HORRY GEORGETOWN TECHNICAL COLLEGE

INSTRUCTIONAL PACKAGE

EMS 150

INTRODUCTION TO ADVANCED CARE

2017-30
SUMMER 2018

INSTRUCTIONAL PACKAGE

PART I: COURSE INFORMATION

Effective Term: 201730

COURSE PREFIX: EMS 150 COURSE TITLE: Introduction to Advanced Care

CONTACT HOURS: 4-3-5 CREDIT HOURS: 5

RATIONALE FOR THE COURSE:
To develop in the student a working knowledge of pathophysiology's and modalities of treatment used in the pre-hospital emergency treatment of trauma, medical emergencies. This is accomplished through a study of body systems, patient assessment and the skills needed to treat various patient populations.

COURSE DESCRIPTION:
This course covers advanced care preparatory material, trauma, advanced airway material and shock management.

PREREQUISITES/CO-REQUISITES:
Prerequisites: EMS 109 & EMS 212 – SC & NREMT EMT Certification
Corequisites: BIO 112, EMS 115, EMS 119. EMS 223

REQUIRED MATERIALS:

1. Caroline, Nancy *Emergency Care in the Streets Volume 1&2*. Massachusetts: Jones & Bartlett Publishing, 2018. Print

2. Caroline, Nancy *Emergency Care in the Streets Workbook*. Massachusetts: Jones & Bartlett Publishing, 2018. Print

Please visit the Bookstore online site for most current textbook information. Use the direct link below to find textbooks. Bookstore.

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 student portal for course materials.
WaveNet and D2L email access.

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 of 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, performs endotracheal intubation to open airways and to ventilate patient, inflates pneumatic counter-pressure devices to improve patient's blood circulation.

Assisting in lifting, carrying, and transporting patient to ambulance and on 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:

1. Ability to communicate verbally, via telephone and radio equipment;
2. Ability to lift, carry, and balance up to 125 pounds (250 pounds with assistance);
3. Ability to read and interpret written, oral, and diagnostic form instructions;
4. Ability to use good sound judgment and remain calm in high-stress situations;
5. Ability to work effectively in an environment with loud noises and flashing lights;
6. Ability to function efficiently throughout an entire work shift;
7. Ability to calculate weight and volume ratios and read small print, both under life threatening time constraints;
8. Ability to read and understand English language manuals and road maps;
9. Accurately discern street signs and address numbers;
10. Ability to interview patient, family members, and bystanders;
11. Ability to document, in writing, all relevant information in prescribed format in light of legal ramifications of such;
12. Ability to converse in English with co-workers and hospital staff as to status of patient;
13. Good manual dexterity, with ability to perform all tasks related to highest quality patient care;
14. Ability to bend, stoop, and crawl on uneven terrain;
15. Ability to withstand varied environmental conditions such as extreme heat, cold, and moisture;
16. Ability to work in low light, confined spaces and other dangerous environments.

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

Part II: Student Learning Outcomes

COURSE LEARNING OUTCOMES and ASSESSMENTS:

Program Cognitive Objective:
At the completion of the program, the graduate of Horry Georgetown Technical College Paramedic Education Program will demonstrate the ability to comprehend, apply, and evaluate the clinical information relative to his role as an entry level paramedic in Horry and Georgetown counties.

Program Psychomotor Objective:
At the completion of the program, the student will demonstrate technical proficiency in all skills necessary to fulfill the role of entry level paramedic in Horry and Georgetown counties.

Program Affective Objective:
At the completion of the program, the student will demonstrate personal behaviors consistent with professional and employer expectations for the entry level paramedic in Horry and Georgetown counties.

Module #1

Material Covered:
Chapters 11 & 12

Assessments:
Online quizzes located in Desire2Learn
Workbook
Module #1 Test

Learning Outcomes:

1. Name the components of the patient assessment process; include the most important determination made by paramedics. (pp 501-504)
2. Explain how to determine the mechanism of injury (MOI) or nature of illness (NOI) at an emergency medical scene; include why it is important to differentiate trauma patients from medical patients. (pp 504, 508)
3. Discuss possible hazards that may be present at an emergency medical scene, ways to recognize them, and precautions to protect personal safety. (pp 505-508)
4. List the minimum standard precautions EMS personnel should follow and the personal protective equipment that should be worn at an emergency medical scene; include examples of when additional precautions would be appropriate. (p 509)
5. Describe the principal goals of the primary survey process. (pp 510-512)
6. Describe how a general impression of a patient is formed as part of the primary survey; include why this step is critical to patient management. (pp 510-512)
7. Recall how to identify life threats by inspecting and palpating for open and closed fi ndings during the primary survey. (pp 510, 541-543)
8. Explain how to assess the airway status in responsive and unresponsive patients; include examples of possible signs and causes of airway obstruction in each case, and the appropriate response by paramedics. (p 512)
9. Explain how to assess a patient's breathing status; include the key information paramedics must obtain during this process and the care required for patients with adequate and inadequate breathing. (pp 512-513)
10. Explain how to assess a patient's circulatory status; include the diff erent methods to obtain a pulse and appropriate management depending on the patient's status. (pp 513-515)
11. Explain how to assess a patient's skin using color, temperature, and condition (CTC); include examples of normal and abnormal fi ndings, and how this information relates to the patient's status. (p 514)

12. Determine the priority of patient care and transport at an emergency scene, include examples of conditions that necessitate immediate transport. (pp 516-518)
13. Identify the MOIs most likely to produce life-threatening injuries. (pp 517-518)
14. Discuss the process of obtaining a patient history; include the purpose and the initial approach to a patient. (pp 519-520)
15. Give examples of diff erent techniques paramedics may use to obtain full and accurate information from patients during the history-taking process. (pp 520-523)
16. Discuss challenges paramedics may face when obtaining a patient history in which sensitive information must be collected; include strategies to facilitate such situations. (pp 522-525)
17. Understand the unique challenges that arise during history taking involving pediatric and geriatric patients. (pp 529-531)
18. Identify the elements of the history to be obtained from responsive medical patients, from family or bystanders in the case of unresponsive medical patients, and from trauma patients. (pp 531-537)
19. Recognize which aspects of the body systems should be covered during the history-taking process. (pp 537-539)
20. Apply clinical reasoning, based on the results of the primary survey and patient history, to form a diff erential diagnosis. (p 539)
21. Explain the purpose of performing a secondary assessment; include physical exam techniques, and equipment used in the secondary assessment. (pp 540-543, 547-548)
22. Name the devices used to monitor a patient's medical condition during the secondary assessment and reassessment. (pp 546-548, 590-592)
23. Explain the importance of assessing a patient's mental status; include examples of diff erent methods used to assess alertness, responsiveness, and orientation. (pp 552-554)
24. Explain general (systemic) conditions considered during the secondary assessment; include examples of what the secondary assessment should include based on a patient's chief complaint. (pp 554-588)
25. Describe normal and abnormal lung sounds heard during auscultation. (pp 563-567)
26. Explain the importance of performing patient reassessment; include reassessing mental status and ABCDE as well as reassessing transport priority and any interventions applied. (pp 593-594)
27. Describe the four cornerstones of effective paramedic practice. (pp 603-606)
28. Explain the benefits and drawbacks of patient protocols or standing orders and patient care algorithms in the emergency medical services (EMS) system. (p 605)
29. Explain how to distinguish patients with critical life threats from those in serious condition and those with minimal, non–life-threatening injuries. (pp 606-607)
30. Describe the five stages of critical thinking and thought processing in the prehospital setting. (pp 607-611)
31. Describe the *Six Rs of clinical decision making*. (pp 611-614)

Module #2

Material Covered:
Chapters 13 & 14

Assessments:
Online quizzes located in Desire2Learn
Workbook
Module #2 Test

Learning Outcomes:

1. Explain how pharmacology relates to paramedic clinical practice. (p 622)
2. Describe the regulatory measures affecting medications administered in the prehospital setting. (pp 622-623)
3. Describe how drugs are classified. (pp 623, 627)
4. Outline reliable sources of medication information available to paramedics. (pp 625-627)
5. List the components of a medication profile. (p 626)
6. Discuss requirements for medication storage, security, and accountability. (pp 627-628)
7. Describe the pharmacokinetic and pharmacodynamic properties of medications in general. (pp 628-630, 641)
8. Identify situations in which medication effects will be altered by the age, sex, weight, and other characteristics of a particular patient. (pp 631-635)

9. Present steps to reduce the incidence of medication errors and limit the severity of harmful effects associated with medication administration. (pp 635-636, 647-650)
10. Discuss the prevention, recognition, and management of adverse medication reactions. (pp 636-637)
11. Select the optimal medication and method of medication administration for patients with a particular clinical condition or situation. (pp 641-645)
12. Identify the various classes of medications that influence the sympathetic nervous system. (pp 649-653)
13. Describe specific medications used by paramedics in the prehospital setting. (pp 653-657)
14. List notable classes of medications that may be taken by patients in the prehospital setting. (pp 654-657)
15. Explain the medications likely to be used by patients with respiratory conditions, including what each medication is used for. (pp 659-660)
16. Recognize the medications commonly prescribed to patients with cardiovascular diseases. (pp 660-669)
17. Describe the role of medical direction in medication administration. (p 687)
18. Discuss the benefits of performing a Medication Administration Cross-Check© (MACC) before administering a medication. (p 688)
19. Explain the importance of properly documenting medication administration. (p 688)
20. Discuss paramedics' responsibilities related to security of medications stocked on the ambulance. (p 689)
21. Explain the difference between aseptic, clean, and sterile techniques. (p 689)
22. Describe the use of standard precautions related to medication administration. (p 690)
23. Discuss the signs and symptoms that can occur when there are changes in fl uid status in the body. (pp 690-691)
24. List commonly used intravenous (IV) fluid compositions and types of IV solutions. (pp 692-694)
25. Discuss the techniques for performing IV therapy. (pp 694-707)
26. Discuss the factors to consider when choosing an IV solution. (p 695)
27. Discuss the factors to consider when choosing an administration set. (pp 695-698)
28. Discuss the factors to consider when choosing an IV site. (pp 698-699)
29. List the types of IV catheters. (pp 699-700)
30. Describe special considerations when performing IV therapy on a pediatric or older adult patient. (pp 707-708)
31. List the factors to check if the IV flow rate is incorrect. (pp 708-709)
32. Describe complications that can occur as a result of IV therapy. (pp 709-712)
33. Discuss transport considerations for a patient undergoing a blood transfusion. (p 713)
34. Discuss the advantages, disadvantages, and techniques for establishing an intraosseous (IO) IV line. (pp 714-720)
35. List the types of IO devices available. (pp 715-717)
36. Discuss the potential complications of IO infusion. (pp 719-720)
37. Discuss the systems of weights and measures used when administering medication. (pp 721-723)
38. Explain the principles of drug dose calculations, including desired dose, concentration on hand, volume on hand, volume to administer, and IV drip rate. (pp 725-729)
39. Discuss the advantages, disadvantages, and techniques of oral medication administration. (pp 729-730)
40. Discuss the advantages, disadvantages, and techniques of rectal medication administration. (pp 730, 732)
41. Discuss the advantages, disadvantages, and techniques of intradermal medication administration. (p 737)
42. Discuss the advantages, disadvantages, and techniques of subcutaneous medication administration. (pp 737-739)
43. Discuss the advantages, disadvantages, and techniques of intramuscular medication administration. (pp 738-742)
44. Discuss the advantages, disadvantages, and techniques of intravenous medication administration. (pp 740, 742-746)
45. Discuss the advantages, disadvantages, and techniques of IO medication administration. (pp 749-750)
46. Discuss the advantages, disadvantages, and techniques of transdermal medication administration. (pp 749-751)
47. Discuss the advantages, disadvantages, and techniques of sublingual medication administration. (pp 751-752)
48. Discuss other methods of medication administration, including the buccal, ocular, and aural routes. (pp 751-753)
49. Discuss the advantages, disadvantages, and techniques of intranasal medication administration. (pp 753-754)
50. Discuss the advantages, disadvantages, and techniques of inhaled medication administration. (pp 753, 755-758)
51. Discuss the rates at which medication is absorbed through various routes. (pp 761-762)

Module #3

Material Covered:
Chapter 15

Assessments:
Online quizzes located in Desire2Learn
Workbook
Module #3 Test

Learning Outcomes:

1. Review the anatomy of the respiratory system, including the major structures of the upper and lower airway. (pp 776--778)
2. Discuss the physiology of breathing, including ventilation, oxygenation, and respiration. (pp 777-778)
3. Describe factors related to the pathophysiology of respiration, including ventilation-perfusion ratio mismatch, hypoventilation, hyperventilation, and circulatory compromise. (pp 778-782)
4. Describe factors related to ventilation, including partial pressure and volumes. (pp 779-780)
5. Explain positive pressure ventilation versus negative pressure ventilation. (p 781)
6. Discuss acid-base imbalance, specifically respiratory acidosis and respiratory alkalosis. (pp 781-782)
7. Explain how to assess for a patent airway. (pp 782-783)
8. List the signs of adequate breathing. (p 783)
9. List the signs of inadequate breathing. (pp 783-785)
10. Describe the five abnormal breathing patterns to recognize when assessing a patient's breathing. (p 785)
11. Explain how to assess a patient's breath sounds. (pp 785-787)
12. Explain how to assess for adequate and inadequate respiration, including the use of pulse oximetry. (pp 787-794)
13. Discuss the methods for end-tidal carbon dioxide assessment, including its importance. (pp 790-794)
14. Explain the use of the recovery position to maintain a clear airway. (p 795)
15. Describe how to perform the head tilt–chin lift maneuver. (pp 795-796)
16. Describe how to perform the jaw-thrust maneuver. (pp 795-796)
17. Describe how to perform the tongue-jaw lift maneuver. (p 796)
18. Describe the importance and techniques of suctioning. (pp 797-799)
19. Explain how to measure and insert an oropharyngeal (oral) airway. (pp 800-801)
20. Explain how to measure and insert a nasopharyngeal (nasal) airway. (pp 801-802)
21. Describe the causes of foreign body airway obstruction. (pp 802-803)
22. Describe the management of mild and severe foreign body airway obstruction in an adult, a child, and an infant. (pp 804-806)
23. Describe the importance of giving supplemental oxygen to patients who are hypoxic. (p 806)
24. Describe the basics of how oxygen is stored and the various hazards associated with its use. (pp 806-807)
25. Explain how to use a nonrebreathing mask, including the oxygen flow requirements for its use. (pp 808-809)
26. Describe the indications for using a nasal cannula rather than a nonrebreathing mask. (p 809)
27. Describe the indications for using a humidifier during supplemental oxygen therapy. (pp 810-811)
28. Explain how to perform mouth-to-mask ventilation. (pp 813-814)
29. Describe the assessment and care of a patient with apnea. (pp 813-814)
30. Describe the use of a one- and two-person bag-mask device. (pp 815-816)
31. Describe the signs associated with adequate and inadequate artificial ventilation. (p 816)
32. Discuss automatic transport ventilators and how to use them. (pp 816-817)
33. Describe the indications, contraindications, and complications of using continuous positive airway pressure (CPAP). (pp 817-820)
34. Explain the considerations surrounding gastric distention, including how to perform nasogastric and orogastric decompression. (pp 820-823)
35. Discuss airway management considerations for patients with a laryngectomy, tracheostomy, or stoma. (pp 823-828)
36. List the advanced airway devices and techniques available to you as a paramedic. (p 829)
37. Discuss methods used to predict the difficult airway. (pp 829-831)
38. Describe the advantages, disadvantages, and equipment used when performing endotracheal (ET) intubation. (pp 831-833)
39. Explain how to determine correct ET tube size. (p 832)

40. List factors to consider when determining correct laryngoscope blade size. (p 833)
41. Discuss the indications and contraindications of orotracheal intubation. (p 833)
42. List the methods available for confirming correct ET tube placement and the advantages and disadvantages of each method. (pp 839-840)
43. Describe how to secure an ET tube. (pp 840-841)
44. Discuss the indications, contraindications, advantages, disadvantages, and complications of nasotracheal intubation. (p 847)
45. Discuss the indications, contraindications, advantages, disadvantages, and complications of digital intubation. (pp 849, 851)
46. Discuss the indications, contraindications, advantages, disadvantages, and complications of transillumination intubation. (p 852)
47. Discuss the indications, contraindications, advantages, disadvantages, and complications of retrograde intubation. (p 853)
48. Explain what to do when intubation fails. (p 858)
49. Explain how to perform tracheobronchial suctioning. (pp 858-860)
50. Discuss considerations related to field extubation. (pp 859, 861)
51. List possible pharmacologic adjuncts to airway management and ventilation, including both sedatives and neuromuscular blocking agents used for emergency intubation. (pp 861-864)
52. Discuss the procedure for performing rapid sequence intubation. (pp 864-866)
53. Discuss King LT airway devices, including how they work, the indications, contraindications, and complications, and the procedure for inserting them. (pp 866-869)
54. Discuss the laryngeal mask airway, including how it works, its indications, contraindications, and complications, and the procedure for inserting it. (pp 868-872)
55. Discuss the i-gel supraglottic airway device, including how it works, and the procedure for inserting it. (pp 871-874)
56. Discuss the Cobra perilaryngeal airway, including how it works, its indications, contraindications, and complications, and the procedure for inserting it. (pp 872-875)
57. Discuss the esophageal tracheal Combitube, including how it works, its indications, contraindications, and complications, and the procedure for inserting it. (pp 875-877)
58. Discuss the indications, contraindications, advantages, disadvantages, and complications of performing open cricothyrotomy. (pp 878-879)
59. Discuss the indications, contraindications, advantages, disadvantages, and complications of performing needle cricothyrotomy. (pp 882-883)

Module #4

Material Covered:
Chapters 29, 30, 31 & 32

Assessments:
Online quizzes located in Desire2Learn
Workbook
Module #4 Test

Learning Outcomes:
1. Define trauma, including how it relates to energy, kinetics, and biomechanics. (pp 1542-1543)
2. Describe some of the factors that affect types of injuries. (pp 1543-1544)
3. Define mechanism of injury and index of suspicion, including how each one relates to paramedics' assessment of trauma. (pp 1543-1544)
4. Explain multisystem trauma and the special considerations that are required for patients who fi t this category. (pp 1545-1546)
5. Define blunt trauma, including an example of the mechanism of injury that would cause blunt trauma. (p 1546)
6. Describe how impact patterns can help paramedics determine or predict injury types following motor vehicle crashes (MVCs). (pp 1546-1548)
7. Name the five types of MVCs and the injury patterns associated with each one. (pp 1548-1552)
8. Describe the benefits of seat belt restraints during a MVC. (pp 1552-1554)
9. Name the four types of impacts in motorcycle crashes. (pp 1554-1555)

10. Describe the three predominant mechanisms of injury during a vehicle versus pedestrian collision. (pp 1555-1556)
11. Explain the five factors to consider when assessing a patient who has been injured in a fall. (pp 1556-1557)
12. Define penetrating trauma, including the mechanisms of injury that would cause low-, medium-, and high-velocity injuries to occur. (p 1557)
13. Explain the factors to consider when assessing a patient who has sustained a gunshot wound. (pp 1558-1560)
14. Discuss primary, secondary, tertiary, quaternary (miscellaneous), and quinary blast injuries, including the damage to the body that is anticipated with each one. (pp 1561-1562)
15. Describe the components that affect the speed, duration, and pressure of the blast shock wave. (p 1562)
16. Explain the special considerations when assessing and managing a patient with a blast injury. (pp 1563-1564)
17. Outline the major components of trauma patient assessment, including special considerations related to multisystem trauma. (pp 1564-1567)
18. Explain trauma management, including special considerations related to multisystem trauma and the trauma lethal triad. (pp 1568-1569)
19. Summarize the American College of Surgeons Committee on Trauma and US Centers for Disease Control and Prevention field triage decision scheme for criteria for referral to a trauma center. (pp 1569-1572)
20. Summarize the American College of Surgeons Committee on Trauma classification of trauma centers and how it relates to making an appropriate destination selection for a trauma patient. (pp 1572-1573)
21. Explain trauma patient management in relation to scene time and transport selection, and the Association of Air Medical Services criteria for the appropriate use of emergency air medical services. (p 1573)
22. Discuss the anatomy and physiology of the cardiovascular system. (pp 1582-1585)
23. Discuss the pathophysiology of external and internal hemorrhage. (pp 1585-1587)
24. Describe the body's physiologic response to hemorrhaging. (pp 1586-1587)
25. Describe the types of shock. (pp 1587-1589)
26. Discuss the pathophysiology of hemorrhagic shock. (pp 1588-1589)
27. Discuss the classes of hemorrhage. (p 1588)
28. Discuss the phases of shock. (p 1589)
29. Describe the assessment and management of a bleeding patient. (pp 1590-1593)
30. Describe the assessment and management of a patient with hemorrhagic shock. (pp 1590-1593, 1600-1602)
31. Describe how to assess and manage a patient with external hemorrhage. (pp 1594-1600)
32. Describe how to apply a commercial tourniquet. (pp 1595-1598)
33. Describe how to assess and manage a patient with internal hemorrhage. (pp 1600-1601)
34. Describe how to assess and manage a patient with hemorrhagic shock. (pp 1600-1602)
35. Review the anatomy and physiology of the skin, including the layers of the skin. (pp 1611-1612)
36. Understand the functions of the skin, and its role in the inflammatory process. (p 1611)
37. Explain skin tension lines and how they relate to wound healing. (p 1612)
38. Discuss the pathophysiology of soft-tissue injuries, including closed injuries and open injuries. (pp 1612-1613)
39. Discuss the process of wound healing, including hemostasis, inflammation, epithelialization, neovascularization, and collagen synthesis. (pp 1613-1614)
40. Discuss alterations in the wound healing process, including anatomic factors, high-risk wounds, abnormal scar formation, pressure injuries, and wounds requiring closure. (pp 1614-1615)
41. Discuss the pathophysiology of infection. (pp 1615-1616)
42. Describe the assessment process for patients with a soft-tissue injury, with a focus on when to perform a physical exam. (pp 1616-1617)
43. Describe the relationship between airway management and the patient with closed and open injuries. (p 1616)
44. Discuss emergency medical care of a patient with a soft-tissue injury. (pp 1617-1621)
45. Discuss the principles for treating a closed wound. (pp 1617-1618)
46. Discuss the principles for treating an open wound. (p 1618)
47. Describe complications of improperly applied dressings. (p 1618)
48. Understand the functions and types of sterile dressings and bandages. (p 1619)
49. Discuss methods and materials for site-specific dressings. (pp 1621-1623)
50. Discuss the role of pain control when managing patients with soft-tissue injuries. (p 1623)
51. Discuss the pathophysiology, assessment, and management of abrasions, lacerations, puncture wounds, impaled objects, avulsions, amputations, bite wounds, and high-pressure injection injuries. (pp 1623-1629)
52. Discuss the pathophysiology, assessment, and management of soft-tissue injuries to specific anatomic sites, including facial and neck injuries, thoracic injuries, and abdominal injuries. (p 1629)
53. Discuss the pathophysiology, assessment, and management of soft-tissue infections, including myositis, gangrene, tetanus, necrotizing fasciitis, paronychia, and flexor tenosynovitis of the hand. (pp 1630-1631)
54. Describe the anatomy and physiology of the skin, including the layers of the skin. (pp 1639-1640)

55. Describe the anatomy of the surface of the eye. (pp 1640-1641)
56. Summarize the general pathophysiology of burn injuries. (pp 1640-1642, 1644-1646)
57. Discuss the symptoms of hypovolemic shock (burn shock). (p 1641)
58. Describe five types of thermal burns. (pp 1641-1642)
59. Identify some of the warning signs of intentional burns associated with the potential abuse of children, older adults, and people with disabilities. (pp 1641-1642, 1650, 1666)
60. Define and describe the characteristics of superficial, partial-thickness, and full-thickness burns. (pp 1643-1644)
61. Describe the pathophysiology of inhalation burns. (pp 1644-1646)
62. Summarize the safety concerns that must be addressed during the size-up of a burn scene. (pp 1646-1647)
63. Summarize the primary survey and secondary assessment processes for a burn patient. (pp 1647-1651)
64. Compare three different methods for determining the extent of the burn or the total body surface area burned. (pp 1648-1650)
65. Contrast the burn severity classification for patients of different ages. (p 1649)
66. List the referral criteria for transporting a patient to a burn unit. (p 1650)
67. Describe the phases of definitive burn care. (p 1651)
68. Discuss emergency medical care of a patient with a burn injury, including specific airway management techniques, fluid resuscitation techniques, and pain management. (pp 1651-1654)
69. State the Consensus formula, and discuss its use as it pertains to the prehospital environment, including types of solutions to use and amounts to administer during the prehospital phase. (pp 1652-1653)
70. Explain the management of hypovolemic shock. (p 1654)
71. Explain the management of thermal burns. (pp 1654-1655)
72. Explain the management of thermal inhalation burns. (p 1655)
73. Explain the pathophysiology, assessment, and management of chemical burns of the skin. (pp 1655-1657)
74. Explain the pathophysiology, assessment, and management of inhalation burns from other toxic chemicals. (pp 1657-1658)
75. Explain the pathophysiology, assessment, and management of chemical burns of the eye. (pp 1658-1659)
76. Explain the pathophysiology, assessment, and management of electrical burns, including lightning-related injuries. (pp 1659-1664)
77. Explain the pathophysiology, assessment, and management of radiation burns. (pp 1664-1666)
78. Discuss special considerations involved in the treatment of pediatric and geriatric patients. (p 1666)
79. Summarize some of the long-term consequences of burn injury on the patient's quality of life and on the paramedic's psychologic well-being. (p 1666)

Module #5

Material Covered:
Chapter 33, 34, 35 & 36

Assessments:
Online quizzes located in Desire2Learn
Workbook
Module #5 Test

Learning Outcomes:

1. Discuss the anatomy and physiology of the head, face, and neck, including major structures and specific important landmarks. (pp 1677-1680)
2. Describe the factors that may cause obstruction of the upper airway following a facial injury. (p 1680)
3. Discuss the general patient assessment process for a patient with a face or neck injury. (pp 1680-1683)
4. Discuss general emergency care of a patient with a face or neck injury, including the importance of airway management. (p 1683)
5. Discuss different types of facial injuries, including soft-tissue injuries, maxillary fractures, nasal fractures, mandibular fractures, orbital fractures, and zygomatic fractures, and patient care considerations related to each one. (pp 1683-1686)
6. Describe the process of providing emergency care to a patient who has sustained face and neck injuries, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1686-1688)
7. Describe the management of a patient who has a foreign body in the throat. (p 1687)

8. List the steps in the emergency medical care of the patient with soft-tissue wounds of the face and neck. (p 1687)
9. Discuss different types of eye injuries, including lacerations, corneal abrasion, foreign bodies, impaled objects, blunt trauma, and burns, and related patient care considerations. (pp 1688-1692)
10. List the steps in the emergency medical care of the patient with an eye injury, including lacerations and corneal abrasion, blunt trauma, foreign object, impaled object, and burns. (pp 1692-1696)
11. Discuss different types of ear injuries, including soft-tissue injuries, foreign body in the ear, and a ruptured eardrum, and related patient care considerations. (p 1697)
12. List the steps in the emergency medical care of the patient with injuries of the ear, including lacerations and foreign body insertions. (pp 1697-1698)
13. Discuss different oral injuries, including soft-tissue injuries and dental injuries, and related patient care considerations. (pp 1698-1699)
14. List the steps in the emergency medical care of the patient with dental and cheek injuries, including how to handle an avulsed tooth. (p 1699)
15. Discuss specific injuries to the anterior part of the neck, including soft-tissue injuries, injuries to the larynx, injuries to the trachea, and injuries to the esophagus. (pp 1699-1703)
16. List the steps in the emergency medical care of the patient with a penetrating injury to the neck, including how to control regular and life-threatening bleeding. (p 1703)
17. Discuss spine trauma that does not involve the spinal cord, including the pathophysiology of sprains and strains, and their assessment and management. (p 1704)
18. Differentiate head trauma, head injury, and traumatic brain injury. (p 1713)
19. Review key points of head and spine anatomy and physiology. (pp 1713-1719)
20. Explain patient assessment for a person with a suspected head or spine injury, including variations that may be required for specific injuries. (pp 1719-1732)
21. Discuss general signs and symptoms of a head injury. (pp 1719-1720)
22. Discuss mechanisms of head and spine injury that paramedics should consider when assessing a patient. (pp 1720-1721)
23. Describe cases in which paramedics would use advanced airway techniques to gain definitive airway control in a patient with a head injury versus a spinal cord injury (SCI). (p 1721)
24. Describe the circumstances in which paramedics should establish intravenous access in a patient with a head or spine injury, including the importance of judicious fluid administration. (pp 1722-1723)
25. Discuss specific assessments used with a patient with possible SCI, including a neurologic exam. (pp 1724-1725, 1727-1732)
26. Discuss patient assessment and management of scalp lacerations. (p 1733)
27. Discuss types of skull fractures, including linear, depressed, basilar, and open skull fractures. (pp 1734-1735)
28. Explain the difference between a primary (direct) injury and a secondary (indirect) injury, giving examples of mechanisms of injury (MOIs) that could cause each injury. (p 1736)
29. Discuss the pathophysiology of intracranial pressure and posturing that can appear with brain injury. (pp 1736-1739)
30. Discuss diffuse brain injuries, including cerebral concussion and diff use axonal injury, and their corresponding signs and symptoms. (pp 1738-1743)
31. Discuss focal brain injuries, including cerebral contusion and the various types of intracranial hemorrhage, and signs and symptoms of each. (pp 1742-1746)
32. Describe management of head and brain injuries, including thermal management, treatment of associated injuries, and pharmacologic therapy. (pp 1746-1747)
33. Discuss MOIs that may damage the cervical, thoracic, or lumbar spine, including flexion, rotation with flexion, vertical compression, and hyperextension. (pp 1747-1750)
34. Differentiate primary SCI and secondary SCI, including complete versus incomplete cord injury. (pp 1750-1751)
35. Discuss various cord syndromes and the signs and symptoms, including anterior cord syndrome, central cord syndrome, posterior cord syndrome, cauda equina syndrome, and Brown-Séquard syndrome. (p 1751)
36. Discuss the signs and symptoms of neurogenic shock and spinal shock. (pp 1751-1752)
37. Discuss the evolution of spinal care. (pp 1753-1755)
38. Describe the sequence of emergency medical care for a patient with a spinal injury and the steps for performing manual in-line stabilization, including immobilizing a supine patient, a seated patient, and a standing patient. (pp 1755-1767)
39. Discuss when and how to perform rapid extrication. (pp 1766-1770)
40. Explain how to remove and package a patient with a possible spinal injury from a water incident. (pp 1770-1771)

41. Explain the various circumstances in which the helmet of a patient with a possible head or spinal injury should be left on or removed; include the steps paramedics must take to remove a helmet, including the alternative method for removing a football helmet. (pp 1770-1772)
42. Describe prehospital pharmacologic treatment of patients with SCI. (pp 1772-1773)
43. Discuss possible complications of SCI, including autonomic dysreflexia, requiring prehospital management. (p 1773)
44. Discuss nontraumatic spinal conditions, including causes of low back pain and conditions requiring prehospital treatment. (pp 1774-1775)
45. Review the anatomy and physiology of the chest. (pp 1788-1789)
46. Understand the mechanics of ventilation in relation to chest trauma. (p 1790)
47. Describe the assessment process for patients with chest trauma. (pp 1790-1793)
48. Discuss the signifi cance of various signs and symptoms of chest trauma, including changes in pulse rate, dyspnea, jugular venous distention, muffled heart sounds, circulatory changes, and changes in mental status. (pp 1790-1792)
49. Discuss the emergency medical care of a patient with chest trauma. (pp 1793-1794)
50. Discuss the pathophysiology, assessment, and management of chest wall injuries, including flail chest, rib fractures, sternal fractures, and clavicle fractures. (pp 1794-1797)
51. Discuss the pathophysiology, assessment, and management of lung injuries, including simple pneumothorax, open pneumothorax, tension pneumothorax, hemothorax, and pulmonary contusion. (pp 1797-1806)
52. Discuss the pathophysiology, assessment, and management of myocardial injuries, including cardiac tamponade, myocardial contusion, myocardial rupture, and commotio cordis. (pp 1806-1809)
53. Discuss the pathophysiology, assessment, and management of vascular injuries, including traumatic aortic disruption and penetrating wounds of the great vessels. (pp 1809-1811)
54. Discuss the pathophysiology, assessment, and management of other chest injuries, including diaphragmatic injury, esophageal injury, tracheobronchial injuries, and traumatic asphyxia. (pp 1811-1813)
55. Describe the anatomy and physiology of the abdomen, including an explanation of abdominal quadrants and boundaries. (pp 1821-1822)
56. List the vascular structures contained in the abdomen. (pp 1821-1822)
57. Discuss the solid and hollow organs of the abdomen. (p 1822)
58. Describe the anatomy and physiology of the female and male genitourinary systems, and distinguish between hollow and solid organs. (pp 1823-1824)
59. Discuss closed abdominal injuries, providing examples of the mechanisms of injury that are likely to cause this type of trauma in a patient. (pp 1824-1825)
60. Discuss open abdominal injuries and provide examples of the mechanisms of injury that would cause these. (p 1826)
61. Discuss the assessment of a patient who has experienced an abdominal or genitourinary injury. (pp 1828-1831)
62. Discuss special considerations related to patient privacy when assessing a patient with a genitourinary injury. (p 1830)
63. Describe the different ways solid organs of the abdomen, including the liver, spleen, pancreas, and diaphragm, can be injured, and list the signs and symptoms a patient might exhibit depending on the organ or organs involved. (pp 1833-1834)
64. Describe the different ways hollow organs of the abdomen, including the small intestine, large intestine, and stomach, can be injured, and list the signs and symptoms a patient might exhibit depending on the organ involved. (p 1834)
65. Discuss the emergency medical care of a patient who has sustained a closed abdominal injury. (pp 1833-1836)
66. Discuss the emergency medical care of a patient who has sustained an open abdominal injury, including penetrating injuries and abdominal evisceration. (pp 1833-1836)
67. Describe how retroperitoneal injuries can occur, and the signs and symptoms associated with these. (p 1834)
68. Discuss abdominal vascular injuries, and the signs and symptoms associated with these. (pp 1834-1835)
69. Describe duodenal injury, and the signs and symptoms associated with it. (p 1835)
70. Discuss the assessment and emergency medical care of a patient who has sustained a genitourinary injury related to the kidneys, ureters, urinary bladder, and urethra. (pp 1835-1836)
71. Discuss the assessment and emergency medical care of a patient who has sustained trauma to the internal or external genitalia. (pp 1836-1838)

Module #6

Material Covered:
Chapter 37, 38, 39 & 40

Assessments:
Online quizzes located in Desire2Learn
Workbook
Module #6 Test

Learning Outcomes:
1. Describe the incidence, morbidity, and mortality of musculoskeletal injuries. (p 1844)
2. Review the anatomy and physiology of the musculoskeletal system. (pp 1844-1846)
3. Describe age-associated changes in the bones. (p 1846)
4. Predict injuries based on the mechanism of injury, including:
5. Pathologic (p 1846)
6. Direct (p 1846)
7. Indirect (pp 1846-1847)
8. Discuss the general pathophysiology of musculoskeletal injuries, including fractures, ligament injuries, dislocations, muscle injuries, tendon injuries, and injuries that may signify fractures. (pp 1847-1852)
9. Discuss fracture classifi cations, including linear, transverse, oblique, spiral, impacted, comminuted, segmental, complete, incomplete, nondisplaced, and displaced. (pp 1848-1850)
10. Discuss the pathophysiology of open versus closed fractures. (p 1848)
11. Discuss the signs and symptoms of a fracture. (pp 1848, 1850-1851)
12. Discuss the need for assessment of pulses, motor, and sensation before and after splinting. (p 1851)
13. Explain the process of assessing a patient with a musculoskeletal injury. (pp 1852-1857)
14. Discuss the assessment fi ndings associated with musculoskeletal injuries. (pp 1852-1855)
15. Identify the need for rapid intervention and transport when dealing with musculoskeletal injuries. (p 1853)
16. List the primary signs and symptoms that can indicate less obvious extremity injury. (p 1854)
17. List the 6 Ps of musculoskeletal injury assessment. (p 1854)
18. List the other signs and symptoms that can indicate less obvious extremity injury. (p 1854)
19. Discuss the general emergency care principles used in managing musculoskeletal injuries. (pp 1857-1863)
20. Discuss the relationship between volume of hemorrhage and open or closed fractures. (p 1858)
21. Discuss methods of pain control for a patient with a musculoskeletal injury. (p 1858)
22. Discuss the general guidelines of splinting. (p 1859)
23. Describe the special considerations involved in femur fracture management. (pp 1862-1863, 1872)
24. Discuss the pathophysiology, assessment, and management of complications of musculoskeletal injuries, including peripheral nerve injuries, compartment syndrome, crush injuries, and thromboembolic disease. (pp 1863-1866)
25. Discuss the pathophysiology, assessment, and management of specifi c fractures, including shoulder girdle fractures, midshaft humerus fractures, elbow fractures, forearm fractures, wrist and hand fractures, pelvic fractures, hip fractures, femoral shaft fractures, knee fractures, tibia and fi bula fractures, ankle fractures, and calcaneus fractures. (pp 1866-1874)
26. Describe the procedure for reduction of an ankle, fi nger, or knee dislocation or fracture. (pp 1873-1874, 1876-1877)
27. Discuss the pathophysiology, assessment, and management of specific joint injuries and dislocations, including those to the shoulder girdle, elbow, wrist and hand, fi nger, hip, and knee. (pp 1874-1877)
28. Explain the importance of manipulating a knee dislocation or fracture with an absent distal pulse. (p 1877)
29. Discuss the pathophysiology, assessment, and management of bony abnormalities, including osteomyelitis and tumors. (p 1878)
30. Discuss the pathophysiology, assessment, and management of joint abnormalities, including arthritis, osteoarthritis, rheumatoid arthritis, gout, and septic arthritis. (pp 1878-1879)
31. Discuss the pathophysiology, assessment, andmanagement of muscle abnormalities, such as myalgia. (p 1879)
32. Discuss the pathophysiology, assessment, and management of overuse injuries, including tendinitis, bursitis, carpal tunnel syndrome, and polyneuropathy. (pp 1879-1880)
33. Describe four factors that affect how a person deals with exposure to a cold or hot environment and how each one relates to emergency medical care. (p 1889)

34. Explain the four different ways a body can lose heat and ways the rate and amount of heat loss or gain can be modified in an emergency situation. (pp 1891-1892)
35. Describe the various forms of illnesses caused by heat exposure, the signs and symptoms, and the people who are at the greatest risk of developing one of them. (pp 1892-1894)
36. Explain emergency medical care of a patient who has sustained a heat injury, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1893-1899)
37. Explain local cold injuries and the underlying causes. (pp 1899-1900)
38. Describe the process of providing emergency medical care of a patient who has sustained a local cold injury, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1901-1902)
39. Discuss hypothermia, including its definition, the signs and symptoms of its four different stages, the risk factors for developing it, and its management and treatment. (pp 1902-1907)
40. Explain the importance of following protocols in wilderness EMS operations. (p 1907)
41. Discuss drowning, including its definition, incidence, risk factors, assessment, treatment, and prevention. (pp 1907-1911)
42. Describe the various types of diving emergencies and the process of providing emergency medical care to a patient who has been involved in a diving emergency, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1911-1918)
43. Discuss the types of dysbarism injuries that may be caused by high altitudes, including the signs and symptoms and emergency medical treatment in the field. (pp 1918-1921)
44. Discuss lightning injuries, including the incidence, risk factors, assessment, and emergency medical treatment. (pp 1921-1922)
45. Discuss the emergency medical care of patients who have been stung by hymenoptera, including steps the paramedic should follow if a patient develops a severe reaction to the sting or bite. (pp 1923-1924)
46. Identify the species of arachnids (spiders, scorpions, and ticks) found in the United States that may cause life-threatening injuries, and the emergency medical care of patients who have been bitten by each type. (pp 1926-1929)
47. Describe how paramedics, the field code team, and the emergency medical services agency can incorporate the latest Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care from the American Heart Association and International Liaison Committee on Resuscitation into the management of field codes. (pp 1945, 1947-1957, 1962-1970)
48. Discuss the importance of the five links of the out-of-hospital chain of survival during a successful field code. (p 1945)
49. Describe the management mnemonic SMART, including how communities can apply it to improve the survival rates of patients in out-of-hospital cardiac arrest. (pp 1945-1946)
50. Discuss the use of simulation technology in cardiopulmonary resuscitation (CPR) training. (pp 1946-1947)
51. Describe the resuscitation pyramid and how it relates to high-quality CPR. (p 1947)
52. Discuss some of the theories about blood fl ow during CPR that have shifted the focus of certain CPR techniques. (p 1948)
53. Summarize the steps of the Basic Life Support Healthcare Provider Adult Cardiac Arrest Algorithm and identify the key to a successful outcome in patients in cardiac arrest. (pp 1948-1950)
54. Explain how two-rescuer CPR can benefit the paramedic and the patient. (p 1951)
55. Explain how to perform two-rescuer adult CPR, including the method for switching positions during the process. (pp 1951-1953)
56. Define the five age groups for the purposes of resuscitation. (pp 1951, 1953)
57. Explain how to perform child and infant CPR, including the method for switching positions during the process. (pp 1954-1957)
58. Discuss guidelines for circumstances that require the use of an automated external defi brillator on both adult and pediatric patients in cardiac arrest. (pp 1957-1958)
59. Describe situations in which manual or automated defi brillation would be appropriate. (p 1957)
60. Describe how to manage a witnessed cardiac arrest versus a nonwitnessed cardiac arrest. (pp 1958-1959)
61. Summarize how to perform manual or automated defibrillation on an adult versus a child or infant. (pp 1959-1960)
62. Explain special situations related to the use of defibrillation. (p 1961)
63. Review the management of a cardiac arrest based on analysis of the electrocardiogram as either a shockable rhythm (ventricular fi brillation [VF] or pulseless ventricular tachycardia [pVT]) or a nonshockable rhythm (pulseless electrical activity [PEA] or asystole). (pp 1964-1967)
64. Describe the possible causes and treatment of cardiac rhythms (the "Hs and Ts"), including how the management of these conditions begins in the field. (p 1966)

65. Discuss the different mechanical adjuncts to circulation that are used to assist in delivering chest compressions during CPR. (pp 1967-1969)
66. Describe the general steps of postresuscitative care and the importance of transporting the patient to the most appropriate facility. (p 1969)
67. Describe the ethical issues related to patient resuscitation, including examples of when not to start CPR on a patient. (pp 1969-1970)
68. Explain the various factors involved in the decision to stop CPR after it has been started on a patient. (pp 1970-1971)
69. Discuss the value of scene choreography and crew resource management during a field code. (pp 1970-1972)
70. Describe the typical roles of the code team leader and code team members during a field code. (p 1972)
71. Describe the importance of debriefing after a field code. (p 1973)
72. List examples of peri-arrest conditions that critical patients can present with in the field. (p 1983)
73. Describe the process of determining a diff erential diagnosis in the field assessment of a critical patient. (pp 1983-1985)
74. Discuss the rapid decision making involved in the assessment and management of a critical patient. (pp 1985-1987)
75. List examples of bias that can affect your critical decision making. (p 1985)
76. Describe the body's physiologic response to changes in perfusion. (pp 1988-1991)
77. Discuss the pathophysiology of shock and peri-arrest situations. (pp 1991-1993)
78. Describe the eff ects of decreased perfusion at the capillary level. (pp 1993-1994)
79. Define shock in relation to aerobic and anaerobic metabolism. (pp 1994-1996)
80. Predict shock based on mechanism of injury. (pp 1997-1998)
81. Relate pulse pressure changes to perfusion status. (p 1999)
82. Relate orthostatic vital sign changes to perfusion status. (p 1999)
83. Discuss the progression of shock. (pp 1998-2000)
84. Discuss the pathophysiologic changes associated with compensated shock. (p 1999)
85. Discuss the pathophysiologic changes associated with decompensated (hypotensive) shock. (p 1999)
86. Differentiate between compensated and decompensated shock. (p 1999)
87. Discuss the assessment findings associated with compensated shock. (pp 2000-2002)
88. Discuss the assessment findings associated with decompensated shock. (pp 2000-2002)
89. Discuss the assessment fi ndings associated with shock and the peri-arrest situations. (pp 2000-2002)
90. Identify the need for intervention and transport of the patient with compensated shock. (pp 2001-2002)
91. Identify the need for intervention and transport of the patient with decompensated shock. (pp 2001-2002)
92. Identify the need for intervention and transport of the patient with shock or other peri-arrest situations. (pp 2001-2002)
93. Discuss the treatment plan and management of compensated shock. (pp 2003-2005, 2015)
94. Discuss the treatment plan and management of the patient with decompensated shock. (pp 2003-2005, 2015)
95. Discuss the treatment plan and management of shock and other peri-arrest situations. (pp 2003-2005, 2015)
96. Describe the pathophysiology, assessment, and management of specifi c types of shock, including cardiogenic, obstructive, distributive, and hypovolemic shock. (pp 2005-2015)

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 (6)	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.

GRADING SYSTEM:
HGTC has a standardized, recommended grading scale for academic courses. The grading scale requires that grades within the indicated range be defined as:

A: 90-100 B: 80-89 C: 70-79 D: 60-69 F: Below 60

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 (ACADEMIC CALENDAR). 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.

Students will be required to pass an exit exam during the terminal semester with a minimum score to gain endorsement to take the NREMT written and practical examinations.

PART IV: ATTENDANCE

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 count as one absence.

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.

Lab Attendance Requirements
The lab meeting times are included in the attendance policy in the same manner as a regular lecture meeting. The attendance of the lab class will be combined with the lecture section for a total attendance.

Online/Hybrid Attendance:
Students enrolled in distance learning courses (hybrid and online) are required to maintain contact with the instructor on a regular basis to be counted as "in attendance" for the course. All distance learning students must participate in weekly course activities in order to demonstrate course participation. Students showing no activity in the course for two weeks will be withdrawn due to lack of attendance.

PART V: STUDENT RESOURCES

The Student Success and Tutoring Center (SSTC)

The SSTC offers to all students the following free resources:

1. Academic coaches for most subject areas, Writing Center Support, and college success skills.
2. On-line student success and academic support resources.

Visit the SSTC website: Student Success & Tutoring Center and visit the student services tab in your WaveNet account to schedule appointments using TutorTrac. For more information, call: SSTC Conway, 349-7872; SSTC Grand Strand, 477-2113; and SSTC Georgetown, 520-1455. Room locations and Live Chat is available on the SSTC website.

Student Information Center: WaveNet Central (WNC)

WNC offers to all students the following free resources:

1. Getting around HGTC: General information and guidance for enrollment!
2. Use the Online Resource Center (ORC) for COMPASS support, technology education, and online tools.
3. Drop-in technology support or scheduled training in the Center or in class.
4. In-person workshops, online tutorials and more services are available.

Visit the WNC website: Wavenet Central. Live Chat and Center locations are posted on the website. Or please call one of the following locations: WNC Conway, 349-5182; WNC Grand Strand, 477-2076; and WNC Georgetown, 520-1473.

Disability Services:

HGTC is committed to providing an accessible environment for students with disabilities. Inquiries may be directed to Jocelyn Williams, Director of Student Development on the Conway Campus Jaime Davis, Counselor/Advisor on the Georgetown Campus or Kristin Griffin, Counselor on the Grand Strand Campus. These individuals 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, gender, national or ethnic origin, age, religion, disability, marital status, veteran status, sexual orientation, gender identity, or pregnancy in educational programs and/or activities.

Title IX Requirements

Horry Georgetown Technical College prohibits the offenses of domestic violence, dating violence, sexual assault, and stalking. Any student who believe he or she has experienced or witnessed discrimination including sexual harassment, domestic violence, dating violence, sexual assault or stalking is encouraged to report such incidents to one of the College's Title IX Coordinators.

*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 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 Associate Vice President for Student Affairs.	Employee and applicant inquiries concerning Section 504, Title II, and Title IX and their application to the College may be directed to the Associate Vice President for Human Resources.
Dr. Melissa Batten, AVP Student Affairs *Title IX Coordinator* Building 1100, Room 107A, Conway Campus PO Box 261966, Conway, SC 29528-6066 843-349-5228 Melissa.Batten@hgtc.edu	**Jacquelyne Snyder, AVP Human Resources** *Section 504, Title II, and Title IX Coordinator* Building 200, Room 212A, Conway Campus PO Box 261966, Conway, SC 29528-6066 843-349-5212 Jacquelyne.Snyder@hgtc.edu

Accident Occurring on or off Campus

Accidents involving Faculty, Staff and Student Workers (work-study, clinical student or students on a required internship):

An accident/illness involving faculty, staff or student worker must be reported immediately to the Human Resources Department (843.349.7134) before seeking medical treatment, if possible, so an accident/incident report can be completed and Worker's Compensation can be notified. In the event someone in Human Resources cannot be notified, the injured party may contact the College's Worker's Compensation insurance carrier, CompEndium Services, to complete an accident/incident report and to receive clearance for treatment at 877.709.2667. If the incident is an emergency, please notify Human Resources as soon as the proper medical attention has been rendered for verification of workers' compensation coverage.

In any event, if an accident occurs, proper documentation needs to be completed. An accident report needs to be filled out stating the name of the injured party, the location of the accident, his/her identification number (social or H number), his/her address & phone number, the date & time of the accident, whether there were witnesses, and a brief description of what occurred. Attached is a copy of the Accident/Incident Report form. A copy of the report needs to be distributed to the following departments: Human Resources, the respective Supervisor, and the Dean/Provost of the specific campus.

If you need to go to the doctor's office, the following locations work in conjunction with our Worker's Compensation:

Doctors Care - Carolina Forest	200 Middleburg Dr Myrtle Beach, SC 29579	Mon-Fri 8am-8pm Sat/Sun 9am-5pm	843-903-6650
Doctors Care - North Myrtle Beach	1714 Hwy 17 Myrtle Beach, SC 29582	Every day 8am-8pm	843-361-0705
Doctors Care - Strand Medical	1220 21st Ave. Myrtle Beach, SC	Every day 8am-8pm	843-626-9379
Doctors Care - Church Street (Hwy 501)	1113 Church St Conway, SC	Every day 8am-8pm	843-248-6269
Doctors Care – Georgetown	1068 North Frazier St Georgetown, SC 29440	Mon-Fri 8am-8pm Sat/Sun 9am-5pm	843-545-7200