HGTC

Horry-Georgetown Technical College

COURSE INSTRUCTIONAL PACKAGE

EMS 119

Emergency Medical Services Operations

Effective Term
Fall 2026/Spring 2027/Summer 2027

Part I: Course Information

Effective Term: Fall 2026/Spring 2027/Summer 2027

COURSE PREFIX: EMS 119 COURSE TITLE: Emergency Medical Services Operations

CONTACT HOURS: 2-0-2 CREDIT HOURS: 2

RATIONALE FOR THE COURSE:

The student will develop a working knowledge of skills and modalities of operational skills used in the pre-hospital emergency treatment of illness and injury.

COURSE DESCRIPTION:

This course is a multi-faceted approach to theory of EMS operations. Topics include expanded provider roles, EMS systems overview, medical/legal aspects and theory of ambulance operations, mass casualty incident management, rescue awareness, crime scenes, terrorism, and weapons of mass destruction.

PREREQUISITES/CO-REQUISITES:

Prerequisites: EMS 109 & EMS 212 - SC & NREMT EMT Certification

Corequisites: BIO 112 (or BIO 211), EMS 113, EMS 150, EMS 223

REQUIRED MATERIALS:

Please visit the BOOKSTORE online site for most current textbook information. Enter the semester, course prefix, number and section when prompted and you will be linked to the correct textbook.

ADDITIONAL REQUIREMENTS:

Computer access, Background Check, Urine Drug Screen, Immunization Requirements & Health Physical.

TECHNICAL REQUIREMENTS:

- Access to Desire2Learn (D2L), HGTC's learning management system (LMS) used for course materials.
- Access to myHGTC portal for student self-services.
- College email access – this is the college's primary official form of communication.

ATTENDANCE VERIFICATION:

The Add/Drop Period is the first 7 days of the semester for **full term** classes. Add/Drop periods are shorter for accelerated format classes. Please refer to the academic calendar for deadlines for add/drop. You must attend at least one meeting of all 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

IDENTIFICATION VERIFICATION:

Students enrolled in online courses will be required to complete identity verification. Please refer to your Instructor's Course Information Sheet for information regarding this requirement.

STUDENT COURSE EVALUATIONS:

Each semester, students are provided with an opportunity to participate in course evaluation surveys. These evaluations offer crucial feedback to instructors and the College, leading to enhancement of educational quality. By completing these surveys, you play a key role in the ongoing improvement of teaching methods and course content, ensuring future students enjoy a better learning experience. Students are encouraged to complete these surveys as your active participation in this process reflects your dedication to your education and drives positive change.

CLASSROOM ETIQUETTE AND STUDENT RIGHTS AND RESPONSIBILITIES:

As a matter of courtesy to other students and your professor, please turn off cell phones and other communication/entertainment devices before class

begins. If you are monitoring an emergency, please notify your professor prior to class and switch cell phone ringers to vibrate.

To ensure a positive College experience, guidelines exist in numerous areas of campus life. The Student Code for The South Carolina Technical College System "The Student Code" (3-2-106.1) applies to all HGTC students. The Student Code sets forth rights and responsibilities of the individual student, identifies behaviors that are not consistent with the values of college communities, and describes the procedures that will be followed to adjudicate cases of alleged misconduct. Students are expected to conduct themselves in a civil manner, that is respectful of the rights of others, and that is compatible with the college's educational mission. Students are expected to comply with all of the college's duly established rules and regulations regarding student behavior while on campus; while participating in off-campus college sponsored activities; and while participating in off-campus clinical, field, internship, or in-service experiences. Students are expected to comply with all course requirements as specified by instructors in course syllabi and to meet the standards of acceptable classroom behavior set by instructors. For more information, login to your myHGTC account under "Student Rights and Responsibilities" card then select "Student Code of Conduct" or the "Student Catalog and Handbook."

NETIQUETTE: is the term commonly used to refer to conventions adopted by Internet users on the web, mailing lists, public forums, and in live chat focused on online communications etiquette. For more information regarding Netiquette expectations for distance learning courses, please visit Online Netiquette.

Part II: Student Learning Outcomes

COURSE LEARNING OUTCOMES and ASSESSMENTS*:

To prepare competent entry-level Emergency Medical Technician - Paramedics in the cognitive (knowledge), psychomotor (skills) and affective (behavior) learning domains.

COURSE LEARNING OUTCOMES and ASSESSMENTS*:

Module #1 Material Covered:

Chapters 1-4

Assessments:

Online quizzes located in Desire2Learn
Patient Care Report Narratives
Test 1

Learning Outcomes:

Chapter 1

1. List key developments in the history of emergency medical services (EMS). (p 5)
2. Discuss the processes of licensure and certification. (pp 10–12)
3. Define reciprocity, including its relevance to the practice of emergency medical care. (p 12)
4. List the five main types of services that provide emergency medical care. (pp 12–14)
5. Discuss the critical points, required components, and system elements of EMS. (pp 14–15)
6. Describe the EMS education levels in terms of skill sets needed for each of the following: emergency medical responder, emergency medical technician, advanced emergency medical technician, and paramedic. (pp 15–17)
7. Discuss the role of the *National EMS Scope of Practice Model* and the *National EMS Education Standards* as they relate to EMS education levels. (p 17)
8. Discuss initial paramedic education and the importance of continuing education. (pp 17–18)
9. Describe various types of transports the paramedic may perform, including transports to specialty centers and interfacility transports. (pp 18–19)
10. Discuss the paramedic's role in working with other health care providers and public safety agencies. (pp 19–20)
11. Characterize the EMS system's role in prevention and public education in the community. (p 20)

12. Describe the attributes that a paramedic is expected to possess. (pp 22–23)
13. Describe the roles and responsibilities of the paramedic. (pp 23–26)
14. Discuss issues relating to the appropriate method of transport, as well as nontransport situations. (pp 18–19, 28)
15. Describe how medical direction of an EMS system works and the paramedic's role in the process. (pp 26–27)
16. Discuss the purpose of the EMS continuous quality improvement (CQI) process. (pp 27–28)
17. Discuss examples of how errors can be prevented when providing EMS care. (pp 28–30)
18. Discuss the importance of medical research and its role in refining EMS practices. (p 30–32)
19. List the types of research and subtypes within each category. (pp 32–34)

Nancy Caroline's Emergency Care in the Streets, Ninth Edition
AAOS

20. Discuss ethical considerations related to conducting medical research. (pp 34–35)
21. Define peer-reviewed literature and describe how this relates to a practicing paramedic. (pp 35–36)
22. Discuss evidence-based medicine and how to incorporate this concept into everyday paramedic practice. (pp 36–37)

Chapter 2

1. Describe components of personal well-being and their importance in managing stress. (pp 48–56)
2. List seven factors that have been found to improve heart health, according to the American Heart Association. (p 48)
3. Explain how mental, emotional, and spiritual well-being pertains to your paramedic career. (pp 55–56)
4. Define infectious disease and communicable disease. (p 57)
5. Discuss the various routes of disease transmission. (p 57)
6. Describe standard precautions that are used to prevent infection when

treating patients. (pp 58–59)
7. Explain the importance of immunizations. (p 58)
8. Describe the various types of personal protective equipment used to protect against airborne and bloodborne pathogens. (pp 60–63)
9. Discuss the importance of ambulance cleaning and disinfection. (p 64)
10. Explain postexposure management when exposed to patient blood or body fluids, including completing a postexposure report. (p 58)
11. Recognize the possibility of hostile situations and steps to deal with them. (pp 67–68)
12. Discuss how to determine scene safety and prevent work-related injuries at the scene of a traffic incident. (pp 68–69)
13. Describe physiologic, physical, and psychological responses to stress. (p 70)
14. Describe reactions to expect from ill and injured patients, including how you can effectively work with people exhibiting a range of stress-related behaviors. (pp 73–76)
15. Discuss techniques for working at particularly stressful situations, including multiple-casualty incidents and the death of a child. (pp 81, 82)
16. Describe issues concerning care of a dying patient, death, and the grieving process of family members. (pp 79–81)
17. Describe posttraumatic stress disorder (PTSD) and steps that can be taken, including critical incident stress management (CISM), to decrease the likelihood that PTSD will develop. (p 82)

Chapter 3

1. Define public health and its role in the health care system. (p 92)
2. Define intentional injuries and unintentional injuries. (p 92–93)
3. Discuss the detrimental effects of injuries as related to public health. (pp 92–93)
4. Discuss pediatric injuries and risk factors for them. (pp 93–94)
5. Discuss the detrimental effects of chronic and acute illness as related to public health. (pp 94–95)
6. Explain the concept of years of potential life lost. (pp 95–96)
7. Explain the relevance of a teachable moment in EMS. (pp 96–97)
8. Discuss the principles of injury prevention, including education, enforcement, engineering/environment, and economic incentives. (pp 97–100)
9. List the major public health laws, regulations, and guidelines in place in the

United States, including the purpose of each. (pp 98–99)
10. Explain the paramedic's unique role in promoting public health, in terms of both illness and injury. (pp 92–95)
11. Define primary prevention and secondary prevention; include examples of each. (pp 101–102)
12. Define morbidity and mortality. (p 103)
13. Discuss the concept of injury surveillance and how it relates to EMS. (p 104)
14. Explain the Haddon matrix and how it can be used in the understanding and prevention of injury. (pp 105–106)
15. List ways a paramedic can promote injury prevention in the community. (pp 107–108)
16. Describe the steps involved in organizing a community prevention program. (pp 109–110)

Chapter 4

1. Differentiate between laws and ethics. (pp 118–119)
2. Describe medical ethics, including the implications for paramedics. (pp 119–123)
3. Discuss the legal system in the United States and how it affects paramedics. (pp 123–124)
4. Differentiate between civil and criminal law relevant to paramedics. (pp 124–126)
5. Describe the process of a typical lawsuit against emergency medical services. (pp 126–127)
6. Discuss the legal and ethical accountability of paramedics. (pp 127–128)
7. Discuss legislation that affects paramedic practice. (p 128)
8. Differentiate between licensure and certification as they apply to paramedic practice. (pp 128–129)
9. Explain the importance and necessity of patient confidentiality and the standards for maintaining patient confidentiality applicable to paramedic practice. (pp 129–130)
10. Discuss the legal and ethical issues surrounding patient transport. (p 133)
11. Describe the actions that you should take to preserve evidence at a crime or motor vehicle crash scene. (pp 133–134)
12. Explain the mandatory reporting requirements for special situations, including abuse or neglect, drug-related injuries, childbirth, suicide, and crime

scenes. (p 134)

13. Differentiate between expressed, informed, implied, and involuntary consent. (pp 135–136)
14. Describe the processes you should use to determine consent or valid refusal, especially relative to the patient's decision-making capacity. (pp 136–137)
15. Identify the steps to take if a patient refuses care, and when to transport a patient against the patient's will. (pp 137–138)
16. Identify methods for obtaining consent for minors, including exceptions for emancipated minors. (pp 138–139)
17. Discuss the legal ramifications of patient restraint, both physical and chemical, for patient and practitioner safety. (pp 139–140)
18. Define the four elements that must be present to prove negligence: duty, breach of duty, proximate cause, and damage (harm). (pp 140–143)
19. Discuss abandonment as it relates to paramedic practice. (pp 143–144)
20. Discuss patient rights, including autonomy, end-of-life decisions, and the moral and ethical implications of do not resuscitate orders and other advance directives. (pp 144–149)
21. Identify situations in which it would be appropriate for you to cease resuscitation efforts or not to initiate resuscitation efforts in the field. (pp 148–149)
22. Discuss your responsibilities relative to resuscitation efforts for patients who are potential organ donors. (pp 149–150)
23. Discuss common defenses to litigation, including contributory negligence. (p 150)
24. Describe forms of legal immunity that can apply to you as a paramedic. (pp 150–151)
25. Discuss employment legislation regarding sexual harassment, discrimination, disabilities, the Family and Medical Leave Act (FMLA), Occupational Safety and Health Administration law, and other legislation that applies to paramedic practice. (pp 152–155)

Module #2 Material Covered:
Chapters 5-7

Assessments:
Online quizzes located in Desire2Learn

Patient Care Report Narratives
Test 2

Learning Outcomes:
Chapter 5

1. Discuss the importance of effective communication while providing emergency medical care. (pp 164–165)
2. Describe the communication loop and how it is used to communicate effectively. (pp 165–166)
3. List barriers to effective verbal communication. (pp 165–166)
4. Explain the importance of emergency medical dispatch (EMD) and prearrival instructions in a typical emergency medical services (EMS) response. (pp 167–168)
5. Explain the role of the emergency medical dispatcher in a typical EMS response. (pp 167–170)
6. Describe the components, function, and use of the local dispatch communications system. (pp 171–173)
7. List the phases of EMD. (p 169)
8. Explain basic concepts of radio communications. (pp 170–171)
9. List the components of communications systems. (pp 171–173)
10. Differentiate between the following types of communications technologies:
    - Simplex radio systems (p 171)
    - Duplex radio systems (p 171)
    - Multiplex radio systems (p 172)
    - Digital radio systems (p 172)
    - Repeaters (p 172)
    - Digital trunked radio systems (p 173)
    - Cellular technology (p 174)
    - Biotelemetry (p 176)
    - Computer networks (pp 176–177)
11. Define interoperability, including its importance during large-scale events. (p 173)
12. Recognize the protected legal status of patient health information. (pp 175, 179, 186)
13. Describe the functions and responsibilities of the Federal Communications Commission. (p 170)

14. Describe the phases of communication necessary to complete a typical EMS response. (pp 180–181)
15. Describe the format for reporting essential patient assessment information to medical control. (pp 182–183)
16. Describe the importance of effective verbal communication of patient information to the hospital. (p 182)
17. List factors that may enhance verbal communication. (p 165)
18. Identify internal and external factors that affect patient/bystander interviews. (p 200)
19. Discuss the strategies for developing patient rapport. (pp 185–186)
20. Provide examples of open-ended and closed-ended questions. (pp 186–187)
21. Discuss interviewing strategies to obtain useful information from a patient. (pp 187–188)
22. Discuss common errors to avoid when interviewing a patient. (pp 188–189)
23. Identify the nonverbal skills that are used when interviewing a patient. (p 189)
24. Describe the strategies that are used when interviewing a patient who is hostile or potentially violent. (pp 189–190)
25. Summarize developmental considerations of various age groups that influence patient interviewing. (pp 190–191)
26. Discuss the techniques that are used when interviewing patients with special challenges. (pp 192–193)
27. Define cultural competence. (p 193)
28. Discuss interviewing considerations used in cross-cultural communications. (p 194)
29. Provide examples of traditional folk medicine, including why it is important to understand those practices. (pp 194–196)

Chapter 6

1. Explain the legal implications of the patient care report (PCR). (p 207)
2. Discuss the implications of the Health Insurance Portability and Accountability Act of 1996 as they relate to documentation. (p 207)
3. Describe the purposes of documentation. (pp 207–209)
4. Compare handwritten PCRs with electronic PCRs, and discuss the pros and cons of each type. (pp 209–210)

5. Identify the information required in a PCR, including standard items that must be documented for every emergency call. (pp 210–211)
6. Discuss the process for documenting transfer of care and care before arrival. (pp 211–212)
7. Discuss the process for documenting refusal of care, including the legal implications. (pp 212–213)
8. Discuss state and/or local reporting requirements for special circumstances, including workplace injuries and illnesses, multiple- casualty incidents, occupational exposures, cases of alleged abuse or neglect, and involvement of on-scene physicians or other agencies. (pp 213–217)
9. Discuss various formats for the narrative portion of the PCR. (pp 218–221)
10. Discuss why it is essential that documentation be accurate, legible, and professional. (pp 222–224)
11. Explain the procedure to follow should an error occur during or after creating a PCR. (pp 224–225)
12. Discuss the consequences of intentional falsification of documentation. (p 225)
13. Discuss why it is important to accurately document incident times. (p 226)

Chapter 7

1. Explain the purpose of medical terminology and the importance of being familiar with it. (p 232)
2. Explain the Greek and Latin origins of medical terms. (pp 233–234)
3. Define medical eponyms, homonyms, antonyms, and synonyms; give examples of each. (pp 233, 239–240)
4. Recognize word roots, combining forms, prefixes, and suffixes; give examples of each. (pp 234–237)
5. Describe how compound words are created and how the plural is formed when using medical terminology; give examples of each. (p 239)
6. Describe the anatomic position and explain why it is used. (pp 240–241)
7. Identify the three planes of the human body. (p 241)
8. List medical terms associated with regional anatomy. (p 241)
9. Explain the importance of using accurate medical terminology for direction, movement, and position in your documentation and other communication. (pp 243–246)
10. Describe the topography of the abdominal region, including the four

abdominal quadrants and the nine abdominal regions. (pp 246–247)
11. Identify specialized prefixes used to indicate position, direction, and location. (p 236)
12. Define specific terms used to indicate the patient's position on the scene or before transport: prone, supine, Fowler position, and recovery (left lateral recumbent) position. (pp 247–248)
13. Interpret standard, widely accepted medical abbreviations, acronyms, and symbols. (pp 248–249)
14. Identify error-prone medical abbreviations, acronyms, and symbols. (p 250)
15. Know appropriate terminology related to pharmacology. (pp 251–261)

Module #3 Material Covered:
Chapters 47, 48, 49, & 50

Assessments:
Online quizzes located in Desire2Learn
Patient Care Report Narratives
Test 3

Learning Outcomes:
Chapter 47
1. Summarize the medical equipment, safety equipment, and operations equipment carried on an emergency medical vehicle. (pp 2654–2655)
2. Discuss the importance of performing regular vehicle inspections, and list the specific parts of an emergency vehicle that should be inspected daily. (pp 2655–2657)
3. Provide examples of some high-risk situations and hazards that may affect the safety of the emergency vehicle and its passengers during both pretransport and transport. (pp 2662–2671)
4. Discuss specific considerations required to ensure scene safety, including personal safety, patient safety, and traffic control. (pp 2660–2661)
5. Define the terms cleaning, disinfection, high-level disinfection, and sterilization, and explain how they differ. (pp 2661–2662)
6. Identify the dangers to consider when operating an emergency vehicle in emergency mode. (pp 2663–2668)
7. Discuss the guidelines for driving an emergency vehicle safely and

defensively, and identify key steps emergency medical services (EMS) personnel can take to improve safety while en route to the scene, hospital, and station. (pp 2662–2671)

8. Describe the elements that dictate the use of lights and siren to the scene and to the hospital and the factors required to perform a risk-benefit analysis regarding their use. (pp 2664, 2670)
9. Give examples of the specific, limited privileges provided to emergency vehicle drivers by most state laws and regulations. (pp 2669–2671)
10. Explain why using police escorts and crossing intersections pose additional risks to EMS personnel during transport, and discuss special considerations related to each. (pp 2670–2671)
11. Describe the capabilities, protocols, and methods for accessing air medical transport. (pp 2671–2674)
12. List the safety concerns when operating a landing zone for helicopter transport. (pp 2675–2676)
13. Describe key scene safety considerations when preparing for a helicopter medevac, including establishing a landing zone (LZ), securing loose objects, mitigating on-site hazards, and approaching the aircraft. (pp 2673–2679)

Chapter 48

1. Explain the federal requirements for the minimum entry-level certifications of paramedics and other emergency personnel in incident command system (ICS) training. (p 2688)
2. Describe the National Incident Management System (NIMS) and its major components. (pp 2686–2688)
3. Describe the purpose of the ICS and its organizational structure, and the role of emergency medical services (EMS) response within it. (pp 2688–2695)
4. Describe how the ICS ensures the safety of responders, people injured or threatened by the incident, volunteers assisting at the incident, and the media and general public who are at the scene. (pp 2691–2695)
5. Describe the role of the paramedic in establishing command under the ICS. (pp 2693–2695)
6. Explain the purpose of EMS operations within incident management. (pp 2695–2697)
7. Describe the specific conditions that would define a situation as a mass-casualty incident (MCI), including some examples. (pp 2699–2700)

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 2701–2703, 2707–2708)
9. Explain the need for retriaging of patients during MCIs. (p 2701)
10. Describe how the START and JumpSTART triage methods are performed. (pp 2704–2706)
11. Describe the purpose of critical incident stress management. (p 2708)

Chapter 49

1. Explain the three levels of training in technical rescue incidents in the context of NFPA 1006, *Standard for Technical Rescue Personnel Professional Qualifications*. (p 2720)
2. Discuss guidelines for assisting special rescue teams in the context of NFPA 1670, *Standard on Operations and Training for Technical Search and Rescue Incidents*. (pp 2720–2721)
3. Discuss the steps in special rescue, including preparation, response, arrival and scene size-up, scene stabilization, access, disentanglement, removal, and transport in the context of NFPA 1670. (pp 2721–2727)
4. Discuss specific hazards that may be encountered during the arrival and scene size-up of a technical rescue incident. (pp 2722, 2724–2725)
5. Discuss how to ensure 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 2722–2725, 2732–2733)
6. 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 2722–2723, 2725)
7. Explain the importance of the incident management system during technical rescue incidents. (p 2723)
8. Explain the simple methods used to access a patient during an incident that requires extrication. (pp 2726, 2733–2736)
9. Discuss disentanglement methods and considerations, including airbag safety, displacing the seat, removing the windshield, removing the roof, and displacing the dash. (pp 2736–2739)
10. Outline the standard terminology used to describe the anatomy of a vehicle. (pp 2728–2729)

11. Describe the specific hazards associated with alternative-power vehicles. (pp 2729–2731)
12. Identify the hazards posed by specific types of hazardous materials. (p 2731)
13. Identify how hand tools for striking, prying, cutting, and lifting are used in rescue operations. (pp 2731–2732)
14. Identify various types of cribbing used for vehicle stabilization. (pp 2732–2733)
15. Outline the ways in which a patient can be accessed during a vehicle extrication, from simple to complex. (pp 2726, 2733–2736)
16. Recognize the hazards to providers' and patients' safety during disentanglement, including undeployed airbags. (pp 2736–2737)
17. Give examples of situations that would require special technical rescue teams, and describe the paramedic's role in these situations. (pp 2718–2720)
18. Summarize the special hazards and challenges posed by entrapment in and rescue from a confined space. (pp 2739–2741)
19. Describe why collapse is a key safety concern in trench rescue and how this threat can be managed. (pp 2741–2742)
20. Compare the variables of depth, temperature, and current in surface-water rescue, cold-water submersion, and rescue from floodwaters. (pp 2742–2744)
21. Differentiate the equipment and techniques used in high- and low-angle rope rescue. (p 2746)
22. Define and contrast wilderness search and rescue with lost person search and rescue. (pp 2746–2747)
23. Describe the steps in making a safe approach to a structure fire. (p 2748)
24. Cite the similarities between agricultural and industrial rescue. (pp 2748–2749)
25. Explain the special considerations applicable to tactical response scenarios. (pp 2749–2751)
26. Sequence the metabolic cascade that occurs in a patient with crush syndrome. (p 2751)
27. Articulate the patient care considerations involved in providing prehospital pain management. (p 2751)
28. Using a basket stretcher as an example, explain the importance of proper equipment selection in patient packaging. (pp 2727, 2751–2753)

Chapter 50

1. Define the term *hazardous material*. (p 2762)
2. Describe the OSHA HAZWOPER regulation and the entry-level training or experience requirements identified by the HAZWOPER regulation for a paramedic to respond to a hazmat incident. (pp 2763–2764)
3. Explain the hazard classification system used by the National Fire Protection Association (NFPA). (pp 2769–2770)
4. Explain the role of paramedics during a hazmat incident both before and after the hazmat team arrives, including precautions required to ensure the safety of civilians and public service personnel. (pp 2763–2764)
5. Discuss the specific types of information and reference resources a paramedic can use to recognize a hazmat incident. (pp 2766–2770)
6. Describe some of the containers and vehicles used to transport hazardous materials on the roadway. (pp 2770, 2772–2778)
7. Explain how the three safety zones are established at a hazmat incident and discuss each zone's characteristics, including the personnel who work within each one. (p 2778)
8. Describe the four levels of personal protective equipment (PPE) that may be required at a hazmat incident to protect personnel from injury by or contamination from a particular substance. (pp 2780–2782)
9. Describe how the route of the exposure, the dose and concentration of the hazard, and the length of time the hazard is in contact with the body affect the body. (p 2782)
10. Provide examples of how understanding the chemical and physical properties of a substance may give some valuable insight into providing care. (pp 2782–2784)
11. Describe decontamination techniques, including emergency decontamination, mass decontamination, and technical decontamination. (pp 2786–2789)
12. Describe patient care at a hazmat incident and explain special requirements for specific exposures. (pp 2789–2790)

Module #4 Material Covered:
Chapters 51, 52 & 53

Assessments:

Online quizzes located in Desire2Learn
Patient Care Report Narratives
Test 4

Learning Outcomes:
Chapter 51

1. List key questions to consider when responding to a terrorist event. (pp 2802–2803)
2. Define international and domestic terrorism. (pp 2804–2805)
3. Define and specify the types of terrorist groups. (pp 2806–2807)
4. List various examples of terrorist motivations. (pp 2806–2807)
5. Explain how to identify potential terrorist targets to which you may respond. (pp 2807–2809)
6. Discuss what actions paramedics should take during the course of their work to heighten their ability to respond to and survive a terrorist attack. (pp 2807–2812)
7. Discuss factors to consider when responding to a potential weapon of mass destruction incident, including preincident indicators, the type of location, the type of call, the number of patients, and victims' statements. (pp 2808–2809)
8. Discuss key response actions to take at the scene of a terrorist event. (pp 2809–2812)
9. Define secondary devices and the importance of continually reassessing scene safety. (pp 2811–2812)
10. List the five main categories of weapons of mass destruction. (p 2812)
11. Define the terms *persistence*, *volatility*, *contact hazard*, and *vapor hazard*. (pp 2813–2814, 2817)
12. Explain the signs, symptoms, and emergency medical treatment of a patient with vesicant exposure. (p 2814)
13. Explain the signs, symptoms, and emergency medical treatment of a patient with pulmonary agent exposure. (pp 2814–2815)
14. Explain the signs, symptoms, and emergency medical treatment of a patient with nerve agent exposure. (pp 2816–2817)
15. Explain the signs, symptoms, and emergency medical treatment of a patient with cyanide agent exposure. (pp 2815–2816)
16. Define the terms *dissemination*, *disease vector*, *communicability*, and *incubation*. (p 2819)

17. Explain the signs, symptoms, and emergency medical treatment of a patient with smallpox. (pp 2820–2821)
18. Explain the signs, symptoms, and emergency medical treatment of a patient with viral hemorrhagic fever. (p 2821)
19. Explain the signs, symptoms, and emergency medical treatment of a patient with inhalation and cutaneous anthrax. (pp 2822–2823)
20. Explain the signs, symptoms, and emergency medical treatment of a patient with plague. (pp 2823–2824)
21. Explain the signs, symptoms, and emergency medical treatment of a patient with botulinum toxin exposure. (p 2824)
22. Explain the signs, symptoms, and emergency medical treatment of a patient with ricin exposure. (pp 2824–2825)
23. Define syndromic surveillance and its importance during a potential terrorist event. (p 2826)
24. Define radiation and the difference between alpha, beta, gamma, and neutron radiation. (p 2827)
25. Describe what a radiologic dispersal device, or dirty bomb, is and how it is used for terrorism. (p 2827)
26. Explain the emergency medical management of a patient who was potentially exposed to radiation. (p 2828)
27. List protective measures to take when responding to a radiologic event. (pp 2828–2829)
28. Discuss specific types of explosive devices used by terrorists. (pp 2827–2830)

Chapter 52

1. Define disaster, including the types of critical infrastructure that can be affected by a disaster. (p 2840)
2. Explain what is meant by an all-hazards approach to disaster planning. (p 2841)
3. Discuss predisaster planning questions to consider related to general items, such as geography, the infrastructure, and the population. (pp 2841–2844)
4. List items to consider when planning for a disaster of any sort. (p 2842)
5. Discuss predisaster planning considerations related to available emergency medical services resources, such as mutual aid, fire, police, and hospitals. (pp 2843–2844)

6. Discuss other resources that should be considered when planning for a disaster event, such as nongovernmental organizations, disaster relief agencies, and local businesses. (p 2843)
7. Discuss other planning considerations for disaster planning, including communications, supplies, training, transportation, and media and legal concerns. (pp 2843–2845, 2850)
8. Describe early measures to take when responding to a disaster, including early preparation when a warning is received, inventory of supplies, mobilization of personnel, and command setup. (pp 2846–2847)
9. List items to consider when responding to a disaster emergency. (p 2846)
10. Discuss other general considerations for responding to a disaster, including responders' physical and mental needs, resupplying, surveillance, and media. (pp 2847, 2849–2850)
11. Discuss actions to take after responding to a disaster, including the after-action report, retraining, and reimbursement. (pp 2850–2852)
12. List items to consider after responding to a disaster. (p 2851)
13. Discuss concerns related to specific natural disasters, including natural fires, snow and ice storms, tornadoes, hurricanes, tsunamis, earthquakes, landslides, cave-ins, volcanic eruptions, flooding, sandstorms, drought, prolonged cold weather, heat wave, meteors, and pandemics. (pp 2852–2863)
14. Discuss concerns related to specific human-made disasters, including structural fires, construction failures, power failures, riots and stampedes, strikes, snipers and hostage situations, explosions, and technology disruptions. (pp 2863–2868)

Chapter 53

1. Explain the significance of potential violence that can occur on an emergency medical services call, including the settings in which violence is more likely to occur. (pp 2876–2878)
2. Discuss practical measures paramedics should take to reduce the likelihood of becoming a victim on the scene, including uniform style and body armor. (p 2877)
3. Describe factors to assess during scene size-up that can help determine whether the scene is safe, including specific indicators of violence. (pp 2877–2878)
4. Discuss the role of standard operating procedures at a potentially violent

incident. (pp 2878–2879)

5. Describe how to park and position your emergency vehicle when responding to a call involving another motor vehicle. (pp 2879–2880)
6. Describe the safest way to approach a passenger-style motor vehicle. (pp 2880–2881)
7. Summarize the safest way to approach a van. (p 2881)
8. Describe how to retreat from danger. (p 2882)
9. Describe how to approach a residence safely. (p 2882)
10. Describe primary and secondary types of exits. (p 2883)
11. List items that can potentially be used as a weapon. (p 2883)
12. Discuss techniques to use when responding to a call involving potential domestic violence. (pp 2883–2884)
13. Discuss concerns related to clandestine drug laboratories. (p 2884)
14. Discuss concerns related to gang territories and the measures paramedics can take to work safely in these areas. (pp 2884–2885)
15. Discuss the procedures paramedics should follow at mass shootings and at scenes involving active shooters or snipers. (pp 2886–2888)
16. Define cover and concealment; include an example of each. (p 2889)
17. Explain the measures paramedics should take to increase safety in a hostage situation. (pp 2888–2889)
18. Describe the role self-defense can play in the practice of paramedicine. (pp 2891–2892)
19. Discuss the measures paramedics should take to preserve evidence at a crime scene, while still providing optimal patient care. (pp 2893–2896)
20. Identify signs of human trafficking. (p 2893)

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

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*

Tests (4)	60%
Quizzes	15%
Final Exam	25%
Total	100%

Making up of a missed assignment is not allowed. Missed tests, quizzes, dropbox submissions and miscellaneous assignments will result in a zero grade for that assignment.

Narrative Rubric

Please refer to the following rubric as a guideline for narrative assignments.

Narrative Rubric					
Criteria	Ratings and Points (out of 100)				Total
Content	40 to > 36 pts	35.9 to > 32 pts	31.9 to > 28 pts	27.9 to >0 pts	40
	A	B	C	D, F	
	The narrative includes all of the provided essential information.	The narrative includes most of the provided essential information.	The narrative includes some of the provided essential information.	The narrative does not include most of the provided essential information.	
Organization of Material	40 to > 36 pts	35.9 to > 32 pts	31.9 to > 28 pts	27.9 to >0 pts	40
	A	B	C	D, F	
	The narrative is logically organized and easy to follow.	The narrative is mostly logically organized and easy to follow.	The narrative is somewhat logically organized and easy to follow.	The narrative is not presented in a clear or systematic manner.	
Grammar and Punctuation	20 to > 18 pts	17.9 to > 16 pts	15.9 to > 14 pts	13.9 to >0 pts	20
	A	B	C	D, F	
	The narrative has minimal or no grammar, spelling, or punctuation mistakes.	The narrative has three to five grammar, spelling, or punctuation mistakes.	The narrative has six to ten grammar, spelling, or punctuation mistakes.	The narrative has more than ten grammar, spelling, or punctuation mistakes.	

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

GRADING SYSTEM:

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, and Is also negatively impact academic progression and financial aid status.

Note: Students in this EMS course must achieve a minimum score of 75% to progress in the program. Scores of 70-74 will be recorded as a 'C'. However, students must repeat the course in a future cohort to successfully complete the program.

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 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.**

For online and hybrid courses, refer to your Instructor's Course Information Sheet for any required on-site meeting times. In online courses, attendance is fulfilled through the submission of academic work. Please be aware that instructors may require exams to be proctored either online or at an approved testing site. If you choose to use a testing center other than those provided by HGTC, that center may charge a fee for its services.

Part V: Student Resources

THE STUDENT SUCCESS AND TUTORING CENTER (SSTC):

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

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

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

STUDENT INFORMATION CENTER - TECH Central:

TECH Central offers all students the following free resources:

1. Getting around HGTC: General information and guidance for enrollment, financial aid, registration, and payment plan support!

2. In-person and remote assistance are available for Desire2Learn, Student Portal, Degree Works, and Office 365.

3. 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. You may also call (843) 349-5199.

HGTC LIBRARY:

Each campus location has a library where HGTC students, faculty, and staff may check out materials with their HGTC ID. All three HGTC campus libraries have librarians and staff who can aid with research, computers to support academic research and related school-work, and individual/group study rooms. Printing is available as well at each location. Visit the Library website for more information or

call (843) 349-5268.

STUDENT TESTING:

Testing in HGTC courses may occur during regularly scheduled class time or online, with or without proctoring. Tests may be delivered in the following formats:

- Digitally through D2L
- In writing on paper
- Through a publisher platform (note: some publisher platforms carry an associated fee)

Tests may include time limits and may require proctoring depending on the course.

When proctoring is required and is not provided by the course instructor in the classroom, students may complete their test face-to-face at an HGTC Testing Center or another approved testing site, or online using HGTC's online proctoring provider. For more information about available proctoring options, visit the Online Testing section of the HGTC Testing Center webpage.

Students testing at an HGTC Testing Center should note the following:

- **Appointments must be scheduled at least 24 hours in advance.**
- **A physical, government-issued photo ID is required to test.**

The **Instructor Information Sheet** will have more details on test requirements for your course.

DISABILITY SERVICES:

HGTC is committed to providing an accessible environment for students with disabilities. Students seeking accommodations are encouraged to visit HGTC's Accessibility and Disability Service webpage for detailed information.

It is the student's responsibility to self-identify as needing accommodations and to provide appropriate documentation. Once documentation is submitted, the student will participate in an interactive process with Accessibility and Disability Services staff to determine reasonable accommodations. Students may begin the

accommodations process at any time; however, accommodations are **not retroactive** and will only be applied from the point at which they are approved. Students must contact the office **each semester** to renew their accommodations.

For assistance, please contact the Accessibility and Disability Services team at disabilityservices@hgtc.edu or 843-796-8818 (call or text).

COUNSELING SERVICES:

HGTC Counseling Services strives to optimize student success through managing personal and academic concerns that may interfere with achieving educational goals. Staff are available to every student for assistance and guidance on personal matters, academic concerns and other areas of concern. HGTC offers free in-person and telehealth counseling services to students. For more information about counseling services, please reach out to counseling@hgtc.edu or visit the website the Counseling Services webpage.

STATEMENT OF EQUAL OPPORTUNITY/NON-DISCRIMINATION STATEMENT:

Our sincere commitment to both effective business management and equitable treatment of our employees requires that we present this Policy Statement as an embodiment of that commitment to the fullest.

Discrimination is conduct that includes unjust or prejudicial treatment based upon an individual's age, race, color, sex, religion, national origin, disability, and genetic information or any other protected classes deemed unlawful under State or Federal law that excludes an individual from participation in, denies the individual the benefits of, treats the individual differently, or otherwise adversely affects a term or condition of a person's working or learning environment. This includes failing to provide reasonable accommodation, consistent with state and federal law, to persons with disabilities.

All inquiries regarding the federal laws as they relate to discrimination on the basis of sex may be directed to Jen Riddei, Title IX Coordinator, Horry-Georgetown Technical College**,** Building 1100C, Room 107B, 2050 HWY 501 E, PO Box 261966, 843-349-5218, Jenifer.Riddei@hgtc.edu.

Student and prospective student inquiries concerning the federal laws and their

application to the College or any student decision may be directed to Dr. Melissa Batten, Vice President, Student Affairs, and Section 504 & Title II Coordinator, Horry-Georgetown Technical College, Building 1100C, Room 107A, 2050 HWY 501 E, PO Box 261966-6066, 843-349-5228, Melissa.Batten@hgtc.edu.

Employee and applicant inquiries concerning the federal laws and their application to the College may be directed to Jacquelyne Synder, Vice President, Human Resources and Employee Relations and the College's Affirmative Action/Equal Opportunity Officer, Horry-Georgetown Technical College**,** Building 200C, Room 205B, 2050 HWY 501 E, PO Box 261966, Conway, SC 29528-6066, 843-349-5212, Jacquelyne.Snyder@hgtc.edu.

TITLE IX REQUIREMENTS:

Title IX of the Education Amendments of 1972 protects students, employees, applicants for admission and employment, and other persons from all forms of sex discrimination.

HGTC prohibits the offenses of sexual harassment, domestic violence, dating violence, sexual assault, and stalking and will provide students, faculty, and staff with necessary information regarding prevention, policies, procedures, and resources.

Any student, or other member of the college community, who believes that they have been a victim of sexual harassment, domestic violence, dating violence, sexual assault, or stalking may file a report with the college's Title IX Coordinator or campus law enforcement*.

> *Faculty and Staff are required to report these incidents to the Title IX Coordinator 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).

All inquiries regarding the federal laws as they relate to discrimination on the basis of sex may be directed to Jen Riddei, Title IX Coordinator, Horry-Georgetown Technical College**,** Building 1100C, Room 107B, 2050 HWY 501 E, PO Box 261966, 843-349-5218, Jenifer.Riddei@hgtc.edu.

PREGNANCY ACCOMMODATIONS

Under Title IX, colleges must not exclude a pregnant student from participating in any part of an educational program. Horry-Georgetown Technical College is committed to ensuring that pregnant students receive reasonable accommodations to ensure access to our educational programs.

Students should advise the Title IX Coordinator of a potential need for accommodations as soon as they know they are pregnant. It is extremely important that communication between student, instructors, and the Title IX Coordinator begin as soon as possible. Each situation is unique and will be addressed individually.

Title IX accommodations DO NOT apply to Financial Aid. Financial Aid regulations do not give the College any discretion in terms of Financial Aid eligibility.

Certain educational programs may have strict certification requirements or requirements mandated by outside regulatory agencies. Therefore, in some programs, the application of Title IX accommodations may be limited.

To request pregnancy accommodations, please complete the *Pregnancy Intake Form* that can be found here.