



INSTRUCTIONAL PACKAGE

EMS 240

Advanced Emergency Medical Care II

201720

Spring 2018

INSTRUCTIONAL PACKAGE

PART I: COURSE INFORMATION

Effective Term: 201720- Spring 2017

COURSE PREFIX: EMS 240

COURSE TITLE: Advanced Emergency Medical Care II

CONTACT HOURS: 3-6-5

CREDIT HOURS: 5

RATIONALE FOR THE COURSE:

To develop in the student a working knowledge of pathophysiologies and modalities of treatment used in the pre-hospital emergency treatment of medical emergencies, pediatrics, geriatrics and assessment based management.

COURSE DESCRIPTION:

This course is a study of complex recurring emergency medical conditions that encompasses all stages of the patient's life span.

PREREQUISITES/CO-REQUISITES:

Prerequisites: EMS 116, EMS 224 EMS 230, EMS 238

Corequisites: EMS 117, EMS 118, EMS 241, EMS 248, EMS 272

REQUIRED MATERIALS:

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:

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:

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

TECHNICAL REQUIREMENTS:

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

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.

STUDENT IDENTIFICATION VERIFICATION

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

Part II: Student Learning Outcomes

COURSE LEARNING OUTCOMES and ASSESSMENTS*:

1. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with a gastroenterological problem.
2. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with a toxic exposure.
3. Integrate pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the patient with a renal or urologic problem.
4. Integrate the pathophysiological principles of the hematopoietic system to formulate a field impression and implement a treatment plan.
5. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement the treatment plan for the patient with an environmentally induced or exacerbated medical or traumatic condition.
6. Describe and demonstrate safe, empathetic competence in caring for patients with behavioral emergencies.
7. Utilize gynecological principles and assessment findings to formulate a field impression and implement the management plan for the patient experiencing a gynecological emergency.
8. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for a neonatal patient.
9. Integrate pathophysiological principles and assessment findings to formulate a field impression and implement a treatment plan for the pediatric patient.
10. Integrate the pathophysiological principles and the assessment findings to formulate and implement a treatment plan for the geriatric patient.
11. Integrate the assessment findings to formulate a field impression and implement a treatment plan for the patient who has sustained abuse or assault.
12. Integrate pathophysiological and psychosocial principles to adapt the assessment and treatment plan for diverse patients and those who face physical, mental, social, and financial challenges.
13. Integrate the pathophysiological principles and the assessment findings to formulate a field impression and implement a treatment plan for the acute deterioration of a chronic care patient.

Module #1 – V3 Chapters 3-7

Material Covered:

V3 Chapter 3: Neurology

V3 Chapter 4: Endocrinology

V3 Chapter 5: Immunology

V3 Chapter 6: Gastroenterology

V3 Chapter 7: Urology and Nephrology

Assessments:

Chapter quizzes located in Desire2Learn

Module #1 Test

Learning Outcomes:

Chapter 3: Neurology

1. Define key terms introduced in this chapter.

2. Describe the epidemiology and demographics of neurologic disorders in the United States.
3. Review the anatomy and physiology of the nervous system.
4. Describe the general pathophysiological changes of nontraumatic neurologic emergencies, and relate this to disturbances in normal neurological physiology.
5. Adapt the scene size-up, primary assessment, history, secondary assessment, and use of monitoring technology to arrive at a field impression and differential diagnoses for neurologic emergencies.
6. Use a process of clinical reasoning to guide and interpret the patient assessment findings and develop a management plan for patients with neurologic disorders in the prehospital environment.
7. Differentiate between multiple causes of altered mental status.
8. List and describe the pathophysiology of various cardiovascular disorders commonly seen in the prehospital environment by the paramedic.
9. Given a variety of scenarios, discuss the integration of assessment and management guidelines as they relate to neurologic emergencies.

Chapter 4: Endocrinology

1. Define key terms introduced in this chapter.
2. Review the anatomy and physiology of the endocrine system.
3. Explain the general pathophysiological changes of endocrine emergencies, and relate this to disturbances in normal endocrine physiology.
4. Adapt the scene size-up, primary assessment, history, secondary assessment, and use of monitoring technology to arrive at a field impression and differential diagnoses for endocrine emergencies.
5. Use a process of clinical reasoning to guide and interpret the patient assessment findings and develop a treatment plan for patients with endocrine disorders in the prehospital environment.
6. Given a variety of scenarios, describe the integration of assessment and management guidelines as they relate to endocrine emergencies.

Chapter 5: Immunology

1. Define key terms introduced in this chapter.
2. Review the anatomy and physiology of the immune system.
3. Explain the general pathophysiological changes of immunological emergencies, and relate this to disturbances in normal immune physiology.
4. Adapt the scene size-up, primary assessment, history, secondary assessment, and use of monitoring technology to arrive at a field impression and differentials for immunological emergencies.
5. Use a process of clinical reasoning to guide and interpret the patient assessment findings and develop a treatment plan for patients with immunological disorders in the prehospital environment.
6. Given a variety of scenarios, describe the integration of assessment and management guidelines as they relate to immunological emergencies.

Chapter 6: Gastroenterology

1. Define key terms introduced in this chapter.
2. Review the anatomy and physiology of the gastrointestinal system.
3. Describe the general pathophysiological changes of gastrointestinal emergencies, and relate this to disturbances in normal immune physiology.
4. Identify gastrointestinal problems as upper GI tract disorders, lower GI tract disorders, or GI accessory organ disorders.
5. Adapt the scene size-up, primary assessment, history, secondary assessment, and use of monitoring technology to arrive at a field impression and differential diagnoses for gastrointestinal emergencies.
6. Use a process of clinical reasoning to guide and interpret the patient assessment findings and develop a treatment plan for patients with gastrointestinal disorders in the prehospital environment.
7. Given a variety of scenarios, discuss the integration of assessment and management guidelines as they relate to gastrointestinal emergencies.

Chapter 7: Urology and Nephrology

1. Define key terms introduced in this chapter.
2. Review the anatomy and physiology of the urinary system.
3. Describe the general pathophysiological changes of urologic and renal emergencies, and relate this to disturbances in normal renal physiology.
4. Adapt the scene size-up, primary assessment, history, secondary assessment, and use of monitoring technology to arrive at a field impression and differential diagnoses for renal emergencies.
5. Use a process of clinical reasoning to guide and interpret the patient assessment findings and develop a treatment plan for patients with urologic and renal disorders in the prehospital environment.
6. Given a variety of scenarios, discuss the integration of assessment and management guidelines as they relate to urologic and renal emergencies.

Module #2 – Volume 3 Chapters 8-13

Material Covered:

V3 Chapter 8: Toxicology and Substance Abuse

V3 Chapter 9: Hematology

V3 Chapter 10: Infectious Diseases and Sepsis

V3 Chapter 11: Psychiatric and Behavioral Disorders

V3 Chapter 12: Diseases of the Eyes, Ears, Nose, and Throat

V3 Chapter 13: Nontraumatic Musculoskeletal Disorders

Assessments:

Chapter quizzes located in Desire2Learn

Module #2 Test

Learning Outcomes:

Chapter 8: Toxicology and Substance Abuse

1. Define key terms introduced in this chapter.
2. Review the epidemiology of toxicologic disorders and substance abuse.
3. Describe the role of poison control centers in surveillance and management of toxicologic emergencies.
4. Identify the routes by which toxins can enter the body, and the fundamental management when a toxin enters by each route.
5. Adapt the scene size-up, primary assessment, history, secondary assessment, and use of monitoring technology to arrive at a field impression and differentials for toxicologic emergencies.
6. Describe the pathophysiology and consistent assessment findings that would be present in specific toxins or toxidromes as seen prehospitally.
7. Use a process of clinical reasoning to guide and interpret the patient assessment findings and develop a treatment plan for patients displaying a toxicologic emergency in the prehospital environment.
8. Given a variety of scenarios, discuss the integration of assessment and management guidelines as they relate to toxicologic and substance abuse emergencies.

Chapter 9: Hematology

1. Define key terms introduced in this chapter.
2. Explain the demographics and the role of heredity in the risk factors for hematologic disorders.
3. Review the anatomy and physiology of the hematologic system.
4. Adapt the scene size-up, primary assessment, history, secondary assessment, and use of monitoring technology to arrive at a field impression and differentials for hematologic emergencies.
5. Describe the pathophysiology and consistent assessment findings that would be present in a patient experiencing a hematologic emergency.
6. Adapt the scene size-up, primary assessment, history, secondary assessment, and use of monitoring technology to arrive at a field impression and differentials for hematological emergencies.
7. Use a process of clinical reasoning to guide and interpret the patient assessment findings and develop a treatment

plan for patients displaying a hematologic emergency in the prehospital environment.

8. Given a variety of scenarios, discuss the integration of assessment and management guidelines as they relate to hematologic emergencies.

Chapter 10: Infectious Diseases and Sepsis

1. Define key terms introduced in this chapter.
2. Explain public health principles related to infectious diseases, and the roles of local, state, and federal agencies involved in infectious disease surveillance and outbreaks.
3. Differentiate among the characteristics of bacteria, viruses, prions, fungi, protozoa, and parasites as causes of infectious diseases.
4. Describe the interactions of the agent, host, and environment as determining factors in disease transmission.
5. Describe the phases of the infectious process and the body's normal defenses against disease.
6. Explain the principles and practices of infection control in prehospital care, including your responsibilities and your rights under the Ryan White Act.
7. Adapt the scene size-up, primary assessment, history, secondary assessment, and use of monitoring technology to arrive at a field impression for patients with infectious disease emergencies.
8. Describe the pathophysiology of infectious diseases of immediate concern to EMS providers.
9. Use a process of clinical reasoning to guide and interpret the patient assessment findings and develop a treatment plan for patients displaying an infectious disease emergency.
10. Describe the actions to take if you are exposed to an infectious disease.
11. Discuss EMS providers' roles in patient education and preventing disease transmission.
12. Explain the pathophysiology, risk factors, assessment, and prehospital management of sepsis/systemic inflammatory response syndrome (SIRS).
13. Given a variety of scenarios, discuss the integration of assessment and management guidelines as they relate to infectious disease emergencies.

Chapter 11: Psychiatric and Behavioral Disorders

1. Define key terms introduced in this chapter.
2. Discuss the biological, psychosocial, and sociocultural influences on psychiatric and behavioral disorders.
3. Adapt the scene size-up, primary assessment, history, secondary assessment, and use of monitoring technology to arrive at a field impression and differentials for behavioral emergencies.
4. Discuss the pathophysiology and assessment findings that would be present in a patient experiencing specific psychiatric disorders in the prehospital environment.
5. Describe the epidemiology and risk factors for suicide.
6. Use a process of clinical reasoning to guide and interpret the patient assessment findings and develop a treatment plan for patients displaying a behavioral emergency in the prehospital environment.
7. Describe special considerations for assessment and management of psychiatric and behavioral disorders in geriatric and pediatric populations.
8. Explain the characteristics and management of excited delirium syndrome.
9. Describe special considerations in the assessment and management of TASERed patients.
10. Describe the indications, procedures, precautions, and necessary documentation associated with the use of physical and chemical restraint to manage violent patients.
11. Given a variety of scenarios, discuss the integration of assessment and management guidelines as they relate to behavioral, suicidal, and violent patient emergencies.

Chapter 12: Diseases of the Eyes, Ears, Nose, and Throat

1. Define key terms introduced in this chapter.
2. Review the anatomy and physiology of the eyes, ears, nose, and throat structures.
3. Adapt the scene size-up, primary and secondary assessment, medical history, and use of monitoring technology to arrive at a field impression for eyes, ears, nose, and throat emergencies.
4. Discuss the pathophysiology and assessment findings that would be present in a patient experiencing specific eyes, ears, nose, and throat emergencies in the prehospital environment.
5. Use a process of clinical reasoning to guide and interpret the patient assessment findings and develop a treatment

plan for patients with eyes, ears, nose, and throat emergencies.

6. Given a variety of scenarios, discuss the integration of assessment and management guidelines as they relate to emergencies of the eyes, ears, nose, and throat.

Chapter 13: Nontraumatic Musculoskeletal Disorders

1. Define key terms introduced in this chapter.
2. Review the anatomy and physiology of the musculoskeletal system.
3. Adapt the scene size-up, primary and secondary assessment, medical history, and use of monitoring technology to arrive at a field impression for nontraumatic musculoskeletal disorders.
4. Discuss the pathophysiology and assessment findings that would be present in a patient experiencing specific nontraumatic musculoskeletal disorders in the prehospital environment.
5. Use a process of clinical reasoning to guide and interpret the patient assessment findings and develop a treatment plan for patients displaying nontraumatic musculoskeletal disorders.
6. Given a variety of scenarios, discuss the integration of assessment and management guidelines as they relate to emergencies nontraumatic musculoskeletal disorders.

Module #3 – Volume 5 Chapters 1-3

Material Covered:

V5 Chapter 1: Gynecology

V5 Chapter 2: Obstetrics

V5 Chapter 3: Neonatology

Assessments:

Chapter quizzes located in Desire2Learn

Module #3 Test

Learning Outcomes:

Chapter 1: Gynecology

1. Define key terms introduced in this chapter.
2. Review and discuss the pertinent anatomy and physiology of the female reproductive system, including organs, structures, hormones, and the menstrual cycle.
3. Use a process of clinical reasoning to guide and interpret the medical history and patient assessment findings for patients with specific gynecologic complaints.
4. Discuss how to adapt the major phases of patient assessment for a female patient with complaints and presentations related to gynecologic emergencies.
5. Discuss how to adapt the major phases of patient assessment for a female patient with complaints and presentations specific to sexual assault.
6. Given a variety of scenarios, discuss the integration of assessment and management guidelines as they relate to gynecologic emergencies.

Chapter 2: Obstetrics

1. Define key terms introduced in this chapter.
2. Relate the anatomy and physiology of pregnancy, stages of fetal development, and their effect on a woman's major body systems.
3. Use a process of clinical reasoning to guide and interpret the medical history and patient assessment findings for patients with specific obstetric presentations.
4. Discuss how to adapt the major phases of patient assessment for a female patient with complaints and presentations of both medical and traumatic etiologies related to obstetric emergencies.
5. Discuss how the paramedic should recognize, assess, and manage the female patient with preterm labor.
6. Identify indications of imminent obstetric delivery, the steps of normal delivery, and the role the paramedic has in facilitating prehospital delivery.

7. Briefly discuss the routine management of the neonate, APGAR scoring, and neonatal resuscitation.
8. Identify the types of abnormal delivery situations and other delivery complications, and the paramedic's approach to the assessment and management of these emergencies.

Chapter 3: Neonatology

1. Define key terms introduced in this chapter.
2. Identify basic epidemiology findings regarding neonatology and the risk factors that can indicate possible complications in newborns.
3. Discuss the physiology of the neonate as he shifts from intrauterine to extrauterine life.
4. Identify and discuss the pathophysiology and assessment findings of various congenital anomalies that may be encountered at birth.
5. Use a process of clinical reasoning to guide and interpret the patient assessment and management process for normal and distressed neonatal patients, according to the neonatal resuscitation algorithm.
6. List the components of and describe how to use the APGAR scoring system with neonates.
7. Identify how to recognize and manage neonatal problems such as meconium aspiration, apnea, respiratory distress, heart rate disorders, prematurity, seizures, birth injuries, and others, as appropriate.
8. Given various neonatal scenarios, discuss how the paramedic should assess and manage these emergencies in the prehospital environment.

Module #4 – Volume 5 Chapters 1-2

Material Covered:

- V5 Chapter 4: Pediatrics
- V5 Chapter 5: Geriatrics
- V5 Chapter 7: The Challenged Patient
- V5 Chapter 8: Acute Interventions for the Chronic Care Patient

Assessments:

- Chapter quizzes located in Desire2Learn
- Module #4 Test

Learning Outcomes:

Chapter 4: Pediatrics

1. Define key terms introduced in this chapter.
2. Identify the basic epidemiological findings as they relate to the pediatric patient, and the role of the paramedic in pediatric care.
3. Relate the differences of children of various ages to adaptations in communication, assessment, and management of pediatric patients, and the psychosocial needs of the parents or caregivers.
4. Discuss the evolving physiology of pediatrics from newborns to adolescents as it relates to anatomy, physiology, and pathophysiology.
5. Identify how to adapt the scene size-up, primary assessment, patient history, secondary assessment, vital sign values, and use of monitoring technology to guide clinical reasoning.
6. Use a process of clinical reasoning to guide and interpret the patient assessment and management process for pediatric patients.
7. Discuss the general management of pediatric patients regarding airway management, ventilation, oxygenation, vascular access, fluid and medication administration, and cardiac arrest management.
8. Based on assessment findings, discuss how to delineate and individually manage respiratory distress, respiratory failure, and respiratory arrest.
9. Relate the pathophysiology of traumatic and medical pediatric emergencies to the priorities of patient assessment and management by the paramedic.
10. Describe special considerations in management and documentation of situations involving SIDS, ALTE, abuse, and neglect.

11. Discuss the process of assessing and managing special needs pediatric patients who are dependent on medical technology.
12. Apply the JumpSTART triage method to multiple-casualty incidents involving children.
13. Given various pediatric scenarios, discuss how the paramedic should integrate assessment and management of these emergencies in the prehospital environment.

Chapter 5: Geriatrics

1. Define key terms introduced in this chapter.
2. Discuss the epidemiology and demographics of aging.
3. Explain the complex interactions between the effects of aging on the body systems and multiple disease processes in elderly patients.
4. Discuss the pathophysiology of aging on the major body systems of the elderly.
5. Identify how to adapt the scene size-up, primary assessment, patient history, secondary assessment, vital sign values, and use of monitoring technology to guide clinical reasoning in the elderly.
6. Identify and delineate between the common medical and traumatic emergencies in the elderly population, and how the paramedic should assess and manage these emergencies.
7. Identify common medications taken by the elderly population that can cause toxicological emergencies, and how these should be managed by the paramedic.
8. Describe special considerations in the elderly that necessitate maintaining a high index of suspicion for behavioral and psychiatric problems, including risk of suicide.
9. Given various geriatric scenarios, discuss how the paramedic should integrate assessment and management for these emergencies in the prehospital environment.

Chapter 6: Abuse, Neglect, and Assault

1. Define key terms introduced in this chapter.
2. Describe the epidemiology and demographics of abuse, assault, neglect, and hate crimes.
3. Describe the characteristics of abusers and abused and neglected patients, including partner abuse, elder abuse, child abuse, and hate crimes.
4. Identify patterns of injuries and behavior suspicious for abuse, neglect, assault, and hate crimes.
5. Recognize the effects of date rape drugs.
6. Discuss how to report and document relevant observations and information regarding suspected abuse, assault, neglect, and hate crimes.
7. Identify the paramedic's role in the suspicion, identification, and assessment of patients involved in some form of human trafficking.
8. Given various scenarios, discuss how the paramedic should integrate assessment and management for emergencies related to abuse, neglect, assault, and hate crimes.

Chapter 7: The Challenged Patient

1. Define key terms introduced in this chapter.
2. Identify and discuss the types of physical, mental, emotional, cognitive, and developmental challenges seen in patients whom EMS may encounter in the prehospital environment.
3. Describe the various types of accommodations EMS providers may have to make for patients with physical, mental, emotional, cognitive, and developmental challenges.
4. Discuss how the EMS response to assessment and management is altered relative to patients who are culturally diverse, terminally ill, financially challenged, or have communicable diseases.
5. Given various scenarios, discuss how the paramedic should integrate assessment and management of emergencies in patients with special challenges.

Chapter 8: Acute Interventions for the Chronic Care Patient

1. Define key terms introduced in this chapter.
2. Discuss the epidemiology of health care, and describe factors that have contributed to an increase in home health care utilization.
3. Identify reasons that paramedics are summoned to assist patients receiving home health care, and the types of

- patient complaints that typically accompany these emergencies.
4. Relate the paramedic's role in injury control and prevention by identifying teaching moments as they relate to helping families prepare their home for patient care.
 5. Adapt techniques of scene size-up, gathering a patient history and assessment, and providing patient care to patients in the home care setting.
 6. Discuss how to integrate history and assessment findings to determine how to care for patients with worsening chronic conditions, or have a malfunction of their home medical equipment.
 7. Describe the need to interact with other health care professionals when responding to patients receiving home health care.
 8. Identify EMS's role in integrating with hospice and comfort care programs.
 9. Given various scenarios, discuss how the paramedic should integrate assessment and management of emergencies in patients with chronic conditions receiving home health care.

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*

Quizzes	15%
Tests (4)	60%
Final Exam	25%
	<hr/>
	100%

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

GRADING SYSTEM:

100%-90%	A
80%-89%	B
70%-79%	C
60%-69%	D
59% or less	F

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.

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.

Part V: Student Resources

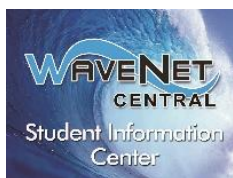


The Student Success and Tutoring Center (SSTC)

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.

Title IX Requirements

The South Carolina Technical College System does not discriminate 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 activities as required by Title IX. As outlined in the Violence Against Women Act, Horry Georgetown Technical College prohibits the offenses of domestic violence, dating violence, sexual assault, and stalking. Students who believe he or she has experienced or witnessed discrimination including sexual harassment, domestic violence, dating violence, sexual assault or stalking are encouraged to report such incidents to the Title IX Coordinators:

Dr. Melissa Batten, AVP of Student Affairs
Building 1100, Room 107A, Conway Campus
843-349-5228
Melissa.Batten@hgtc.edu

Jacquelyne Synder, AVP of Human Resources
Building 200, Room 212A, Conway Campus
843-349-5212
Jacquelyne.Snyder@hgtc.edu

*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).

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	Mon-Fri 8am-8pm	843-903-6650
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	Myrtle Beach, SC 29579	Sat/Sun 9am-5pm	
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