when providing emergency medical care for visually impaired patients, depending on the level of their disability. (pp 1396–1397)
4. Describe the various types of hearing impairments and the special patient care considerations required when providing emergency medical care for hard-of-hearing patients, including tips for effective communication. (pp 1397–1398)
5. Describe the various types of hearing aids worn by patients; include strategies to troubleshoot a hearing aid that is not working. (pp 1398–1400)
6. Explain the special patient care considerations required when providing emergency medical care to patients who have cerebral palsy, spina bifida, or paralysis. (pp 1400–1402)
7. Define obesity. (p 1402)
8. Explain the special patient care considerations required when providing emergency medical care to bariatric patients; include the best way to move bariatric patients. (pp 1402–1403)
9. Explain the special patient care considerations required when providing emergency medical care to patients who rely on a form of medical technological assistance, including the following: (pp 1403–1410)
 - Tracheostomy tube
 - Home oxygen
 - Mechanical ventilator
 - Apnea monitor
 - Internal cardiac pacemaker
 - Left ventricular assist device (LVAD)
 - External defibrillator vest

- Central venous catheter
- Gastrostomy tube
- Ventricular peritoneal shunt
- Vagus nerve stimulator
- Colostomy bag, ileostomy bag, or urostomy bag

10. Describe home care, the types of patients it serves, and the services it encompasses. (p 1411)
11. Contrast hospice and palliative care with curative care. (pp 1411–1412)
12. Explain the responsibilities of EMTs when responding to calls for terminally ill patients who have do not resuscitate (DNR) orders. (p 1411)
13. Discuss the issues of poverty and homelessness in the United States, their negative effects on a person's health, and the role of EMTs as patient advocates. (pp 1412–1413)

SKILLS OBJECTIVES

1. Demonstrate different strategies to communicate effectively with a patient who has a hearing impairment. (pp 1397–1398)

Chapter 38: Transport Operations

KNOWLEDGE OBJECTIVES

1. List the nine phases of an ambulance call; include examples of key tasks EMTs perform during each phase. (pp 1426–1443)
2. Name the medical equipment carried on an ambulance; include examples of supplies that are included in each main category of the ambulance equipment checklist. (p 1428)
3. Name the safety and operations equipment carried on an ambulance; include examples of how each item might be used by EMTs in an emergency. (pp 1433–1434)
4. Discuss the importance of performing regular vehicle inspections; include the specific parts of an ambulance that should be inspected daily. (p 1435)
5. List the minimum dispatch information required by EMS to respond to an emergency call. (p 1436)
6. Describe some high-risk situations and hazards during both pre-transport and transport that may affect the safety of the ambulance and its passengers. (pp 1436–1441, 1443–1453)
7. Discuss the specific considerations required to ensure scene safety; include personal safety, patient safety, and traffic control. (pp 1437–1440)
8. Describe the key elements that must be included in the written patient care report upon patient delivery to the hospital. (p 1441)
9. Summarize the tasks EMTs must complete in the post run phase. (pp 1442–1443)
10. Define the terms cleaning, disinfection, high level disinfection, and sterilization. (p 1442)
11. Discuss the guidelines for safely and defensively driving an ambulance. (pp 1443–1445)
12. Identify key steps EMTs should take to improve safety while en route to the scene, the hospital, and the station. (pp 1443–1453)
13. List the three factors that dictate the use of lights and siren to the scene and to the hospital; include the risk-versus-benefit factors regarding their use. (pp 1450–1451)
14. Describe the specific, limited privileges that are provided to emergency vehicle operators by most state laws and regulations. (p 1450)
15. Explain the additional risks and special considerations posed by the use of police escorts, and the hazards and special considerations posed by crossing intersections. (pp 1451–1452)
16. Describe the capabilities, protocols, and methods for accessing air ambulances. (pp 1453–1457)
17. Describe key scene safety considerations when preparing for helicopter emergency medical services, such as a helicopter medevac, including establishing a landing zone, securing loose objects, reducing onsite hazards, and approaching the aircraft. (pp 1455–1458)

SKILLS OBJECTIVES

1. Demonstrate how to perform a daily inspection of an ambulance. (pp 1435–1436)

2. Demonstrate how to present a verbal report that would be given to receiving personnel at the hospital upon patient transfer. (p 1441)
3. Demonstrate how to write a written report that includes all pertinent patient information following patient transfer to the hospital. (p 1441)
4. Demonstrate how to clean and disinfect the ambulance and equipment during the postrun phase. (pp 1442–1443)

Module #6 – Chapters 39-41

Material Covered:

Chapter 39: Vehicle Extrication and Special Rescue
Chapter 40: Incident Management
Chapter 41: Terrorism Response and Disaster Management

Assessments:

Chapter quizzes located in Desire2Learn/EMS Testing
Chapter Vocabulary Quizzes
Chapter Outlines
Module #6 Test

Chapter 39: Vehicle Extrication and Special Rescue

KNOWLEDGE OBJECTIVES

1. Explain the responsibilities of an EMT in patient rescue and vehicle extrication. (p 1464)
2. Discuss how to ensure safety at the scene of a rescue incident, including scene size-up and the selection of the proper personal protective equipment and additional necessary gear. (pp 1464–1469)
3. Describe examples of vehicle safety components that may be hazardous to both EMTs and patients following a collision and how to mitigate their dangers. (pp 1464–1465)
4. Define the terms extrication and entrapment. (p 1465)
5. Describe the 10 phases of vehicle extrication and the role of the EMT during each one. (pp 1466–1475)
6. Discuss the various factors related to ensuring situational safety at the site of a vehicle extrication, including controlling traffic flow, performing a 360° assessment, stabilizing the vehicle, dealing with unique hazards, and evaluating the need for additional resources. (pp 1466–1470)
7. Describe the special precautions the EMT should follow to protect the patient during a vehicle extrication. (pp 1470–1472)
8. Explain the different factors that must be considered before attempting to gain access to the patient during an incident that requires extrication. (pp 1470–1472)
9. Explain the difference between simple access and complex access in vehicle extrication. (p 1472)
10. Discuss patient care considerations related to assisting with rapid extrication, providing emergency care to a trapped patient, and removing and transferring a patient. (pp 1473–1475)
11. Describe examples of situations that would require special technical rescue teams and the EMT's role in these situations. (pp 1475–1479)

Chapter 40: Incident Management

KNOWLEDGE OBJECTIVES

1. Describe the purpose of the National Incident Management System (NIMS) and its major components. (pp 1486–1487)
2. Describe the purpose of the incident command system (ICS) and its organizational structure. (pp 1487–1491)
3. Explain the role of EMS response within the ICS. (pp 1491–1493)
4. Describe how the ICS assists EMS in ensuring both personal safety and the safety of bystanders, health care professionals, and patients during an emergency. (pp 1492–1493)
5. Describe the role of the EMT in establishing command under the ICS. (p 1493)
6. Describe the purpose of the medical branch of the ICS and its organizational structure. (pp 1493–1495)

7. Describe the specific conditions that would define a situation as a mass-casualty incident (MCI); include examples. (pp 1496–1497)
8. Describe what occurs during primary and secondary triage, how the four triage categories are assigned to patients on the scene, and how destination decisions regarding triaged patients are made. (pp 1497–1499)
9. Explain how to perform the START and JumpSTART triage methods. (pp 1499–1501)
10. Contrast a disaster with a mass-casualty incident. (p 1502)
11. Describe the role of EMTs during a disaster operation. (p 1502)
12. Recognize the entry-level training or experience requirements identified by the HAZWOPER regulation for EMTs to respond to a hazmat incident. (p 1503)
13. Define hazardous material; include the classification system used by the National Fire Protection Association (NFPA). (pp 1503, 1516)
14. Discuss the specific reference materials that EMTs use to recognize a hazmat incident. (pp 1510–1513)
15. Explain the role of EMTs during a hazmat incident both before and after the hazmat team arrives; include the precautions required to ensure the safety of civilians and responders. (pp 1514–1515)
16. Describe how the three control zones are established at a hazmat incident, the characteristics of each zone, and the responders who work within each one. (pp 1514–1515)
17. Describe the four levels of personal protective equipment (PPE) required at a hazmat incident to protect responders from injury by or contamination from a particular substance. (pp 1516–1517)
18. Explain patient care at a hazmat incident; include the special requirements that are necessary for those patients who require immediate treatment and transport prior to full decontamination. (pp 1517–1519)

SKILLS OBJECTIVES

1. Demonstrate how to perform triage based on a fictional scenario that involves a mass-casualty incident. (pp 1497–1501)
2. Using a reference, correctly identify Department of Transportation (DOT) labels, placards, and markings that are used to designate hazardous materials. (pp 1508–1509)
3. Demonstrate the ability to use a variety of reference materials to identify a hazardous material. (pp 1510–1514)

Chapter 41: Terrorism Response and Disaster Management

KNOWLEDGE OBJECTIVES

1. Define international terrorism and domestic terrorism; include examples of incidents that have been caused by each one. (p 1528)
2. Name four different types of goals that commonly motivate terrorist groups to carry out terrorist attacks. (p 1529)
3. Define weapon of mass destruction (WMD) and weapon of mass casualty (WMC); include examples of weapons considered WMDs. (p 1531)
4. Explain how the Department of Homeland Security (DHS) National Terrorism Advisory System (NTAS) relates to the actions and precautions EMTs must take while performing their daily activities. (pp 1532–1533)
5. Name the key observations EMTs must make on every call to determine the potential of a terrorist attack. (pp 1532–1533)
6. Explain the critical response actions related to establishing and reassessing scene safety, personnel protection, notification procedures, and establishing command that EMTs must perform at a suspected terrorist event. (pp 1532–1535)
7. Discuss the history of chemical agents, their four main classifications, routes of exposure, and the effects on patient care. (pp 1535–1542)
8. List three categories of biologic agents, their routes of exposure, effects on the patient, and patient care. (pp 1542–1548)
9. Explain the role of EMS in relation to syndromic surveillance and points of distribution (PODs) during a biologic event. (pp 1548–1549)
10. Discuss the history of nuclear/radiologic devices, sources of radiologic materials and dispersal devices, medical management of patients, and protective measures EMTs must take during a nuclear/radiologic incident. (pp 1549–1552)
11. Describe the mechanisms of injury caused by incendiary and explosive devices; include the types and severity

of wounds. (pp 1552–1553).

SKILLS OBJECTIVES

1. Demonstrate the steps EMTs can take to establish and reassess scene safety based on a scenario of a terrorist event. (p 1535)
2. Demonstrate the steps EMTs can take for the management of a patient exposed to a chemical agent. (pp 1535–1542)
3. Demonstrate the use of the DuoDote Auto-Injector and/or the Antidote Treatment Nerve Agent Auto-Injector. (pp 1539–1540)

GENERAL EDUCATION OUTCOMES:

This course fulfills the following General Education Outcomes: Communication Skills, Critical Thinking, and Self & Professional Development. Upon completion of this course, the student will be able to:

Communicate effectively;

Use effective listening skills to be able to respond appropriately

Artifact: EMS 109 Skills Evaluation

Think critically; Utilize inductive and /or deductive reasoning skills

Devising a reasonable plan for resolving a problem / issue

Artifact: EMS 109 Skills Evaluation

Self and professional development. Respond appropriately to challenging situations

Artifact: EMS 109 Skills Evaluation

Part III: Grading and Assessment

EVALUATION OF REQUIRED COURSE MEASURES/ARTIFACTS*:

Students' performance will be assessed, and the weight associated with the various measures/artifacts are listed below.

EVALUATION*

EVALUATION*

Quizzes and Chapter Outlines	15%
Tests	60%
Final Exam	25%
	<hr/>
	100%

****Students, for the specific number and type of evaluations, please refer to the Instructor's Course Information Sheet.***

GRADING SYSTEM:

Passing score for this course is 70% (C) and higher.

Please note the College adheres to a 10-point grading scale A = 100 – 90, B = 89- 80, C = 79 – 70,

D = 69 – 60, F = 59 and below.

Grades earned in courses impact academic progression and financial aid status. Before withdrawing from a course, be sure to talk with your instructor and financial aid counselor about the implications of that course of action. Ds, Fs, Ws, WFs and Is also negatively impact academic progression and financial aid status.

The Add/Drop Period is the first 5 days of the semester for **full term** classes. Add/Drop periods are shorter for accelerated format courses. Please refer to the [academic calendar](#) for deadlines for add/drop. You must attend at least one meeting of all of your classes during that period. If you do not, you will be dropped from the course(s) and your Financial Aid will be reduced accordingly.

Part IV: Attendance

Horry-Georgetown Technical College maintains a general attendance policy requiring students to be present for a minimum of 80 percent (80%) of their classes in order to receive credit for any course. Due to the varied nature of courses taught at the college, some faculty may require up to 90 percent (90%) attendance. Pursuant to 34 Code of Federal Regulations 228.22 - Return to Title IV Funds, once a student has missed over 20% of the course or has missed two (2) consecutive weeks, the faculty is obligated to withdraw the student and a student may not be permitted to reenroll.

Instructors define absentee limits for their class at the beginning of each term; please refer to the Instructor Course Information Sheet.

EMS 109 has the following Attendance Policy:

In accordance with South Carolina Department of Health and Environmental Control – Division of EMS a student may miss 10% of the total classroom hours for any reason.

Under *extenuating circumstances*, the program coordinator MAY allow the student to miss **up to a total** of 20% of the total classroom hours. The student is responsible for documenting in writing, to the program coordinator's satisfaction, the extenuating circumstances. The program coordinator is under NO obligation to accept the student's documentation or extend the student the additional 10% in allotted absences. The student should also understand that arriving to class late or leaving class early counts towards the allotted hours of time missed. Once the student exceeds the hours of absences, the student will be terminated from the course and will not be eligible to attempt the National Registry examination. Students withdrawn from a course due to excessive absences will receive a grade of Withdraw ("W") up to the 2/3 point of the semester. Thereafter, a Withdraw ("W") or Withdrew Failing ("WF") will be assigned dependent upon his/her academic status at the time of last date attended.

Attendance records begin on the first day of class for both new and returning students, regardless when he/she registers during the five-day registration and add/drop period at the beginning of each term.

Students are responsible for all course work and class assignments; therefore, they are expected to regularly and promptly attend each meeting of classes for which they are enrolled. Students should limit absences to those that are unavoidable and, with the professor's consent, should make up all work missed. Unannounced quizzes will *not* be made up and late homework will *not* be accepted. Two

consecutive absences will result in a student/advisor conference.

Tardiness should be avoided. Three tardies will count as one absence.

Part V: Student Resources



THE STUDENT SUCCESS AND TUTORING CENTER (SSTC):

The SSTC offers to all students the following **free** resources:

1. **Academic tutors** for most subject areas, **Writing Center support**, and **college success skills**.
2. Online **tutoring** and academic support resources.
3. Professional and interpersonal communication **coaching** in the EPIC Labs.

Visit the [Student Success & Tutoring Center](#) website for more information. To schedule tutoring, contact the SSTC at ssc@hgtc.edu or self-schedule in the Penji iOS/Android app or at www.penjiapp.com. Email ssc@hgtc.edu or call SSTC Conway, 349-7872; SSTC Grand Strand, 477-2113; and SSTC Georgetown, 520-1455, or go to the [Online Resource Center](#) to access on-demand resources.



STUDENT INFORMATION CENTER: TECH Central

TECH Central offers to all students the following **free** resources:

1. **Getting around HGTC:** General information and guidance for enrollment, financial aid, registration, and payment plan support!
2. Use the [Online Resource Center \(ORC\)](#) including Office 365 support, password resets, and username information.
3. **In-person workshops, online tutorials and more services** are available in Desire2Learn, Student Portal, Degree Works, and Office 365.
4. **Chat with our staff on TECH Talk**, our live chat service. TECH Talk can be accessed on the student portal and on TECH Central's website, or by texting questions to (843) 375-8552.

Visit the [Tech Central](#) website for more information. Live Chat and Center locations are posted on the website. Or please call (843) 349 – TECH (8324), Option #2.

DISABILITY SERVICES:

HGTC is committed to providing an accessible environment for students with disabilities. Inquiries may be directed to HGTC's [Accessibility and Disability Service webpage](#). The Accessibility and Disability staff will review documentation of the student's disability and, in a confidential setting with the student,

develop an educational accommodation plan.

Note: It is the student's responsibility to self-identify as needing accommodations and to provide acceptable documentation. After a student has self-identified and submitted documentation of a disability, accommodations may be determined, accepted, and provided.

STATEMENT OF EQUAL OPPORTUNITY/NON-DISCRIMINATION STATEMENT:

Horry-Georgetown Technical College prohibits discrimination and harassment, including sexual harassment and abuse, on the basis of race, color, sex, national or ethnic origin, age, religion, disability, marital or family status, veteran status, political ideas, sexual orientation, gender identity, or pregnancy, childbirth, or related medical conditions, including, but not limited to, lactation in educational programs and/or activities.

TITLE IX REQUIREMENTS:

All students (as well as other persons) at Horry-Georgetown Technical College are protected by Title IX—regardless of their sex, sexual orientation, gender identity, part- or full-time status, disability, race, or national origin—in all aspects of educational programs and activities. Any student, or other member of the college community, who believes that he/she is or has been a victim of sexual harassment or sexual violence may file a report with the college's Chief Student Services Officer, campus law enforcement, or with the college's Title IX Coordinator, or designee.

*Faculty and Staff are required to report incidents to the Title IX Coordinators when involving students. The only HGTC employees exempt from mandatory reporting are licensed mental health professionals (only as part of their job description such as counseling services).

INQUIRIES REGARDING THE NON-DISCRIMINATION/TITLE IX POLICIES:

Student and prospective student inquiries concerning Section 504, Title II, and Title IX and their application to the College or any student decision may be directed to the Vice President for Student Affairs.

Dr. Melissa Batten, VP Student Affairs

Title IX Coordinator

Building 1100, Room 107A, Conway Campus

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Employee and applicant inquiries concerning Section 504, Title II, and Title IX and their application to the College may be directed to the Vice President for Human Resources.

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