

College of The Albemarle



COLLEGE OF THE
ALBEMARLE

EMS EDUCATION

EMERGENCY MEDICAL SCIENCES Program Handbook

Emergency Medical Sciences Program

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July 2023

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**COLLEGE OF THE ALBEMARLE
DIVISION OF HEALTH SCIENCES & WELLNESS PROGRAMS
EMS PROGRAMS**

EMS PROGRAM HANDBOOK

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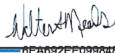
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I. INTRODUCTION

College of The Albemarle EMS Faculty has prepared this handbook to inform each EMS student of the policies and guidelines specific to the EMS Program. This will apply to any student enrolled in any EMS course. This handbook will govern continuing education and initial courses, including certificate programs and ones connected to the Associate Degree pathway, including the Paramedic-Bridge Option. This handbook serves as a supplement to the College catalog which covers the general institutional policies as they relate to students in the College. The handbook is available at course orientation and/or prior to enrollment in an EMS Program, thus allowing the applicant/student ample time to become familiar with the EMS program's policies and procedures.

It is the responsibility of each EMS student to review the handbook independently and to refer to it as needed during his/her enrollment. This handbook is designed to provide general information that is appropriate to the Associate Degree pathway, Paramedic-Bridge Option, and non-credit or continuing education EMS programs and includes information specific to those individual programs.

This EMS Program Handbook supplements the policies and procedures adopted by the COA Board of Trustees. In the event of any conflict between a Board of Trustees' policy and any policy provision of this handbook, the Board of Trustees' policies shall be construed as setting forth the minimum expectations, rule or procedure applicable. In other words, some components of the policies set forth in this handbook may impose greater obligations, expectations or responsibilities on students in the EMS programs than are generally applicable to other students. In the event a student has a question or concern regarding inconsistencies in these policies, the inquiries should be directed to the EMS Program Director. The Program Director may confer with the Department Chair, Division Chair, Vice President of Learning and other administrative officials to resolve any such issue or conflict.

All statements in the EMS Program Handbook are announcements of present EMS programs' policies and are subject to change at any time. While every effort will be made to give advance notice of any change in EMS programs' policies, such notice is not guaranteed nor required. If there are questions concerning information in this handbook, the EMS Program Director should be consulted.

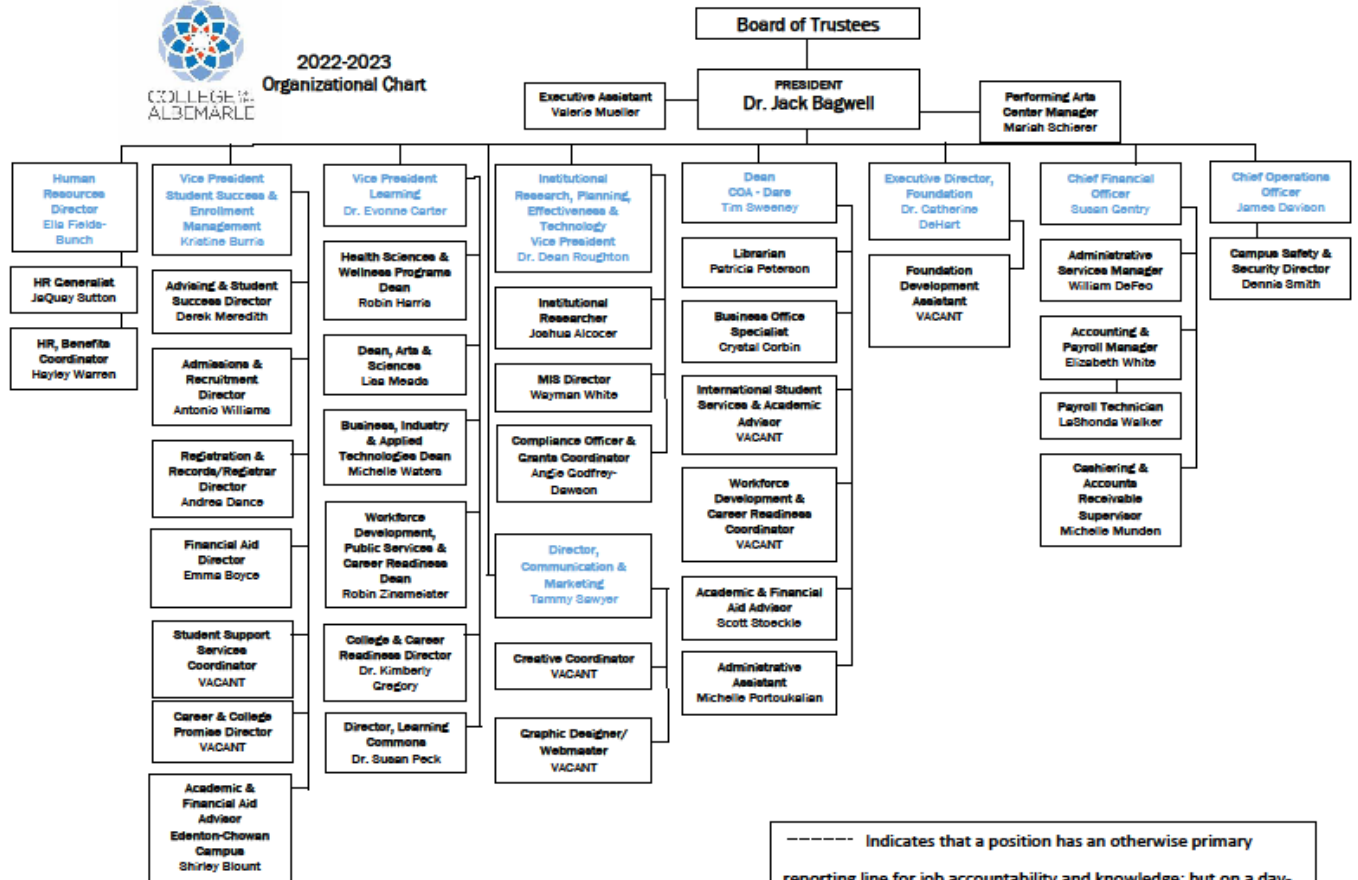
PREAMBLE: The policies of College of The Albemarle's EMS Educational Program are intended to provide a safe and professional educational experience for EMS faculty and students. It is important for each faculty member and student to understand and follow both the letter and spirit of each policy. From time to time, situations will present themselves which are not covered by specific language of the policies and procedures. In such cases students and faculty will be guided by best judgment, best practices, professional ethics, and the intent of current written policies and procedures.

Regardless of written language, faculty and students must, at all times, present themselves as a professional member of an elite community. Faculty members and students who fail to represent the pride, integrity, and wholesomeness expected of EMS personnel will be considered in violation of policies, whether written or unwritten, and removed from the EMS program. The standards of professionalism of the EMS community will be set by program officials and not the student.

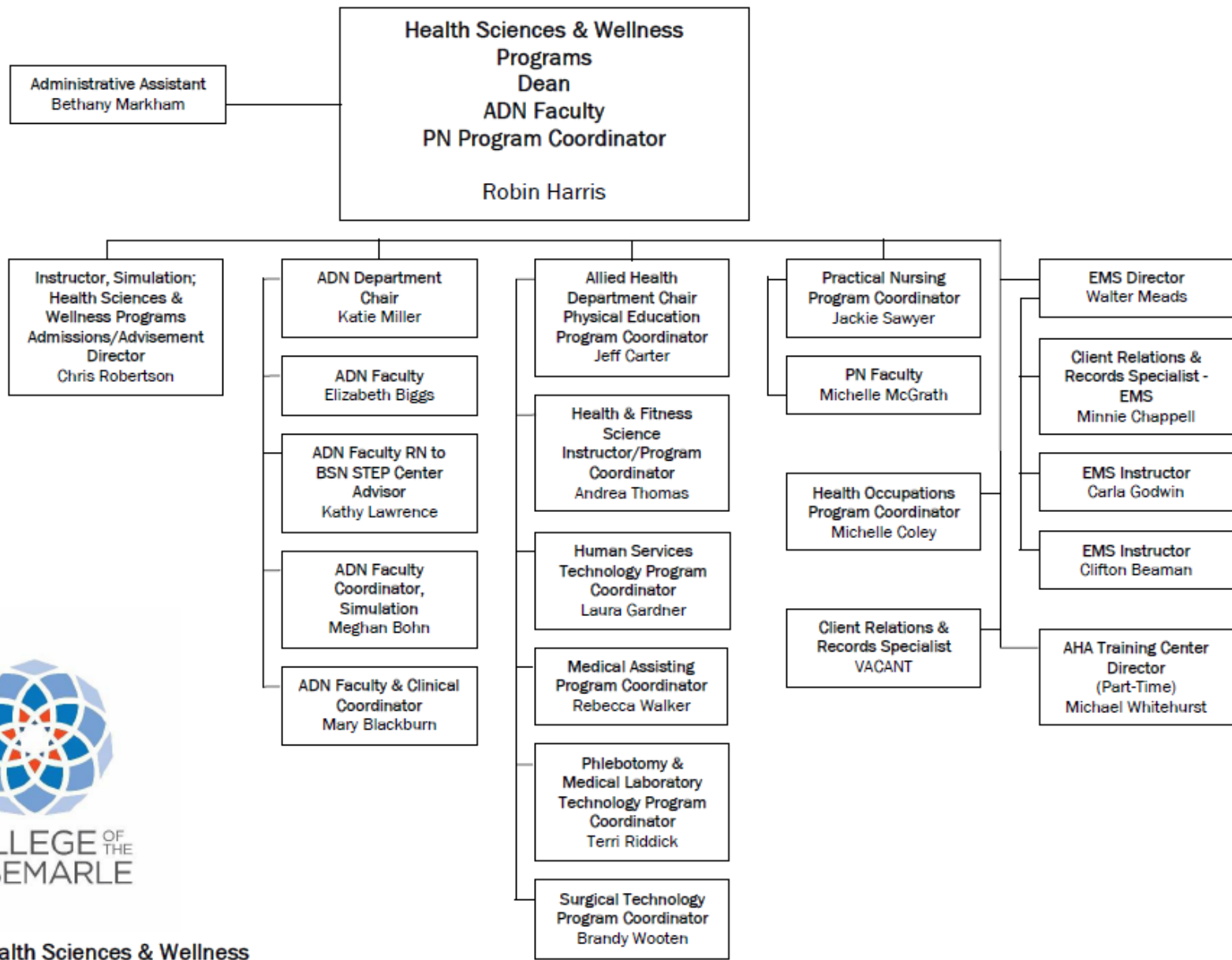
CONTENT NOTICE: The material in the EMS Program is for the purpose of training healthcare providers. Some of the material presented will include graphic examples of injuries and illnesses, as well as a forthright presentation of human anatomy and biological functions. Some persons may find some of this material disturbing or offensive. None of the material presented is intended to be distasteful or grotesque. The material is intended to prepare potential care providers for circumstances they may encounter in the course of providing patient care. The EMS Program is intended for mature individuals who are psychologically prepared to encounter such situations and conduct themselves appropriately.



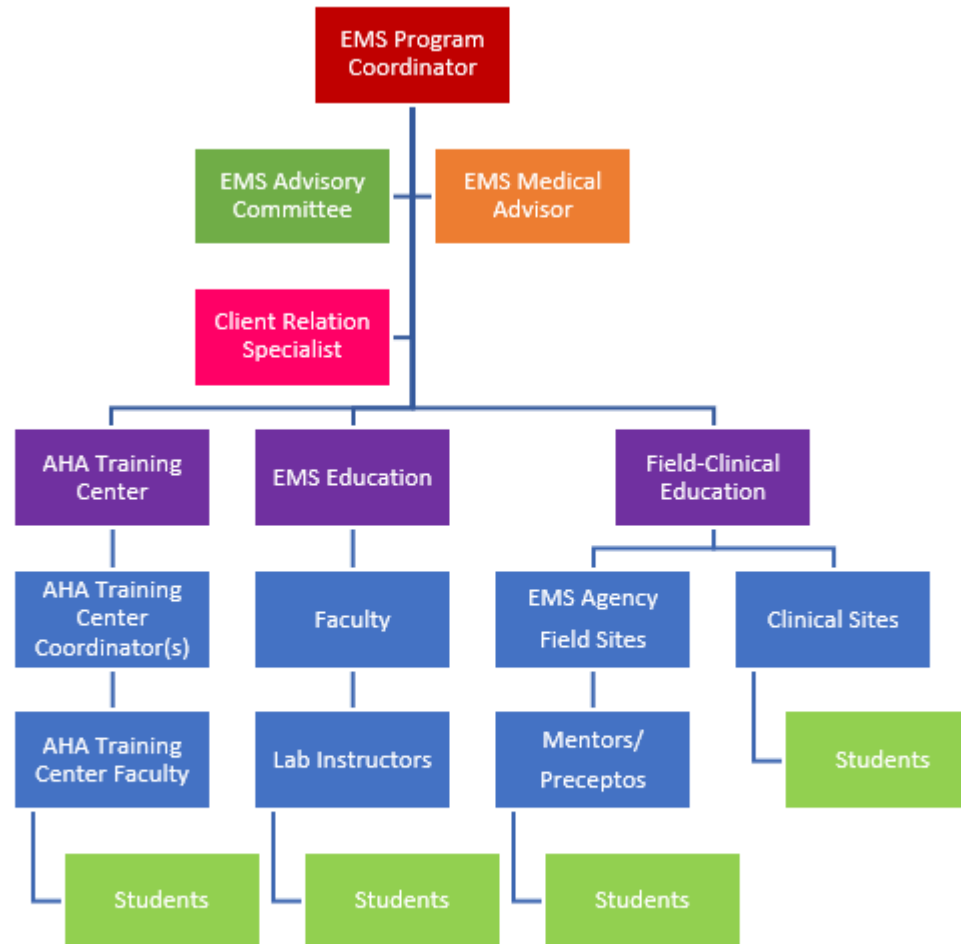
2022-2023
Organizational Chart



----- Indicates that a position has an otherwise primary reporting line for job accountability and knowledge; but on a day-to-day operational basis receives direction, supervision and support from an on-campus dean.



EMS Departmental Structure



II.	FACULTY	Ext.	Office
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	Caitlyn Colson, Level I Paramedic Instructor, AAS Instructor, EMS Program EMS Clinical Field Coordinator caitlyn_colson@albemarle.edu		
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III.	STAFF	Ext.	Office
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IV.	PROGRAM PHILOSOPHY		

Emergency Medical Services education is directed toward men and women who have the capability and

interest to become certified as emergency medical responders (EMR), emergency medical technicians (EMT), advanced emergency medical technicians (AEMT), and/or paramedics. EMS educational programs should provide the student with knowledge of the acute, critical differences in physiology, pathophysiology, or clinical symptoms as they pertain to the prehospital emergency medical care of the infant, child, adolescent, adult, and geriatric patient. We believe in the concept of medical control regarding the actions of EMS providers in the field.

The objective of EMS education is to develop the student's cognitive, affective, and psychomotor abilities and to assist them in acquiring the critical judgment essential for rapid and practical clinical decision making as well as skill-oriented delivery of sophisticated rescue techniques and medical procedures. EMS education is the systematic direction of the student toward maximizing potentials in intellectual, emotional, physical, and social qualities.

EMS prehospital practice renders a significant service to health care delivery systems in our society. We believe that emergency medical responders, emergency medical technicians, advanced emergency medical technicians, and paramedics are savers of lives that might otherwise be lost.

From the mission statement of the College and the philosophy of the EMS program, the goals and objectives were derived. The goal of College of the Albemarle's Emergency Medical Services program is to prepare individuals as competent entry level EMRs, EMTs, AEMTs, and paramedics who provide basic and advanced life support to patients experiencing prehospital emergencies. The objectives of the program, which the graduates must successfully demonstrate, flow from the College's mission statement, the program philosophy, and the program goal.

Upon successful completion of the EMS program, the student will demonstrate the following objectives:

- Comprehension, application, and evaluation of clinical information relevant to his or her roles as an EMS professional (Cognitive Domain).
- Demonstrate technical proficiency in all skills necessary to fulfill the role of an EMS professional (Psychomotor Domain).
- Demonstrate personal behaviors consistent with professional and employer expectations for the EMS professional (Affective Domain).

Description of the EMS Profession: The Emergency Medical Services Professions include four levels: Paramedic, Advanced EMT, EMT, and Emergency Medical Responder. CAAHEP accredits educational programs at the Paramedic and Advanced EMT levels. Programs at the EMT and Emergency Medical Responder levels may be included as exit points in CAAHEP-accredited Paramedic and Advanced EMT programs. "Stand-alone" EMT and Emergency Medical Responder programs may be reviewed by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

The EMT: The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

The AEMT: The primary focus of the Advanced Emergency Medical Technician is to provide basic and limited advanced emergency medical care and transportation for critical and emergent patients who access the

emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Advanced Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Advanced Emergency Medical Technicians perform interventions with the basic and advanced equipment typically found on an ambulance. The Advanced Emergency Medical Technician is a link from the scene to the emergency health care system.

The Paramedic: The Paramedic is an allied health professional whose primary focus is to provide advanced emergency medical care for critical and emergent patients who access the emergency medical system. This individual possesses the complex knowledge and skills necessary to provide patient care and transportation. Paramedics function as part of a comprehensive EMS response, under medical oversight. Paramedics perform interventions with the basic and advanced equipment typically found on an ambulance. The Paramedic is a link from the scene into the health care system.

Adult Learning: Adults learn in different ways. Adults must take responsibility for their own learning through goal setting, research and self-evaluation. The instructor is a facilitator of learning who provides objectives, resources, coaching, feedback and evaluation. Adults bring with them to the educational setting life experiences that can be drawn upon as a foundation for learning new information and skills.

EMS Training: The EMS professional which includes the levels of EMT, AEMT, and paramedic, is an evolving role that is complex and expanding. At College of The Albemarle, the student is prepared for this role by achieving knowledge and performance at a higher than minimum standard. The training program prepares the graduate to function as a beginning practitioner according to national standards. As a professional, the EMS professional recognizes the need to continue their education and share knowledge with others in the field.

The Patient: Every person who requests emergency treatment will be treated with respect and dignity, and without discrimination. All persons have the right to health care, regardless of ability to pay for services.

Mission

The EMS program supports the mission of the North Carolina Community College System and the mission of College of The Albemarle. The organizing framework for the EMS program is congruent with the mission and value statements of College of The Albemarle as evidenced by congruent statements and beliefs by the program as stated below:

The EMS program values its philosophy for guidance and strives to:

- Promote a holistic approach for excellence in clinical care and EMS education;
- Create an accessible and supportive environment to encourage student success;
- Provide excellence in occupational education and career development for the adult EMS work force;
- Develop strong and symbiotic partnerships/relationships with the community and its EMS and health care systems;
- Utilize responsible stewardship in the implementation of its program including, respect for people, time and resources;
- Foster belief in the dignity and worth of each individual and respect for diversity of all backgrounds and perspectives.
- Integrate and endorse the use of professional behaviors including, honesty, dignity and trust in all relationships
- Promote collaboration, communication skills, and the need for effective teamwork throughout EMS education experiences and successful integration into EMS and health care systems.

The faculty is committed to providing accessible high-quality EMS education to meet the diverse and changing

health-care needs of the service area and to promoting the development of qualified students prepared for the professional role of EMS provider at the applicable entry level. Students that successfully complete the initial EMR, EMT, AEMT, AEMT-to-Paramedic bridge course and graduates of the EMS Associate Degree program (excluding the Paramedic Bridge Option) meet the education requirements to take the National Registry Examination.

The philosophy of the EMS Program is derived from statements about the health, quality of life, achievement of potential, the individual, environment, health, the practice, and education of the EMS provider. The program of learning provides a foundation for the acquisition and integration of knowledge, skills and abilities necessary for accountable and safe EMS practice in today's health care environment. Within this mission, the goal of EMS faculty is to promote the highest quality of EMS care to the individual, families and significant persons, and the community. The aim is to facilitate optimum health, quality of life and achievement of potential for the individual.

Associate Degree EMS Education

EMS education at the associate degree level, in the North Carolina Community College System, is a process that facilitates changes in behavior, the acquisition of knowledge, skills, and attitudes necessary to function in the role of the entry-level paramedic. The curriculum is conceptually based and founded on principles of adult and collaborative learning including assumptions of self-direction, utilization of adult experience, and problem-based and activity-centered learning. It incorporates evidence-based EMS theory and practice, general education, and the sciences in an environment conducive to learning.

The Associate Degree EMS program at College of The Albemarle provides an education that is flexible, progressive, and sensitive to the changing needs of the individual, significant support person(s), and community. Through these educational experiences, students will have the opportunity to develop critical thinking and problem-solving skills. EMS education encompasses varying programs of educational preparation with each program having specifically defined outcomes, roles, and competencies. The varying educational programs at COA support the opportunity for mobility within the practice of EMS and promote the development of the EMS workforce through multiple areas of entry to practice and progression in the profession.

Learning is a continuous and lifelong process that results in a change of behavior and occurs when the individual is challenged and motivated to enhance personal knowledge. Teaching and learning is an interactive process between teacher and learner. The responsibility of the faculty of College of The Albemarle EMS Program is to facilitate the student's understanding and ability to meet the competencies for EMS practice through the design and evaluation of learning experiences that includes providing a supportive environment that promotes academic excellence and student success. The EMS student is responsible for actively participating in learning experiences and developing the knowledge, skills, professional behaviors and attitudes necessary to provide quality individual centered EMS care.

The program also recognizes, values, and embraces the symbiotic community partnerships and collaborative relationships that are formed as a vital part of the program and its effectiveness in educating students, as well as developing the community workforce needed for the future. It is the role of the EMS program to practice responsible stewardship in the education of students and career development of EMS providers for the community.

Goals

EMR, EMT & AEMT: The goals of College of The Albemarle's EMS Educational Program is to provide the education necessary for graduates to demonstrate entry-level competency and proficiency within their scope

of practice as outlined in the National EMS Standards and as adopted by the North Carolina Office of EMS; to establish a philosophy of education and lifelong learning in the student; to instill an appreciation for research in all students; and to instill a commitment to the advancement of the profession within the community served.

Paramedic: To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.

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

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

V. ADMISSIONS

CONTINUING EDUCATION COURSES: These are courses that are offered through the Workforce Development and Career Readiness Division that go toward a currently credential EMS providers' recertification requirements. Courses like this may include online EMS topics, classroom lecture/lab-based courses, and specialty courses.

NON-CREDIT (CERTIFICATE) INITIAL COURSES: This means that the course is offered through the Workforce Development and Career Readiness Division and does not lead to an initial degree. However, upon receiving a credential from the NC Office of EMS or National Registry of EMT's, you can receive credit towards an Associate Degree in Applied Science: Emergency Medical Science based on the criteria and processes for that pathway. Courses like this may include Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), and AEMT-to-Paramedic Bridge.

CREDIT COURSES: This applies to the Associate Degree Paramedic and Paramedic Bridge Option that is offered through the Health Science Division and leads to an Associate Degree in Applied Science: Emergency Medical Science.

A. QUALIFICATION

- 1) Continuing Education Courses - To be considered a "qualified applicant" one must:
 - a) Meet the pre-requisites of each specific course.
 - b) Traditionally, students are already credentialed at the EMR, EMT, AEMT, or Paramedic levels for these courses.
- 2) Non-Credit (Certificate) Initial Courses - To be considered a "qualified applicant" one must:
 - a) Be at least 17 years of age
 - b) Complete the current reading and writing assessment test and score basic reading comprehension at the tenth-grade level for EMR, eleventh-grade level for EMT, and post-secondary level for AEMT and Paramedic. (EMR & EMT applicants producing an official high school transcript or a college transcript illustrating successful completion of a college-level English course are exempt from the reading and writing assessments. AEMT & AEMT-to-Paramedic Bridge applicants producing a college transcript illustrating successful completion of a college-level English course are exempt from the reading and assessment.)
 - c) For AEMT: Possession of a valid and active North Carolina EMT Credential, NREMT or other states EMS Credential prior to the start of the clinical or field component.
 - d) For AEMT-to-Paramedic Bridge: Possession of a valid and active North Carolina EMT AEMT Credential, NREMT or other states EMS AEMT Credential prior to the start of the clinical or field component.
 - e) For AEMT-to-Paramedic Bridge: Submit verification of successful completion of an eligible Anatomy & Physiology course. (Courses may include EMS-3163, BIO-163, BIO-165 and 166, or BIO-168 and 169.)
 - f) For AEMT and AEMT-to-Paramedic Bridge: Provide a copy of a current credential in American Heart Association Basic Life Support for Healthcare Providers.
 - g) For AEMT and AEMT-to-Paramedic Bridge: Complete the current reading and math assessment tests and score reading comprehension and math skills at the post-secondary level. (Applicants producing an official college transcript illustrating successful completion of a college-level Math course are exempt from the math assessment.)

- 3) Credit Courses - To be considered a "qualified applicant" one must:
 - a) Achieve the minimum scores on COA's Placement Tests or multiple measures requirements as listed for the college and in the Admission Fact sheets for specifics of each program.
 - b) After testing, an appointment should be made with the Director of Admissions and Testing or a Student Development counselor to discuss Placement Test scores and the courses needed.
 - c) Placement tests will be waived if the student has completed, with a minimum grade of "C" or better before the application deadline, ENG 111 and/or MAT 080 or their equivalents, or courses beyond these, from a regionally accredited institution. Achieve and maintain a **2.5** (EMS) or 2.0 (PN) minimum cumulative grade point average on the transcript of record and the COA transcript, when applicable. Achieve a minimum of "C" grade on each relevant COA or transfer course. Only grades of "C" or better will be accepted for point earning, transfer purposes, and program completion.

B. ADMISSION REQUIREMENTS/PROCESS

- 1) Continuing Education Courses – submit an officially recognized registration form to the EMS Program Director or designee.
- 2) Non-Credit (Certificate) Initial Courses
 - a) Submit the EMT Program/ALS Program (Non-Credit) Admission Application to the EMS Program Director along with a copy of the applicant's official identification or driver's license and transcripts or placement test results.
 - b) Applications must be received by the EMS Program Director NO LATER THAN one week before the posted Program Orientation Session when applicable.
 - c) Once the application is received, applicants are placed on the priority list for the next course only after the application is complete. Applicants may then be contacted for a brief interview or to meet with the EMS Program Director, Lead Instructor, and/or Medical Advisor. The priority for admission consideration is as follows:
 1. A current resident of one of the following counties: Camden, Chowan, Currituck, Dare, Gates, Pasquotank, or Perquimans;
 2. Attended and successfully completed the COA EMT or AEMT program;
 3. Letter of Recommendation and/or endorsement from a local emergency service agency;
 4. Date completed application was submitted; and
 - d) If the applicant is accepted into the program but is unable to attend at the time of the course selected, the application will be deactivated and the applicant will have to complete a new application packet for consideration into the next course.
- 3) Credit Courses – Admission to the COA Associate Degree EMS (including Paramedic Bridge Option) is based on objective data of the applicant's achievements. Having the status of "qualified applicant," one must meet the following academic requirements:
 - a) Complete and submit a written COA Application for Admission.
 - b) Bring or send an official high school transcript and official post-secondary transcripts. (Note: must be a high school graduate or equivalent prior to the start of the program).
 - c) Achieve minimum English, Math, Reading, and Biology competencies.
 - d) Achieve the required minimum cumulative grade point average of 2.0.
 1. High School GPA - For those applicants who have not attended college, including those still enrolled in high school, the high school GPA will be used for calculation.

2. Post-Secondary GPA - Achieve and maintain the minimum cumulative grade point average on the transcript of record (most recent transcript with 12 credit hours or more) AND the COA transcript, when applicable. Achieve a minimum of "C" grade on each relevant COA or transfer course. Only grades of "C" or better will be accepted for point earning, transfer purposes, and program completion.
- e) For the Paramedic Bridge Option: Submit verification of paramedic credentialing through North Carolina or the National Registry.
 - f) Submit the completed health sciences ADMISSION APPLICATION by 5:00 p.m. on the deadline date indicating application to the EMS program.
 - g) The approximate number of applicants annually accepted for each program is 30. The maximum number of students enrolled in both the EMS and Paramedic Bridge Option, including both first- and second-year students, cannot exceed eighty (80) at any one time. Each year this total number may be a variance between the two programs according to the applicant demand, the attrition rate and resources available to College of The Albemarle.
 - h) **Pre-Admission Meeting.** After meeting the minimum qualifications for admission to the specific EMS program, applicants will be notified of a pre-admission meeting with the EMS faculty. The purpose of the pre-admission meeting is to inform prospective EMS applicants about the EMS program and answer questions or concerns of the applicants. During the meeting applicants may be requested to validate the accuracy of the compiled academic data on their Admissions Summary Sheet for ranking purposes. **The pre-admission meeting is mandatory. Applicants failing to report at the scheduled time for the pre-admission meeting will have their names withdrawn from consideration unless they have previously received a waiver from the EMS Program Director.**
 - i) **Competitive Ranking.** All students who have met all the required academic and testing criteria, have a completed EMS Program application on file, have attended the pre-admission meeting, and have validated the accuracy of the compiled academic data will be ranked based on a numerically objective and weighted ranking system if there are more applicants than allotted slots. This system is utilized to determine the most qualified students based on their performance in two academic areas: 1) points awarded for specific EMS Program curriculum courses, other supplemental courses related to health sciences, previously earned degree(s), and health related work experience (50%) and 2) college or high school cumulative GPA (50%).
 - j) **Information Shared During Pre-Admission Meeting** (Held in the Spring Semester for Associate Degree EMS and in the Fall Semester for Paramedic Bridge Option Students)
 1. Question/Answer Session on Admission Requirements/Process/Competitive ranking.
 2. Applicant reviews/validates individual admission data as related to placement test scores, GPA, and academic performance.
 3. Applicant's readiness for the EMS program.
 4. Contingencies related to acceptance status: Completed Student Health Form, CPR Training for the Health Care Providers and Paramedic Certification (Paramedic Bridge Option only).
 5. Program content for required EMS Program Orientation Meeting.
 6. Master Curriculum Plan for Program.
 7. Criteria for progression as related to academic courses in EMS Program.
 8. Clinical Facilities utilized (travel involved).

9. Criminal background check and/or drug testing required by clinical agencies.
- k) **Notification of Admission Status.** The qualified applicants seen by EMS faculty during the pre-admission meeting are notified by the EMS Program regarding their admission status.

C. ADMISSION REQUIREMENTS FOR CONTINGENTLY ACCEPTED INITIAL NON-CREDIT & ASSOCIATE DEGREE APPLICANTS - Final admission into any EMS Program is contingent on satisfactory completion of the following additional requirements by the **date specified by each program**:

1) **Health Requirements**

a) **Physical Health**

1. Physical health is defined as being free of disabling and contagious disease, being able to perform fine and gross motor skills, being able to perform normal weight-bearing ambulatory activities as well as abstaining from illegal use of controlled substances or abuse of alcohol or prescribed medication.
2. Assessment of the physical health of the applicant is made through the use of a physical examination performed by the applicant's physician, physician assistant, or nurse practitioner and required tests as stated on the Student Health Form. If a physical condition threatens to prevent satisfactory performance, the applicant is counseled and referred to an appropriate professional.
3. See also Section D, "Americans with Disabilities Act."

b) **Emotional Health**

1. Emotional health is defined as reacting appropriately to stressful situations, coping with every day environmental stresses with little difficulty, using healthy coping mechanisms, and understanding one's own ability to cope with stressful situations.
2. Assessment of the emotional health of an applicant is made through the use of physical examinations, personal conferences, references, letters from mental health care providers if intensive therapy is in progress or has occurred, and psychological evaluations if necessary.
3. See also Section D, "Americans With Disabilities Act."

c) **Health Problems and Admission**

1. An applicant who has had an existing problem(s) (physical or emotional) must provide certification from a physician that the condition(s) is/are stable and the student is able to participate fully in the program. A plan of treatment for said condition(s) is to be in the applicant's file in the EMS Programs Office.
2. See also Section D, "Americans with Disabilities Act."

d) **Immunizations and Health Requirements**

1. Each individual is required to complete the immunization section of the Student Health Form prior to registration in the EMS program with a clinical component. Immunization requirements are subject to change as a result of any clinical agency's policy revisions.
2. **It is the ongoing responsibility of the student to monitor and comply with immunization and health requirements. Failure to do so will result in the student's inability to participate in clinical rotations and meet the completion requirements of the EMS program.**

- e) **Hepatitis Status** - Each individual will receive a "Hepatitis Status" form at the EMS Orientation Session. These forms must be completed and returned by the designated

date. Hepatitis vaccines are required unless a medical condition, as confirmed by a physician, prevents the applicant from receiving the vaccine. Students must provide documentation that he/she has received the initial dose of the hepatitis vaccine series prior to enrollment in any EMS program with a clinical component.

- 2) **Uniforms** - Applicants are given information and requirements regarding uniforms at the Orientation Session. Each applicant is responsible for purchasing the required uniforms by the designated date.
- 3) **Basic Cardiac Life Support** - Prior to initial registration of advanced life support initial courses, all students are required to show proof of current training in Basic Cardiac Life Support. Current equivalent training includes: American Heart Association - BLS Provider. Each student must maintain current training throughout their educational experience.
- 4) **Liability Insurance** - Each student enrolled in a course with a clinical component is required to have Liability insurance. EMS students are enrolled in a group policy through Seabury & Smith Insurance Company with the premium being paid by the applicant to the Business Office when Fall Semester tuition and fees are collected. Applicants who enter the program after Fall Semester must pay their insurance to the business office prior to enrollment in a clinical EMS course.
- 5) **EMS Programs' Orientation Session** - Attendance is **required** at the EMS programs' orientation session. If an applicant cannot be present due to extenuating circumstances, a wavier must be obtained from the EMS Program Director **prior** to the orientation session.
- 6) **Bloodborne Pathogens** - Each student will receive access to the EMS Program's Exposure Control Plan on Bloodborne Pathogens at the EMS programs' orientation session. Each student will sign a statement reflecting that they have received and understand the Bloodborne Pathogen Exposure Control Plan. This statement will be filed in the student's folder located in the EMS programs office. Each student will attend an annual training session on bloodborne pathogens. For incoming students as well as second year students, this will be incorporated as part of the EMS programs' orientation session. Documentation of attendance is required. EMS students are listed in Classification I by OSHA regulations.
- 7) **Paramedic Bridge Option** - Admission into the Paramedic Bridge Option of the Associate Degree Program will be contingent upon successful credentialing as a North Carolina or National Registry Paramedic by the designated date specified prior to first year fall semester classes. In addition, the applicant must be listed on the Continuum site with no pending investigation or substantiated findings.
- 8) **Criminal Background Check and Drug Screen** - EMS students enrolled in courses with a clinical component must successfully complete rotations at clinical and field sites as part of their program requirements. EMS students will be required by clinical and field sites to have criminal background checks and drug screens prior to clinical and field rotations. By applying for admission to any EMS program, a student consents to drug and alcohol screening and criminal background checks and sex offender checks as required by the contracted clinical affiliate and may be responsible for payment. A written consent form must be signed by each student prior to the performance of a background check and drug screen. Information obtained within the criminal background check and sex offender check will be provided to any hospital, EMS agency, or other clinical facility prior to clinical rotations upon request.

COA does not guarantee the admission of any student to any clinical facility or clinical site. A student's acceptance, participation and continuation at any clinical site is subject at all times to the approval and consent of the clinical site. Students must be able to attend and progress in the assigned clinical facility for each course. Alternate assignments will not be made because of inability to progress in an assigned clinical setting.

For these reasons, all EMS students must understand that it is critical that they comply with all policies and procedures of these clinical sites and that they must satisfactorily perform and conduct themselves at any clinical site at all times. Students are under a continuing obligation to supplement the information provided to COA and any clinical facility concerning background checks, immunizations, health status, criminal histories or convictions or any other background information. Failure to promptly provide updated or corrected information may be cause for removal from a clinical facility or clinical site and/or from the program.

- 9) **SUMMARY - Contingently Accepted Applicants Complete and Return by Designated Date:**
- a) Student Medical Form, Immunizations and Health Screening requirements
 - b) Hepatitis Status Form
 - c) CPR Training for the Healthcare Provider Documentation
 - d) Liability Insurance Payment to Business Office
 - e) Student's Contractual Agreement regarding EMS Programs' Program Handbook and Exposure Control Plan for Bloodborne Pathogens
 - f) Paramedic Verification (Bridge Option only)
 - g) **NOTE: Orientation Session Is Required of Contingently Accepted Applicants.**
- 10) **ORIENTATION SESSION AGENDA:**
- a) EMS Program Handbook
 - b) EMS Program Philosophy
 - c) EMS Programs' Bloodborne Pathogen Manual and Training
 - d) College's optional Accident Insurance Plan
 - e) Information on required liability insurance for EMS students
 - f) Financial Aid information
 - g) Information and instructions for uniform ordering
 - h) Physical and emotional standards as defined by the EMS Program and as related to ADA (American Disabilities Act)
 - i) Registration for fall semester classes
 - j) Information on Criminal Background Check, Sex Offender Check and Drug Screen.
 - k) Orientation to Student Resources/Support
 - l) HIPAA Regulations
 - m) Customer Service and Professional Behavior
 - n) Master Curriculum Plan
 - o) Test taking strategies
 - p) Math Competency and Resources
- 11) **After All Contingencies Have Been Met, EMS Applicant Is Notified That He/She Is Eligible to Register for EMS Courses:** All above requirements/processes must be completed by the designated date. The EMS Program Director or designee is responsible for validating that all requirements have been met and for notifying the EMS applicants that all contingencies have been met and that he/she is eligible for registration and enrollment.
- 12) **Enrollment in First EMS Course:** EMS applicants attend first class session of first EMS course to certify their enrollment and have their attendance validated by Faculty's Attendance Form.

D. AMERICANS WITH DISABILITIES ACT

- 1) The EMS Programs comply with the provisions contained in the 1990 Americans with Disabilities Act.
- 2) The practice of EMS involves cognitive, sensory, affective, and psychomotor performance requirements. Therefore, the essential eligibility requirements for participants in an EMS

education program shall include the following physical and emotional standards.

3) **Physical and Emotional Standards - EMS students must possess and be able to demonstrate the following:**

- a) Critical Thinking: Use good judgment and remain calm in high-stress situations. Critical thinking ability sufficient for clinical judgment. Calculate weight and volume ratios and read small print, both under life threatening time constraints. Read and understand English language manuals and road maps. Accurately discern street signs and address numbers. For example, a student must be able to identify cause-effect relationships in clinical situations; collect and analyze data to aid in problem solving; and develop or participate in the development of EMS assessment and treatment plans.
- b) Interpersonal Skills: Interpersonal abilities sufficient to interact with individuals, families, groups, etc. from a variety of social, emotional, cultural and intellectual backgrounds. For example, student shall establish rapport with patients and health care team members.
- c) Communication Skills: Communicate verbally via telephone and radio equipment. Communication abilities sufficient to enable clear and professional interaction with others in verbal and written form. Interpret written, oral and diagnostic form instructions. Ability to interview patient, family members and bystanders. Document, in writing, all relevant information in prescribed format in light of legal ramifications of such. Converse in English with coworkers and hospital staff as to status of patient. For example, explain treatment procedures; initiate health teaching; document and interpret EMS actions and patient responses.
- d) Mobility: Physical abilities sufficient to move with appropriate speed from station to unit and from unit to scene and vice versa; to maneuver in small spaces; to bend, stoop, kneel, squat; to stand and walk for extended periods of time; and sufficient balance to enable carrying various items when walking and when on uneven terrain. Function efficiently throughout an entire work shift. For example, frequent trips from EMS unit to the scene of a patient, treatment areas.
- e) Motor Skills: Gross and fine motor abilities sufficient to provide safe and effective EMS care. For example, calibrate and use equipment, document care, position and move patients, administer cardiopulmonary resuscitation procedures, and perform skill procedures.
- f) Hearing: Work effectively in an environment with loud noises. Auditory ability sufficient to monitor and assess health needs. For example, hear monitor alarms, emergency signals, auscultatory sounds, and cries for help.
- g) Visual: Work effectively in an environment with flashing lights. Visual ability sufficient for observation and assessment necessary in EMS care. For example, observe patient responses, assess specimen or skin color, read charts and monitors.
- h) Tactile: Tactile ability sufficient for physical assessment. Possess good manual dexterity, with ability to perform all tasks related to highest quality patient care. For example, perform palpation, functions of physical examination and/or those related to therapeutic intervention, insertions of catheters, and taking pulses.
- i) Weight-bearing: Ability to lift, carry and balance up to 125 pounds (250 pounds with assistance) and manipulate/move 50 pounds frequently throughout a shift and be able to accomplish common health occupation functions such as move, position, and lift patients. For example, position and transfer patients and move equipment.
- j) Cognitive Abilities: Ability to be consistently oriented to time, place, and person; organize responsibilities and make decisions. Withstand varied environmental

conditions such as extreme heat, cold and moisture. Work in low light, confined spaces and other dangerous environments. For example, student shall assess patient complaints, provide prioritized patient care, and implement appropriate plans.

k) **The above examples are illustrative only and are not all inclusive!**

4) If an EMS student or applicant believes that he or she cannot meet one or more of the standards without accommodations or modifications, the student should confer directly with the EMS Program Director to determine whether or not any additional accommodations can be provided and whether such accommodations are feasible. Students needing any form of accommodation are expected to engage in an interactive process with the EMS Program Director, and any other administrative officials, to determine what modifications or accommodations may be reasonable and appropriate. Please refer to the College catalog for specific information.

5) **Description of Tasks:**

- a) Receives call from dispatcher, responds appropriately to emergency calls, reads maps, may drive ambulance to emergency site, uses most expeditious route and observes traffic ordinances and regulations.
- b) Determines nature and extent of illness or injury, takes pulse, blood pressure, visually observes changes in skin color, auscultates breath sounds, makes determination regarding patient status, establishes priority for emergency care, renders appropriate emergency care (based on competency level); may administer intravenous drugs or fluid replacement as directed by physician.
- c) May use equipment (based on competency level) such as but not limited to, defibrillator, electrocardiograph, performs endotracheal intubation to open airway and ventilate patient, inflates pneumatic anti-shock garment to improve patient's blood circulation or stabilize injuries.
- d) Assists in lifting, carrying, and transporting patient to ambulance and on to a medical facility.
- e) Reassures patients and bystanders, avoids mishandling patient and undue haste, searches for medical identification emblem to aid in care.
- f) Extricates patient from entrapment, assesses 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.
- g) Complies with regulations in handling deceased, notifies authorities, arranges for protection of property and evidence at scene.
- h) Determines appropriate facility to which patient will be transported, reports nature and extent of injuries or illness to the facility, asks for direction from hospital physician or emergency department.
- i) Observes patient en route and administers care as directed by physician or emergency department or according to published protocol.
- j) Identifies diagnostic signs that require communication with facility.
- k) Moves the patient into the emergency facility from the ambulance.
- l) Reports verbally and in writing concerning observations about the patient, patient care at the scene and en route to facility, provides assistance to emergency staff as required.
- m) Maintains familiarity with all specialized equipment.
- n) Replaces supplies, sends used supplies for sterilization, 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, gasoline, water in battery and radiator and tire pressure.

E. SPECIAL ADMISSION CIRCUMSTANCES

1) Re-admission

- a) Readmission applicant for the Associate Degree EMS program is defined as any individual who previously withdrew or was dismissed from any type of Associate Degree EMS program.
- b) The opportunity to be considered for re-admission to the Associate Degree EMS program is very limited. Re-admission is limited to one time to any EMS program. Programs are not required to accept any readmission applicants and the numbers of slots, if any, filled by readmitted students is at the EMS Program Director's discretion each semester.
- c) Readmission applicants are considered separately and on an individual basis. Applicants seeking re-admission will be considered on a space available basis, as well as other multiple considerations, with the final decision for readmission at the discretion of the EMS Program Director.
- d) Any former student from COA's Associate Degree EMS program or any other EMS program desiring re-admission to the EMS program must complete the following items that will be used in consideration of their re-admission application:
 1. Meet the current admission fact sheet requirements and procedures required of all EMS applicants by the designated date.
 2. Submit a detailed, professionally written letter with their application to the EMS Program Director stating:
 - a. the reasons for previous withdrawal or dismissal from the program;
 - b. the reasons he/she desires to be re-admitted;
 - c. the circumstances that have changed to indicate that the applicant would successfully complete his/her EMS education at this time.
 3. Applicants seeking re-admission will be required to:
 - a. Have a conference with EMS Program Director on request.
 - b. Demonstrate competency of certain knowledge, skills, and medication calculations appropriate for the point of re-entry to the program at the EMS Program Director's request.
 4. Any applicant not enrolled in the EMS program within two years from the time of withdrawal/dismissal will have to repeat all EMS courses. Those seeking re-admission within the two-year period will discuss their point of entry in the EMS curriculum with the EMS Program Director. Re-admission students must complete the same admission requirements of contingently accepted applicants into any EMS program prior to registration. Refer to "Admission Requirements of Contingently Accepted Applicants."

2) **Transfer of Credit** - Any individual desiring to transfer to the Associate Degree EMS program from another locality must:

- a) Follow the same procedure required by the COA for all transfer students as outlined in the COA catalog.
- b) Meet the same admission criteria required of all EMS students of the specific EMS program.
- c) Request the following items from his/her former school and have them mailed to the EMS Program Director:

1. Course outlines of those EMS courses for which one is seeking to receive transfer credit.
 2. Scores from any standardized tests taken at former schools.
 3. Letter of recommendation from the clinical instructor who most recently supervised the applicant.
- d) Have been enrolled in an EMS program within two years immediately preceding transfer to COA's EMS program.
- e) Satisfy the COA resident requirement by completing at COA a minimum of twenty-five percent (25%) of the credit hours for a degree.
- f) **Transfer credit for EMS courses is granted only in the following instances:**
1. Space available to accommodate the applicant.
 2. The EMS Program Director, in consultation with appropriate faculty, recommends acceptance of the specific EMS course(s).
 3. Final course grade in any EMS course(s) is 80 or C or better.
 4. Final course grade in required non-EMS courses is C or better.
- 3) **SPECIAL ADMISSION CIRCUMSTANCES – “DEFERRED ACTION FOR CHILDHOOD ARRIVALS (DACA)” AND “UNDOCUMENTED IMMIGRANT” STUDENTS**
- a) COA Health Sciences and Wellness programs will allow the admission of students with DACA classification. However, DACA students should be aware of the following:
1. Neither federal law, nor North Carolina law, permits individuals with DACA classification to receive professional licenses. See 8 U.S.C. § 1621(a) and (c)(1)(A). Ability to obtain other certifications may also be limited.
 2. It is the current position of the State Residence Committee that individuals with DACA classification do not have the capacity to receive in-state tuition.
- b) COA Health Sciences programs will allow the admission of students with “undocumented immigrant” classification. However, undocumented immigrant students should be aware of the following:
1. For the purposes of this Section, "undocumented immigrant" means any immigrant who is not lawfully present in the United States.
 2. An undocumented immigrant admitted shall not be considered a North Carolina resident for tuition purposes.
 3. Federal law prohibits states from granting professional licenses to undocumented immigrants. Ability to obtain other certifications may also be limited.
 4. Students lawfully present in the United States shall have priority over any undocumented immigrant in any class or program of study when capacity limitations exist.

VI. PROGRESSION

A. COLLEGE ADVISEMENT SYSTEM

- 1) The Vice President of Student Success and Enrollment Management is responsible for assigning curriculum students to full-time faculty members for academic advisement. Advisors are responsible for working with their advisees as needed during registration periods, posted office hours, and by appointment. Specifically, advisors are responsible for assisting students with registration functions, dropping/adding, withdrawing, as well as for graduation and transfer

planning, in addition to other related tasks.

- 2) Students are encouraged to discuss their course selections and educational plans with advisors. It is the responsibility of the student to know the Program requirements and to register for these classes each semester. It is the ultimate responsibility of the student who plans to transfer to a four-year institution to know the program requirements and the graduation requirements of the senior institution.

B. ACADEMIC

- 1) **Sequence of Courses** - All courses required in each EMS program must be taken in the sequence outlined in the particular EMS curriculum. General education courses may be taken prior to enrollment in the EMS courses. In order to progress to the next semester's course, the student must successfully complete (1) each EMS course with a final grade of 80 or better, (2) each general education course with a final letter grade of "C" or better, and (3) must maintain a minimum cumulative grade point average (GPA) of 2.0 each semester.
- 2) **Grading System for Credit EMS Courses** - The following grading system will be used for all credit courses with the prefix of EMS:

<u>Letter</u>	<u>Numerical Equivalent</u>	<u>Quality Points Per Quality Hour</u>
A	100-90	4
B	89-80	3
C	79-70	2
D	69-60	1
F	69-Below	0
I	Incomplete	
W	Withdrawal	
A	Audit	

An EMS course may include different areas of instruction and evaluation; classroom, lab, and clinical. Students receive one grade for their performance in the total course. The classroom grade is in numerical terms while the lab and clinical grades are summatively evaluated as satisfactory or unsatisfactory. A student must be evaluated as satisfactory in lab and clinical in order to pass the course. The minimum acceptable passing grade for classroom work is 70 or C; for lab or clinical, the acceptable passing grade is satisfactory. When the student earns a satisfactory clinical grade, the classroom grade is the student's final course grade. When the student earns an unsatisfactory clinical grade, the final course grade is automatically F.

- 3) **Grading System for Non-Credit EMS Courses** - A minimum-passing grade of 70% is required for the overall course grade. Failure to maintain the required 70% course average will result in the student's ineligibility to take the Technical Scope of Practice exam, Final Comprehensive exam, or sit for the North Carolina certification exam. A student who does not have a 70% course average at the time field/clinical rotations are set to begin will be dropped from the program. Students will receive "S" for Satisfactory Completion, "U" for Unsatisfactory Completion, "I" for Incomplete or "W" for Withdrawal as an ending grade.
- 4) **Didactic Sections** - Each didactic section has three grading domains. A passing grade must be achieved in each domain to pass the course. If all three domains are passed the letter grade will be assigned based on the performance in the Cognitive domain. Failure of the Affective or Psychomotor domain will earn a grade of "F" (or "U"). Failure of the cognitive domain will be given

the earned grade.

- a) Affective domain measures the student's attitudes, behaviors, and professional attributes, as well as classroom conduct. Passing is appropriate classroom behavior, professional ethics, and adherence to policy. Breaches will result in student conference. Significant behavioral issues may result in failure of the affective domain. In most cases a written warning and time period for improvement will be given before assigning a failing grade. However, in cases where the behavior is significantly unacceptable, egregious, or poses a threat to the well-being of others, the posting of a failing grade may be immediate and without warning.

Students will be graded on a decreasing scale. Each student begins each module/unit with an Affective grade of 100%. As the course progresses, points will be deducted for each attendance issue (absence, tardy or leaving early), uniform issue, participation issue, or professionalism issue. Students must have a grade of 70% or better to earn a passing Affective grade.

- b) Cognitive domain is the student's knowledge as demonstrated by quizzes and assignments. For online discussion boards, a substantial response is required. Minimum effort will receive minimum points. For each discussion board, you are required to make one post addressing the topic. These posts are to be your opinion and your own words. The Plagiarism and Cheating policy will be followed and all sources should be documented.
- c) Psychomotor domain is the student's ability to perform skills and tasks learned in the program. The student must pass each skill following the practical examination policy. Failure to pass all skills as described in the practical examination policy will constitute failure of the psychomotor domain. Skills proficiency will be graded based upon current National Registry, North Carolina Office of EMS and College of The Albemarle EMS Program guidelines. The student must successfully pass all skills proficiencies or the student will be ineligible to sit for the North Carolina certification exam.
- d) Grading for each of these domains is listed in the syllabus of each course.

- 5) **Clinical Grading** - To pass clinical sections students must complete 100% of the minimum number of required contact hours. In addition, passing the clinical section requires that all minimum patient contacts and procedures be achieved, and that FCI/preceptor evaluations identify the student as minimally competent. FCI/preceptor evaluations which indicate unsatisfactory performance may result in failure of the clinical section. For courses that utilize an assigned mentor, the student will need to obtain a Statement of Completion from their mentor once they successfully complete the field-clinical section of the program.

6) **Clinical Evaluations**

- a) For each EMS course with a clinical component, a clinical evaluation must be recorded in Fisdap. Prior to the conclusion of the clinical shift, the assigned field clinical instructor, preceptor, or mentor should sign off on the shift activities and the shift should be locked. Failure to record and/or lock clinical evaluations as indicated will negate the hours (but not the experience) earned during the rotation, requiring the clinical to be repeated. Repeat clinical rotations must be completed before the end of the semester in which the clinical was originally scheduled.

- b) Clinical evaluations must be an accurate representation of the clinical experience. Falsification of the clinical experience is grounds for disciplinary action up to and including removal from the EMS Program.
- c) Field clinical instructors, preceptors, mentors, fellow students, and other certified or licensed health care providers may face disciplinary action from the applicable certifying board for assisting misrepresentation of the clinical experience.
- d) It is the student's responsibility to become familiar with the Fisdap program. If any part of the program is unclear, the student should seek clarification from the EMS Field Clinical Coordinator.
- e) **Skills within the scope of practice of the entry level EMS provider will be taught but may not always be practiced in the field clinical setting depending on agency and facility policies.**

7) **Reliability and Validity Measures**

- a) To ensure reliability and validity of evaluation methods, the EMS Program Director shall review all questions and answers of quizzes before and after administration to ensure they are consistent with the State-level curriculum objectives and material taught. To assess reliability of a question or skill, the instructor shall ensure that the questions and/or skills are relative to the information being evaluated. To assess validity, the EMS Program Director and Medical Advisor shall review and compare participants' performance during the course and exam and certification results for several courses and draw improvement measures for the program when needed.
- b) The Program Director and Medical Adviser shall meet annually to review course results as well as Fisdap records. Unit and final exam results will be reviewed annually to determine the cut score of each. The cut score will be based on the recommended best practices of Fisdap.
- c) All unit/final exams will be administered in a secure environment with an approved proctor. Proctors are approved by the Program Director and Medical Adviser.

C. LEARNING EXPERIENCES IN EMS LABS

- 1) During the course of an initial EMS program, students will be taught skills necessary for the assessment and management of patients in emergency situations. It is essential that students practice and perfect these skills using human subjects. All students are hereby advised that the practice of both non-invasive and invasive skills will be practiced on classmates, and that classmates will be practicing these same skills on you. The purpose of these practice sessions is to develop the tasks, dexterity, and tactile feel, necessary for each skill, in situations as real as possible, under the control and supervision of program instructors. The practice of these skills will involve limited physical contact with all areas of the human body including the areas of the chest and pelvis.
- 2) The EMS Program is acutely aware of both the importance of hands on human practice and the risk of inappropriate behavior. All students involved in these skills practice sessions, in the role of the rescuer, the patient, or as an observer, are expected to display tact and professionalism, as well as to behave under ethical and legal guidelines.
- 3) At any time, should a student believe that the practice of a particular skill places her or himself in an uncomfortable position, that student has the responsibility to make that belief known to the instructor prior to beginning the skills practice.
- 4) At any time, should a student believe that the practice of a particular skill on themselves by another student or as demonstrated by an instructor, crosses a line of professionalism, into overt sexual contact, that student has the responsibility to make that belief known to both the student

or instructor involved and to the EMS Program Director as soon as possible. Any student who perceives that he or she has been treated in a discriminative manner on the grounds of sex may consult with or file a written complaint with the EMS Program Director.

- 5) Students will utilize allotted time for EMS labs to learn specific skills/procedures as well as have observation experiences in clinical settings per the course syllabus. The lab may be utilized for additional learning/practice time.
- 6) Specific skills which will be practiced in this program, and which may involve practice in or around the chest or pelvis include:

Traction Splinting	Auscultation of Breath Sounds
Foreign Body Airway Obstruction	Assessment of Pulse and Respirations
Patient Assessment / Physical Exam	Application of ECG Electrodes
Blood Pressure by Auscultation	Application of 12-Lead ECG Electrodes
Blood Pressure by Palpation	Application of 15-lead ECG Electrodes
Dressing and Bandaging	Seated Spinal Immobilization
Splinting	Supine Spinal Immobilization
- 7) The practice of skills is an essential part of the EMS Program. Students must come to laboratory sessions fully prepared to practice skills and scenarios. Being prepared means being **IN UNIFORM** and having the appropriate equipment ready and available. Additionally, scenario practice requires an attitude and demeanor which do not detract from the scenario created. Remaining “in character”, communicating with the “patient” as if a real patient, and performing all skills as appropriate, following procedures step-by-step.
- 8) **EMT Required Skill Competencies** - Skill competencies must be met in order for students to be eligible to take the North Carolina or National Registry EMT exam. If these competencies are not met within the minimum field hour requirement, students must schedule additional field time in order to meet the required skill competencies.

The student must demonstrate competency for all age groups in the following psychomotor skills:

<i>Psychomotor Skills</i>	<i>Required Minimum</i>
Patient Assessments	10

- 9) **AEMT Required Skill Competencies** - Skill competencies must be met in order for students to be eligible to take the North Carolina or National Registry AEMT exam. If these competencies are not met within the minimum clinical and field hour requirement, students must schedule additional clinical and field time in order to meet the required skill competencies.

The student must demonstrate competency for all age groups in the following psychomotor skills:

<i>Psychomotor Skills</i>	<i>Required Minimum</i>
IV/IO Medication Administration	15
SQ/IM Medication Administration	5
IN, SL, or PO Medication Administration	5
Nebulized, ET, CPAP Medication Administration	5
Advanced Airway Placement	10
ECG Acquisition	5
12-lead Acquisition	3
Venous Access (IV/IO)	25 (Must be at 80% accuracy)

The student must demonstrate competency in the assessment of patients in the following age

groups:

<i>Assessment Skills</i>	<i>Required Minimum</i>
Pediatrics (<18 years of age)	10
Adults (18-65 years of age)	15
Geriatrics (>65 years of age)	10

The student must demonstrate competency in the assessment, treatment, and management of the following patient conditions:

<i>Pathology</i>	<i>Required Minimum</i>
Special Populations	3
Trauma	10
Psychiatric	3
Medical	10
Chest Discomfort	10
Respiratory Distress	10
Syncope	3
Abdominal Discomfort	6
Altered Mental Status	6

The student must demonstrate the ability to serve as a team leader in a variety of prehospital emergency situations.

<i>Team Leader</i>	<i>Required Minimum</i>
Team Leader	10

- 10) **Paramedic Required Skill Competencies** - Skill competencies must be met in order for students to be eligible to take the North Carolina or National Registry Paramedic exam. If these competencies are not met within the minimum clinical and field hour requirement, students must schedule additional clinical and field time in order to meet the required skill competencies.

Paramedic Skill Competencies are approved by the Medical Advisor and the EMS Advisory Board. These required skills are outlined in Fisdap, CoAEMSP Student Minimum Competency Matrix.

Paramedic Students are required to complete both Lab Practice Items and the COA Paramedic Graduation Skills List prior to being able to graduate from the COA Paramedic Program.

- D. TEAM LEADS** - Team leads are a component of the EMS field time in the capstone stage of the paramedic course. Capstone refers to a culminating student experience in which students have applied the concepts that they have learned to solve real-life problems. It is an opportunity for students to demonstrate that they have achieved the terminal goals for learning established by the EMS program to demonstrate entry-level competency in the paramedic profession. The last 144 hours of paramedic field clinical time is considered to be field internship. This is when the paramedic student is expected to perform twenty-five (25) Team Leads. During the team lead phase, the Mentor is the one who deems the student capable of leading the EMS team in the assessment and management of a variety of patient types/complaints. The mentor observes and evaluates, and only offers advice or suggestions if crucial errors or omissions occur. The student is “in charge” and demonstrates the knowledge, skills, and attitudes to manage any call to which the unit is dispatched. During this phase, the emphasis shifts from assessing the student’s individual skill competency to assessing his or her ability to manage the entire scene and patient. It is not necessary for the student to perform all of the skills, or any individual skills, outside of the assessment. However, he

or she must be the main person responsible for the choreography of the scene and direct all patient care. Both Basic Life Support (BLS) and Advanced Life Support (ALS) calls can be considered for team leads.

E. PRACTICING ADVANCED SKILLS

- 1) Students enrolled in the AEMT or paramedic program may practice advanced skills in the presence of a program instructor in the classroom or clinical preceptor while on clinical rotations only.
- 2) The student liability policy covers students to perform advanced skills during scheduled clinical rotations. Students who are otherwise licensed or certified to perform advanced skills are advised that the liability insurance does not cover them in the non-student capacity. This advice applies to students whose Medical Director has approved them to practice skills above their current level of training. Refer to North Carolina Office of EMS Rules for clarification.
- 3) Students are limited to practicing only skills previously taught by the faculty of the COA EMS Program.
- 4) Students enrolled in the EMS Program may accept invitations to ride with EMS agencies as a citizen of the community. However, students will not be considered by COA to be conducting a clinical rotation and are not permitted to wear a COA clinical uniform or represent COA in any fashion.
- 5) Violations of this policy may result in the immediate removal of the student from further clinical rotations, which would prevent the student from completing the paramedic program.

F. ATTENDANCE

- 1) The general attendance policy for College of The Albemarle as stated in the college catalog will apply to all courses. EMS students are expected to meet all scheduled classes and EMS field learning experiences. For the online portion, students are required to log into the course at least once a week. Any student that does not log into the course in a 7-day period will be automatically withdrawn, unless prior arrangements are made with the Lead Instructor. All students are required to attend 90% of the scheduled didactic (classroom) hours and 100% of the clinical and field internship hours.
- 2) Any student arriving 15 minutes or later to class will be considered tardy. Students arriving late or leaving early will be docked for time missed on an hour-by-hour basis in quarter increments.
- 3) Absences shall be classified as excused and unexcused. An excused absence is considered any absence authorized by the Lead Instructor prior to the absence; typically, due to serious medical reasons or personal emergencies. Students may be required to provide a physician's verification of illness for eligibility as an excused absence. If an absence is classified as excused, the student may be given the opportunity to make up the hours missed by completing specific assignments allocated by the Lead Instructor. All other absences are classified as unexcused and are not eligible for make-up assignments.
- 4) If a student knows in advance that he/she will be absent, especially for any type of testing, the Lead Instructor is to be notified prior to the absence. Whenever a student is ill and/or absent from class, lab, or clinical, it is the student's responsibility to obtain assignments and materials missed. When a student is unable to attend a clinical session, he/she is to notify the assigned clinical site and the Field Clinical Services Chief immediately. If a student is absent for any testing, no make-up exam will be offered unless the Lead Instructor is notified prior to the exam either by phone or email.
- 5) If a student misses a quiz, the student shall make up the quiz on the first day they attend after an absence.
- 6) If a student misses a unit exam, the student must make-up the exam within one week of the original scheduled date through the Lead Instructor in the campus testing center.
- 7) Failure to meet the attendance requirements will result in the student's unsatisfactory

completion of the course.

- 8) Attendance of students shall be documented on the class sign-in form. Students are required to sign in and document the time once they arrive/return to class. Students are required to sign out and document the time once they leave the class for greater than fifteen (15) minutes. Attendance rosters will be maintained by the Lead Instructor.
- 9) Excessive absences or habitual tardiness may be cause for dismissal.
- 10) When inclement weather occurs (snow, storms, etc.), students should check the local radio stations, area TV stations, main college switchboard (252-335-0821) or COA Website (www.albemarle.edu) for information about the closing of the College. Individual Lead Instructors will discuss with students the procedure to follow when trying to ascertain road conditions for safe travel.
- 11) **Religious Observance Policy** - In compliance with the North Carolina Administrative Code, Title 23, Chapter 2, Sub-Chapter 2C, Section .0213 requirement as authorized by Section 115D of the NC General Statutes, College of The Albemarle will grant any student of the College two excused absences each academic year for religious observances required by the faith of the student. The two excused absences may be taken at any time during the academic year either on separate days or on two consecutive days and must be taken within the absences allowed in the College's approved attendance policy as published in the COA Academic Catalog and specific program handbooks for those students enrolled in a program. Students must submit a "Request to be Excused for Religious Observance Form" to the Vice President of Student Success and Enrollment Management within the first two weeks of the semester in which the absence will occur.

G. HEALTH STATUS - Students who pose a risk to the health, safety or well-being of patients or other students, whether due to infectious diseases or otherwise, may be removed from clinical settings. If a student should contract or be a carrier of any infectious disease whether acute, chronic, active or inactive, it is the student's responsibility to report this immediately to the Field Clinical Services Chief. Patient well-being, safety and health are the primary concerns of all clinical facilities and field clinical sites. All field clinical sites and clinical facilities, as well as COA, reserve the right to require medical verification that a student may participate in a clinical setting without posing a risk to the health, safety or well-being of patients, other students or staff.

The College may take a number of steps and precautions at all campuses including providing additional information and resources related to COVID 19 And other infectious diseases for students; implementing additional health and safety protocols; adjusting some facility, physical space and campus operations; and modifying classes and academic delivery as needed.

Students should understand that that COVID-19 and other communicable diseases are a public health risk; that COA and clinical facilities cannot guarantee safety or immunity from any infection; and that each student voluntarily assumes all risks associated with participating in health science programs related activities on campus and at clinical facilities, including the risk of exposure or infection with COVID-19 and other infectious diseases.

1) **Physical Health**

- a) As a student progresses through the EMS Program, if a physical condition threatens to prevent or prevents satisfactory classroom, lab, or clinical performance, the student will be counseled and referred to an appropriate professional. The recommendation of this professional is used in advising the student regarding continued enrollment in the EMS Program. If the health problem necessitates medical or surgical intervention over a period of time, an individual conference with the Lead Instructor and/or Field Clinical

Services Chief will be held to determine the feasibility of the student being able to meet the course objectives. If it is determined that the student can achieve the objectives, a plan and schedule to accomplish this will be established and agreed to by both parties. Failure on the student's part to complete the plan will result in a "W" in the course.

- b) Whenever such a health problem occurs, the student must have a physician's written documentation as to the problem, the necessary intervention, and the date the student can safely resume his/her activities in the EMS Program.
- 2) **Emotional Health** - When emotional conditions prevent satisfactory classroom, lab, or clinical performance, recommendations are made on an individual basis for consultation with the appropriate professional or student support services. The recommendations of this professional together with faculty recommendations will be used in advising the student with regard to continued enrollment in the EMS Program.
- 3) **Infectious Disease** - If a student should contact or be a carrier of acute/chronic, active/inactive, infectious disease, it is his/her responsibility to report this immediately to the course/clinical instructor.
- 4) **Update of Health and Other Requirements** - Students are accountable to monitor and maintain compliance with all health screening requirements. Student records will be assessed for expiration dates of CPR, PPD and necessary Hepatitis vaccines. **Failure to comply with these requirements will result in prohibiting the student to attend any practicum until file is complete.** Students unable to attend practicum due to incomplete health records will be counted as absent for each day of practicum experience missed and are subject to the program attendance policies.

H. INITIAL COURSE COMPLETION CRITERIA

- 1) The final course grade is determined by chapter quiz grades, homework assignments and unit exams. Students must score a 70 overall in order to pass the classroom portion. Students that do not meet the minimal accepted score can request to remediate with the Lead Instructor.
- 2) Students that make a course average of 70 or more, will be required to take a final skills evaluation, referred to as the Technical Scope of Practice Evaluation (TSOP). Students must pass the TSOP evaluation within 2 attempts in order to be eligible to take the Final Comprehensive exam. If students do not successfully pass the TSOP evaluation they will no longer be eligible to take the Final Comprehensive exam.
- 3) Students must complete all approved clinical (hospital) hours and approved EMS field hours.
- 4) Students will have 2 opportunities to pass the Final Comprehensive Exam. Students must pass this exam with a 70 or better in order to be eligible to sit for the North Carolina certification exam. If students do not successfully pass the Final Comprehensive Exam with a 70 or better, they will no longer be eligible to sit for the North Carolina certification exam. The second attempt at the Final Comprehensive Exam must be within 7 days of the first attempt.
- 5) Fail points summary:
 - a) Attendance - Absent greater than 10% of the didactic/lab portion of the class.
 - b) Class average - less than 70 average at the conclusion of the course.
 - c) Clinical - Failure to complete the required hours/competencies of approved hospital and/or EMS field time.
 - d) TSOP - Failing the Technical Scope of Practice within 2 attempts.

Please Note: A student could pass the class with a 70 average and pass the TSOP and not pass the Fisdap Comprehensive Exit Exam which would disqualify the student from taking the NCEMS or NREMT credentialing exams.

I. COURSE TESTING CRITERIA

- 1) **Chapter Quizzes:** Every student gets two opportunities to take each chapter quiz with the higher grade of the two being the one that stands.
- 2) **Unit Exams:** Fisdap exams are a series of secure, computer-based tests. These exams are used by the EMS Program to test the students' knowledge and critical-thinking. The Fisdap exams can only be taken once. These exams are secured exams and must be proctored.
- 3) **Retesting:** The only exam that is allowed a retest is the Final Comprehensive Exit Exam. Students must do so within 7 days of completion of the first attempt.
- 4) **Practical Exams:** Practical examinations are conducted to assess the student's competency in the performance of skills used in patient care. These examinations will be conducted at the conclusion of each module as printed in the course syllabus. To pass the semester, and the program, students **MUST** pass all required examinations. If a student fails a practical examination, they will be allowed to retest a practical examination **ONCE**.

Prior to retesting practical examinations:

- a) The student will be allowed to view the practical examination score sheet and discuss with a program instructor the reason for the failure.
- b) Upon request, equipment and supplies will be provided and the student will be allowed to practice the skills, with the help of fellow students.
- c) Program instructors **ARE NOT** permitted to assist students with skills practice, or participate in re-training, at any time once the class has begun practical examinations.

If a student fails a retest of the practical examinations, that student may petition the EMS Program Director for a second retest. A second retest will be granted, for one skill and one skill only. A failure of two or more skills will not be permitted. To be eligible for a second retest:

- a) The student has an average which is passing or has shown consistent improvement on through the course.
- b) The student's attendance in the course must equal or exceed 80% of the total class.
- c) The student must have no record of student conferences requiring probation or disciplinary action.

A second retest will be conducted by a panel of two examiners, and will be conducted on a time permitted basis. In the event the second retest cannot be conducted during the regularly scheduled time period for practical examinations for the class the candidate is enrolled, a grade of incomplete will be given for the course and a practical examination session will be scheduled at a time agreeable by the EMS Program Director and the candidate. The scheduled practical examination session must be scheduled in the first three weeks of the next regularly scheduled semester. If the candidate fails to retest, or fails any of the skills in the set, a grade of "F" (or "U") will be recorded as the official grade.

J. CREDENTIALING EXAM ELIGIBILITY

- 1) Students that successfully complete the initial courses of EMR, EMT, AEMT, AEMT-to-Paramedic Bridge, or Paramedic will be eligible to take the North Carolina state credentialing exam at the applicable level.
- 2) Students who reside in NC will be eligible to test at the applicable national registry level once they have successfully completed the course **AND** tested at the North Carolina level at least once. Students from other states may be allowed to take the national registry exam after course completion.

VII. NON-PROGRESSION

- A. **WITHDRAWAL FROM ASSOCIATE DEGREE EMS PROGRAM** - If a student, for any reason, desires to withdraw, he/she is expected to follow the procedure outlined below in order to maintain a complete academic record:
- 1) Confer with the Lead Instructor and complete the Drop/Add Form.
 - 2) Turn in their COA I.D.
 - 3) Submit a letter of resignation to the EMS Program Director stating the reason(s) for withdrawal.
 - 4) Complete the necessary withdrawal forms with the aid of the Health Science Admission and Retention Coordinator or EMS Program Director.
 - 5) Confer with Director of Financial Aid, if applicable.
- B. **WITHDRAWAL FROM NON-CREDIT EMS PROGRAM** - Students leaving the program are advised to contact their Lead Instructor or the EMS Program Director for an exit interview prior to withdrawing or immediately after receiving a failing grade. The exit interview will establish requirements for returning to the program at a later date. Regardless of whether or not an exit interview is conducted, to be dropped from the program the students must officially drop the program through the Continuing Education Department. Failure to officially drop the course WILL result in the student receiving a grade of "U" (Unsatisfactory). ONLY the student can drop a class. Instructors CANNOT drop a student.
- C. **DISMISSAL** - The EMS Faculty reserves the right to recommend the dismissal of a student from the EMS Program. The EMS Program Director has the right, authority, and responsibility to decide on such a recommendation.

Causes for Dismissal - The COA Policy on Student Code of Conduct and the student disciplinary procedure set forth in the COA Catalog shall apply to all students in the EMS programs. The following reasons, though not intended to be all-inclusive, also constitute cause for a student to be dismissed from any EMS Program.

- 1) **Failure to meet the academic standards as set forth in the COA Catalog and the EMS Program Handbook.**
- 2) **Health problems and disabling conditions.** A student's physical and emotional health is discussed at faculty-student conferences. It should be noted that health problems which result in excessive absences or non-completion of classroom, lab or clinical competencies may be grounds for dismissal from the Program. It is the philosophy of the EMS faculty that a student's personal health has priority over one's educational program. A student should not continue in the program at the expense of endangering one's health.
- 3) **Excessive absences or habitual tardiness.**
- 4) **Student performance in the clinical setting which (1) indicates difficulty in making clinical judgment or (2) conflicts with patient safety essential to safe EMS practice.** Such behavior is defined as a failure to assess or act appropriately on information other students at the same level would recognize as important to patient health and safety. Any student who requires an inordinate amount of an instructor's time in the clinical setting because of safety concerns related to poor judgment, poor decision-making skills, or safety violations will be subject to dismissal from the Program.
- 5) **Intentional falsification of information in any form—verbal, non-verbal, or written.** Any student who submits false, misleading, incorrect, and/or incomplete information as part of the EMS Program Admission Process or while enrolled in the program may be dismissed from the program.
- 6) **Cheating.** It is expected that all EMS students will be honest in their dealing with members of the faculty and staff at COA, their peers as well as with staff members and patients at all clinical

facilities. Students are expected to report any observed instances of dishonesty to the instructor. Failure to do so makes the observer morally as guilty as the one who is cheating. Any instructor who discovers possible cheating or to whom it is reported will ensure that the matter is fully investigated. If after careful consideration of all evidence the instructor documents that cheating has occurred, the evidence will be presented to the EMS Program Director who will meet with all parties involved.

- a) Cheating in any form as designated by the college Academic Integrity Policy will not be tolerated and could result in automatic, immediate dismissal from the program and the student will receive a grade of "F" (or "U") for the course grade.
 - b) Students that are discovered sharing information or passing notes during any testing situation will be found guilty of cheating.
 - c) Students who are found in possession of any information on test content in advance of all students taking the test, during a test administration, or during/after a test review may be found guilty of cheating.
- 7) **Plagiarism.** Plagiarism is the use of someone else's words, writings, thoughts, or ideas without giving proper credit. Taking a section of a book or a magazine article and copying it essentially word for word without giving proper credit to the author is one example of plagiarism. **The use of Artificial Intelligence (AI) to create or assist in the completion of writing assignments, papers, reports, or other academic work without properly documenting or acknowledging sources will be considered plagiarism. All papers and assignments may be subject to screening via plagiarism and AI detection software.**
- The instructor who detects a first instance of plagiarism will review with the student the circumstances which constitute plagiarism. The student will be required to re-submit the work to receive credit and the student's grade will be adjusted accordingly. A second instance of plagiarism during any period of the EMS Program will be considered cheating and treated as such. **Refer to policy as printed in the College Catalog on Plagiarism and Cheating.**
- Infraction of health agency policies while on affiliation in that agency.** Each student is to review a copy of the Contractual Agreement between the College and the clinical agency as well as the policy regulations and rules of the affiliating clinical agency at the beginning of the course. It is the student's responsibility to understand and abide by these policies.
- 8) **Violation of the patient's right to confidentiality.** The EMS student is legally (Privilege Doctrine and HIPAA Regulations) and ethically (EMT's Code of Ethics) obligated to maintain confidentiality regarding any information concerning a patient's illness or treatment which is obtained in the normal course of his/her professional duties. No patient information is to be revealed without the patient's permission. It is appropriate to discuss patient condition/EMS care in a learning situation such as instructor/student conference with the understanding that said discussion will not be repeated outside of the conference setting. The student will recognize that improper use of and/or disclosure of protected health information may result in disciplinary action, up to and including dismissal from the program.
 - 9) **Negligent acts resulting in harm to patient.**
 - 10) **Substantial or repeated violation(s) of the standards of ethics, professional behavior and conduct set forth in this handbook.**
 - 11) **Repeated or substantial failure to comply with the rules of the classroom, clinical site, or field internship station decorum.**
 - 12) **Repeated or substantial failure to comply with the exposure control policy.**
 - 13) **Performing procedures without the permission or supervision of preceptors.**
 - 14) **Misuse, destruction, or stealing of equipment.**
 - 15) **Misrepresenting your level of certification, training, student status.**

- 16) **Inability to relate professionally to faculty, preceptors, peers or patients (disrespect, prejudice in providing treatment, demonstration of an attitude that is detrimental to patient care, etc.)**
- 17) **Physical violence (battery) against any patient, student, instructor or staff involved with the program.**
- 18) **Repeated failure to comply with applicable uniform and dress codes.**
- 19) **Drug/Alcohol Use.** The substance abuse policy set forth in COA's Policy and Procedure Manual shall apply.
 - a) The presence, purchase, sale, consumption or use, and/or being under the influence of alcoholic beverage or controlled substances (except when used in strict compliance with the prescription) is strictly forbidden on campus, at campus sponsored functions, at clinical laboratory experiences or any time while in the COA EMS Program uniform. Violations of the chemical abuse policy of the Program will render a student subject to disciplinary action including immediate dismissal from the Program with a grade of "F" (or "U") and removal from all Program courses.
 - b) Any student who diverts any controlled substance from a clinical facility will be dismissed from the EMS Program and may face criminal prosecution.
 - c) Any student whose behavior or appearance provides reasonable suspicion that the student is under the influence of alcohol or non-prescribed controlled substances, any chemical that alters cognitive functions, and/or is abusing prescribed medications in violation of subparagraph (a) of this section—may be required to submit to a breath analysis, saliva tests, urinalysis, or blood analysis. EMS faculty may make the determination that reasonable suspicion exists. Refusal to offer the required sample will be grounds for disciplinary action up to and including dismissal from the program. A positive test indicating use or being under the influence during class, labs, meetings or clinical rotations of controlled substances, mind altering chemical or alcoholic beverages will be grounds for dismissal from the Program and all Program courses.

The Dismissal Process

- 1) Any student who is recommended for dismissal from the EMS Program will have a conference with the Lead Instructor to discuss the reason(s) for the dismissal. Then the student, the Lead Instructor, and the EMS Program Director will discuss the reasons(s) for the dismissal. The student will receive a letter stating the reason(s) for dismissal.
- 2) **Students dismissed from the program related to item number 1 will receive the grade as earned per the course syllabus and program academic policies.** Dismissal from the course will take effect immediately and the student will not be allowed to return to class, lab or clinical for that course. If a student is enrolled in multiple program courses within the same semester, the student will be allowed to complete any other program courses specific to progression within the program that they are enrolled in for the same semester, and then will be dismissed from the program at the end of that semester.
- 3) **Students dismissed from the program related to item number 2 will receive a grade of "W."** The program dismissal will take effect immediately and the student will not be allowed to return to class, lab or clinical and will be immediately withdrawn from all program courses specific to progression within the program.
- 4) **Students dismissed from the program related to item number 3 will receive a final course grade of "F" (or "U");** and the dismissal from the course will take effect immediately and the student will not be allowed to return to class, lab or clinical for that course. If a student is enrolled in multiple program courses within the same semester, the student will be allowed to complete any other program courses specific to progression within the program that they are enrolled in for the

same semester, and then will be dismissed from the program at the end of that semester.

- 5) **Students dismissed from the program related to items numbered 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20 involving a program course will receive a final course grade of “F” (or “U”); and the program dismissal will take effect immediately. The student will not be allowed to return to class, lab or clinical for any program courses and will be immediately withdrawn from all other program courses specific to progression within the program.**
- 6) **Any student dismissed from an EMS program for the above reasons with the exception of 1, 2, and 3 is not encouraged to apply for readmission to the program.**

D. APPEALS PROCESS

- 1) The Grade Appeal policy set forth in the COA Catalog shall apply to all students in the EMS programs. Students dismissed from the program related to items 1, 2, 3, and 4 shall have the right to appeal his/her grade and dismissal from the program as provided in the Grade Appeal procedure set forth in the COA Policy on Grading, Grade reporting, and Grade Appeal.
- 2) The COA Policy on Student Code of Conduct and the student disciplinary procedure set forth in the COA Catalog shall apply to all students in the EMS programs. Students dismissed from the program related to items 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 shall have the right to appeal his/her suspension or removal from the program as provided in the disciplinary appeals procedure set forth in the COA Policy on Student Code of Conduct.

VIII. GRADUATION

GRADUATION REQUIREMENTS

A student is subject to the graduation requirements of COA. In addition, EMS students must:

- 1) progress satisfactorily through the EMS curriculum as defined in the Progression Policy;
- 2) maintain a minimum grade point average of 2.0 and earn a grade of “C” or better in all the required courses of the curriculum in which they are graduating;
- 3) demonstrate physical and emotional health which underscores their ability to provide safe EMS care to the public.

IX. GENERAL POLICY INFORMATION

General Guidelines - The following guidelines for professional behavior are required of EMS students. Students should be constantly aware that they represent the health science program and the College to the public when dressed in the COA EMS program uniform and that they will be viewed by the College, by other professionals, and by the public in general as representatives of COA. Therefore, students are charged with portraying a positive image of health science and wellness occupations and the college. The COA health science program and the College reserve the right to dismiss any student whose on or off campus behavior violates any of COA’s rules or policies governing expected conduct of students including those prohibiting any student from engaging in any criminal conduct; any conduct or behavior prohibited by COA policy; or any other conduct or behavior particularly while dressed in uniform or otherwise while representing COA that tends to portray the student, the program or COA in a negative fashion or otherwise tends to cause harm to the reputation of the program or COA. Failure to follow these guidelines may result in an unsatisfactory grade in classroom, lab, and/or clinical evaluation and consequently in dismissal from the EMS Program.

A. EMS STUDENT'S PROFESSIONAL BEHAVIOR - Each EMS student must:

- 1) Comply with:
 - a) North Carolina Office of EMS Rules & Regulations
 - b) Policies of the clinical facility
 - c) Contractual Agreement between COA and Clinical Facilities
- 2) Report patient situations accurately, regardless of reflection upon self or others. If the situation requires an agency occurrence report or equivalent, the student will complete a report according to agency policy
- 3) Ask for supervision and assistance when needed
- 4) Interact professionally, courteously, and respectfully with faculty, peers, health team members, patients, and family members
- 5) Address patients, family members, health team members, instructors and staff by Dr., Mr., Mrs., Ms. and Miss and the surname unless otherwise directed.
- 6) Demonstrate self-confidence in administering patient care
- 7) Utilize time efficiently and constructively
- 8) Display initiative and self-motivation
- 9) Perform self-evaluation regarding attainment of course objectives
- 10) Complete all written work on time
- 11) Demonstrate punctuality for class, lab, and clinical
- 12) Maintain a reliable means of communication and transportation, valid telephone number and email address via the COA MyCourses account.
- 13) Check their COA email account regularly Monday-Friday during each semester enrolled.
- 14) Refrain from using social networking, text messaging or other electronic media for posting insulting, disparaging or inflammatory comments regarding COA, the EMS program, any member of the COA campus community or affiliated internship sites and their employees. Criticisms of or concerns regarding these issues should be expressed through the COA chain of command so that the concerns may be addressed, and not in a manner which could disrupt the clinical program or operations at practicum sites. Students are also prohibited from disclosing confidential information through such media or from discussing confidential information in any other manner that may reach third parties outside of COA staff or clinical site personnel.
- 15) COA Health Sciences and Wellness Programs Social Media Policy does not allow students in clinical/practicum/internship related activities to post ANY pictures or information depicting or while engaged in activities relating to EMS, hospital, practicum, and/or internship activities, facilities, staff, volunteers and/or patients without express, written consent from the College and the facility. This includes, but is not limited to, "selfies" taken while at these facilities and social media posts about facility events or staff.
- 16) Such actions have the tendency to disrupt program activities, to portray the student and COA staff in a negative and/or unprofessional light, to potentially violate the rights of facility staff, volunteers or patients, and to otherwise negatively impact COA's programs and reputation.

B. GENERAL BEHAVIOR - A faculty member or student who demonstrates inappropriate ethical or professional behavior will be promptly advised and will be subject to disciplinary action. Penalties range from probation to expulsion from the program or termination of contract. Each student must consistently demonstrate and achieve competency in these areas in order to pass the course.

- 1) **Integrity** - consistent honesty; being able to be trusted with the property of others; can be trusted with confidential information; complete and accurate documentation of patient care and learning activities; personal accountability including acknowledgment of personal errors, omissions, and limitations.
- 2) **Empathy** - showing compassion for others; responding appropriately to the emotional responses

- of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need.
- 3) **Self-Motivation** - taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities.
 - 4) **Appearance and Personal Hygiene** - clothing and uniform are appropriate, neat, clean and well-maintained; good personal hygiene and grooming.
 - 5) **Self Confidence** - demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations.
 - 6) **Communications** - speaking clearly; writing legibly listening actively; adjusting communication strategies to various situations.
 - 7) **Teamwork and Diplomacy** - placing the success of the team above self-interest; not undermining the team; helping and supporting all team members; showing respect for all members of the team; remaining open and flexible to change.
 - 8) **Respect** - being polite to others; not using derogatory terms; behaving in a manner that brings credit to the profession; following instructor instructions on all matters; listening in class, being punctual to all classes. This includes fellow students, hospital personnel, station personnel, and patients without regard to race, color, national origin, religion, or sex.
 - 9) **Patient Advocacy** - not allowing personal bias or feelings to interfere with patient care; placing the needs of patient above self-interest; protecting and respecting patient confidentiality and dignity.

C. CLASSROOM/LAB/CLINICAL/CONFERENCES etc. BEHAVIOR

- 1) Each EMS student will demonstrate appropriate behavior in regard to faculty and fellow students in the classroom/clinical setting.
- 2) Students are expected to be on time and appropriately prepared for class/clinical.
- 3) Students are expected to adhere to the College's Drug-Free and Smoke-Free Environment Policies and Student Code of Conduct. No smoking, use of tobacco, use or purchase of alcohol, drug consumption, or other violations of the College Student Code of Conduct are allowed in college vans, campus buildings, campus parking lots, or in or on the grounds of clinical facilities or any time while in a COA health science program uniform.
- 4) Students may not buy, sell or consume alcoholic beverages or illicit drugs while in a COA EMS uniform (including street clothes while in facilities) or lab coat. Violation of this alcohol/drug policy will result in disciplinary action up to and including a grade of unsatisfactory in clinical, consequently an "F" (or "U") in the EMS course, and immediate dismissal from the Program and all program courses.
- 5) Students may not smoke while in a COA EMS uniform (including street clothes while in facilities). The smell of smoke on a student uniform will be considered unprofessional in the clinical setting and a "noxious odor". The student will be removed from the clinical setting until they are able to return without the odor as determined by the clinical instructor. Any missed time will count under the attendance policy as absent clinical time for the course. Repeated violations of this policy may result in disciplinary action up to and including clinical failure and dismissal from the clinical site, and/or consequently dismissal from the program.
- 6) Any information learned about a patient is considered confidential. There will be no discussion of clinical experiences in public places (elevators, stairs, cafeteria, hallways, etc.) or through any social media. Discussion should occur only in clinical conferences or in private conversations with instructor and/or fellow students. Students are not to make copies of any part of patients' records

- nor be in possession of copies of any part of patients' records. Violation of this confidentiality policy may result in a grade of unsatisfactory in clinical, consequently an "F" (or "U") in the EMS course, and dismissal from the Program.
- 7) If a violation of confidentiality is discovered after completion of a course, the student is subject to dismissal from the Program.
 - 8) A student who is responsible for an act of negligence or deviation from expected performance in the clinical area will complete an agency report per agency policy. At the discretion of the faculty member, the student will meet with the field clinical instructor/preceptor/mentor, Field Clinical Services Chief and the EMS Program Director to discuss this area of concern and the student's retention in the program. The EMS faculty member is to submit a written descriptive memo regarding such an incident to the EMS Program Director.
 - 9) When at all possible, a student will not be assigned to the same unit in the clinical agency where he/she is or has been an employee.
 - 10) Students shall not make or receive any personal phone calls while on duty in a clinical facility unless it is an absolute emergency and the field clinical instructor/preceptor/mentor has given permission. No texting or social networking access should occur while on duty at a clinical site. Use of cell phones or other electronic devices (such as audio or video recorders, pagers, Blackberries, etc...) is not allowed in the classroom during testing or test reviews, and all such devices are to be turned off during class, lab, and clinical.
 - 11) Students should refrain from wearing perfume or heavily scented products, such as after shave, lotions, cologne or hair spray while in uniform and/or on duty in clinical facility.
 - 12) Outside visitors are not to visit with students during scheduled clinical experiences.
 - 13) Students are not to leave the clinical area unless the field clinical instructor/preceptor/mentor has been notified and consent has been given.
 - 14) Students are prohibited from secretly recording classroom, lab or clinical activities; and any conversations, meetings, or conferences or other interactions with faculty, COA employees, patients, or anyone in any setting/facility associated with the program's activities. Use of personal recording devices to record lectures in class, lab or clinical is prohibited. Students with documented accommodations that request recording capability must meet with the EMS department to determine appropriate means and parameters of making recordings.

D. PERSONAL APPEARANCE - DRESS CODE

- 1) EMS students are expected to be examples of healthy persons. This includes being clean and well-groomed, particularly when assigned to the clinical area. Good personal hygiene must be practiced. It is required that all students wear the appropriate EMS Program uniform when reporting to their clinical assignment unless otherwise directed.
- 2) While at the field or clinical location:
 - a) Shirt: The current approved program polo shirt must be neat, clean, without holes or stains, or offensive markings and tucked into the pants.
 - b) Pants: Black pants must be neat, clean, without holes or stains, or offensive markings.
 - c) Footwear: For safety purposes, open-toed shoes such as flip-flops, crocs and sandals are not permitted. Black sneakers or boots are appropriate but must be neat, clean, and if applicable, polished. Socks must be black if visible.
 - d) Belt: plain leather with plain silver buckle or hook/loop fastener.
 - e) Headwear: Only the COA EMS Education hat is permitted and must be neat, clean, and without holes, stains, or offensive markings.
- 3) While in the classroom or lab setting:
 - a) Shirt: The current approved program polo shirt must be neat, clean, without holes or stains, or offensive markings and tucked into the pants.

- b) Pants must be neat, clean, without holes or stains, or offensive markings. Shorts, if worn, must not come more than 3 inches above the knee.
 - c) Footwear: For safety purposes, open-toed shoes such as flip-flops, crocs and sandals are not permitted. Sneakers or boots are appropriate but must be neat, clean, and if applicable, polished.
 - d) Headwear: Caps and hats are permitted but must be neat, clean, and without holes, stains, or offensive markings.
- 4) Students will have his/her hair clean and pulled back away from the face and styled in such a manner that will prevent hair from falling forward. External artificial cosmetic enhancements (i.e. eye lashes, hair pieces, etc.) are not to be worn
 - 5) Each student is required to have the school's designated uniform the first clinical day or as designated by the EMS Program Director. The uniform must be neat, clean, well-pressed/ironed and well fitted throughout the student's participation in the program. Uniforms and physical appearance must meet the guidelines developed by the Program faculty and worn properly at all times while in uniform. Students will not be allowed to deliver patient care if the uniform guidelines are not met and any missed time from clinical will count as attendance hours missed.
 - 6) Students should not wear the uniform in public places such as grocery stores, malls, etc., either before, during, or after clinical experiences.
 - 7) The College Student Code of Conduct applies to students at all times they are in a COA uniform – whether on or off campus; and whether or not they are actively engaged in a college sponsored event.
 - 8) **Cold or Wet Weather- Clinical Locations Only:**
 - a) Jackets worn should be black. A white, gray, or black long sleeve shirt or turtleneck may be worn under the polo shirt in cooler weather. Sweaters are not permitted.
 - b) Only the COA EMS Education hat or solid black hat with not markings is permitted and must be neat, clean, and without holes, stains, or offensive markings.
 - c) Rain coats should be plain, without designs or statements. Scotchlite® strips are recommended.
 - d) Umbrellas are not to be used on clinical rotations.
 - 9) **While in uniform the student will:**
 - a) Have his/her hair clean and pulled back away from the face and styled in such a manner that will prevent hair from falling forward. Beards, mustaches, and sideburns are to be neatly trimmed and groomed.
 - b) Limit visible jewelry to a single pair of post-earrings in ear lobes only, one watch and one smooth surface ring on either left or right third finger. Ear gauges are not acceptable in the clinical setting.
 - c) Have clean, short, manicured fingernails; only natural polish may be worn, if desired; artificial nails are prohibited.
 - d) Wear photo identification badge. ID badge must be worn above the waist with picture facing out so that it may be easily read.
 - e) No chewing gum allowed while in uniform.
 - f) Have no visible body piercing jewelry (with the exception of ear lobes) and tattoos must be covered.
 - g) Hair should be of natural color.
External artificial cosmetic enhancements (i.e. eye lashes, hair pieces, etc.) are not to be worn.
 - 10) **Failure to follow the Dress Code Policy:**
 - a) Students are to report to the lab, classroom, and/or clinical site dressed completely in the appropriate uniform. Students reporting to class/lab out of uniform will be graded

according to the affective domain parameters. Students who are found on a clinical rotation out of the proper uniform will be asked to leave the clinical site. All hours completed prior to leaving the rotation will not count toward the minimum requirement. Students who are reported by clinical sites or other third parties, to have been out of the proper uniform must repeat the entire rotation before credit is received.

- b) The clinical uniform is graded through the clinical section of the program. Students who fail to represent the EMS Program in a positive light through unethical, immoral, or illegal actions while dressed in uniform WILL receive a failing grade for the clinical section, thus preventing the student from completing the program.

E. POLICY ON ELECTRONICS - To eliminate distractions in the classroom the following policy will be followed by all students enrolled in the EMS Program and all faculty members involved in the instruction of the EMS Program.

- 1) Cell phones are NOT to be used in the classroom, laboratory or clinical areas, or in hallways of the college. This includes use as a phone, text messaging device, music player, voice recorder, camera, video camera, or any other function which distracts the student from learning in class or disrupts others at any time. This policy is not limited to devices sold as a cell phone. Any electronic device which meets the spirit of this policy is included.
- 2) All cell phones, pagers, and other electronic devices which have an audible alert function must be turned off. Silent alerts may be used as long as they are truly silent AND do not elicit a response from the owner or others.
- 3) Electronic devices that are used for audio recording or playback, or video recording or playback, are not to be used in the classroom, laboratory or clinical areas, or in hallways of the college. Students may use, with instructor permission, audio recorders for the sole purpose of recording lectures.
- 4) Electronic devices with game functions are not to be used in the classroom or clinical settings.
- 5) Students who violate this policy will be asked to leave campus for the day on the first offense. A second offense will warrant reporting of the student to the EMS Program Director for action as a disruptive student which may result in removal from the program.
- 6) Faculty members that violate this policy may have their contract terminated for the remainder of the semester.

F. MAINTENANCE OF CERTIFICATION

- 1) Advanced Emergency Medical Technician students must be currently certified by North Carolina as an Emergency Medical Technician. Paramedic students must be currently certified by North Carolina as an Emergency Medical Technician or as an Advanced Emergency Medical Technician. It is the responsibility of the student to keep the certification current.
- 2) If during the course of the AEMT or paramedic program, a student's EMS Certification expires, the student will NOT BE PERMITTED to participate in Clinical Rotations. If the lapse of certification exceeds 90 days, the student will NOT BE PERMITTED to participate in any program activity including, but not limited to, lecture presentations and laboratory practice.

G. CLINICAL ROTATIONS

- 1) Clinical rotations are an essential component of the EMS Program. Each clinical is intended to offer the student both a positive learning opportunity and real-life experiences. The primary purpose of clinical rotations is to expose the student to patient assessment including the gathering of pertinent medical information and past medical history. The practice of basic and advanced skills and patient documentation are secondary, but highly essential, parts of clinical rotations.

- 2) There is no hospital clinical educational component for the EMT level. Length for the hospital clinical educational component is 48 hours for the AEMT level, 72 hours for the AEMT-Paramedic Bridge, and 120 hours for the paramedic level. Clinical education hours may be adjusted based on the time required by the student to obtain competency in each of the skills required. All hospital clinical education must be conducted under the direct supervision of approved preceptors. Additional hours may be added at the discretion of the Field Clinical Services Chief.
- 3) Length for the field internship component is 48 hours for the EMT level, 48 hours for the AEMT level, 252 for the AEMT-Paramedic Bridge, and 300 hours for the paramedic level. Field internship component hours may be adjusted based on the time required by the student to obtain competency in each of the skills required. All field internship hours must be conducted under the direct supervision of approved field training officers or field clinical instructors. Additional hours may be added at the discretion of the Field Clinical Services Chief.
- 4) For courses in which clinical and field internship hours are required, the student must complete 100% of the hours required. For courses that utilize an assigned mentor, the student will need to obtain a Statement of Completion from their mentor once they successfully complete the field-clinical section of the program. A student must perform the required number of skills stated in the curriculum for each level of competency. Students that are unable to obtain the required minimal number of skills in the field/clinical setting or demonstrate competency must be cleared by the Medical Advisor for successful completion of the course.

H. CLINICAL BEATTITUDES

- 1) The first student of the first week of Clinical/Field rotations will set the tone for all other students. Set a good example.
- 2) Clinical/Field time is to be used to familiarize you with equipment, procedures and patients. It is suggested you read charts, then assess the patient and finally compare your findings with those from other health care professionals. Pay particular attention to any pre-hospital treatments/diagnosis of patients and compare with the emergency department or specialist treatment and/or diagnosis. **You must become proficient at conducting patient assessments on patients of all age groups – this is a priority in Clinical/Field rotations over simply doing a skill.**
- 3) It is not your purpose at the Clinical/Field site to perform all of the "grunt" duties; however, you should assist the other health care professionals as necessary. A little cooperation goes a long way in developing trust and a positive attitude.
- 4) Be assertive, but not aggressive. Remember, you are being invited to their location. No Clinical/Field site is obligated to have you there participating in Clinical/Field functions.
- 5) Be cautious with humor - it may be misinterpreted since staff or family do not know you.
- 6) Patient confidentiality is of utmost concern and has legal implications. Be extremely cautious where (elevators, cafeteria, etc.) and with whom you discuss patient information with. At no time should names of patients ever be divulged; this includes case studies that are to be turned in as assignments.
- 7) Students need to be self-directed. This is your education; you must take the lead role in learning.
- 8) If you have problems, talk with the field clinical instructor/preceptor and/or Clinical Coordinator.
- 9) The conduct of the student reflects upon the individual, agency, school and the EMS profession. Students are required to conduct themselves in a professional, mature manner at all times. Students are expected to adhere to the policies of the school and institution they are attending. Failure to comply with policies will result in disciplinary action and possible dismissal from the program.
- 10) For an effective Clinical/Field experience consider the following: One day one sit down with your field clinical instructor/preceptor to review your objectives. Provide field clinical instructor/preceptors with a brief background of your educational and Clinical/Field experiences.

- Identify your strengths, weaknesses, and areas that you would like to focus on during your Clinical/Field rotation. Skills or problems identified as needing improvement should be addressed with your field clinical instructor/preceptor immediately.
- 11) Ask questions. Field Clinical Instructors/Preceptors need to be stimulated - that's why they teach. They also need to know that you are interested in learning. Asking questions meets this need, and is a primary way the Field Clinical Instructor/Preceptor measures your initiative and involvement in your education
 - 12) Organized mini-courses for yourself. Each week take a few drugs and learn about them. Focus on learning about specific diseases. (You can use your learning objectives and test topics to guide you). Select several patients whose problems you want to understand, in depth, and learn all you can about the disease process, treatment, etc. This type of learning will be more meaningful, and will be more productive in integrating information than trying to memorize information from a book.
 - 13) Read. Use 3"x5" index cards for reference and review. Read about patients you are seeing. You may have twenty different patients, and obviously cannot read about twenty problems, so you will need to pick and choose, refocusing on problems you are likely to encounter in primary care. Study the typical/common problems especially. Remember, it is your responsibility to fill in the gaps between what you see at the site, and your objectives on which you will be tested. It is not possible for sites to provide you with experiences on every objective.
 - 14) Support each other. Be "on call" for each other to share exciting cases and/or support each other with difficult cases.
 - 15) Don't forget your physical exam skills. You will be exposed to many variations on the theme of physical examinations, including shortcuts, omissions and legitimately different approaches. Remember the way you were instructed and before you omit, THINK! Reason through what information each part of the physical examination gives you before leaving out parts of exam solely to speed-up. There are acceptable ways to speed up and streamline techniques. When in doubt, speak with your field clinical instructor/preceptor.
 - 16) Academic progress, integrity and professional behavior are essential for your success in the Program. Should you have questions or need assistance at any time during your Clinical/Field assignments, please contact the Clinical Coordinator at the number he/she provided you during the orientation.

I. CLINICAL COMPLIANCE

- 1) Each student will receive several site visits by the EMS Program faculty during their Clinical/Field time. Site visits allow the Program to evaluate the student directly in her/his Clinical/Field setting. They also offer an opportunity for communication and feedback between students and faculty that encourages the improvement of Clinical/Field skills and competencies. Clinical/Field site visits also provide an additional opportunity for the EMS Program to communicate with Clinical/Field site personnel. It is understood that student's Clinical/Field skills will increase and improve as the student's progress through their Clinical/Field rotation phases. Therefore, the expectations of the site evaluators will likewise change over time to reflect the increased Clinical/Field skills of students.
- 2) The purpose of the Clinical/Field experience is to provide the student with the opportunity to develop their intellectual knowledge, hands-on skills, and interpersonal and intrapersonal abilities. To develop these skills, it is vital that the student attend each of the Clinical/Field rotations scheduled. The Clinical/Field setting gives the student the chance to instill an attitude of professionalism and an opportunity for growth in this chosen field.
- 3) Please remember that the various hospital and EMS agencies are providing the best possible

Clinical/Field site. These organizations have chosen to donate their time, energy, skills, and staff members in order to create a unique and challenging Clinical/Field experience.

- 4) While on clinical rotations:
 - a) Students are to be dressed in the COA Clinical Uniform. (see Dress Code Policy for additional information)
 - b) Students are to display a professional attitude while seeking out learning opportunities without interfering in the emergency care of patients or infringing on patient confidentiality.
 - c) Students must NOT participate in any amorous or sexual behaviors toward preceptors, patients, or others encountered.
 - d) Students must function in the student capacity, regardless of previous affiliations or employment with the clinical site. Although employers are free to compensate students for clinical rotations, students must function 100% of the time as a student or intern. Students are not to be substituted for paid personnel.
 - e) Students are allowed to leave the assigned unit of the clinical site to eat lunch or dinner. Students will be given 30-minutes to eat, and must eat on the campus of the clinical site.
- 5) To receive a passing grade for the clinical component of each course, students must accomplish the following, by the course completion date:
 - a) Complete the required number of clinical hours (including all required repeat or make-up rotations), at each clinical site, as described by the Field Clinical Services Chief at the beginning of each course. Documentation of these hours must be documented into Fisdap and verified by the FCI/preceptor.
 - b) Complete all minimum runs and minimum numbers of skills, as required in the clinical information given by the Field Clinical Services Chief at the beginning of each course.
 - c) Perform assessments and interventions to the satisfaction of the FCI/preceptor, as recorded in applicable field(s) in Fisdap.
 - d) Meet the standards of professionalism set by the COA EMS Program, including appropriate dress, actions, demeanor and language.
 - e) For courses that utilize an assigned mentor, the student will need to obtain a Statement of Completion from their mentor once they successfully complete the field-clinical section of the program. Students that are unable to obtain the required minimal number of skills in the field/clinical setting must be cleared by the Medical Advisor for successful completion of the course.
- 6) Students are to schedule clinical rotations in a manner which does not interfere with job or school schedules. Once clinical rotations are scheduled, they are considered part of the class schedule and attendance is **MANDATORY**.
- 7) **Rescheduling Clinical Rotations:** Student's that have a request to reschedule an already scheduled clinical rotation must notify the Field Clinical Services Chief at least 24 hours before the scheduled clinical. Allowable reschedules may include work schedule changes, important family events, and scheduled medical tests/procedures. In the event of illness or mandatory employment responsibilities, the student shall notify the Field Clinical Services Chief **BEFORE** missing the scheduled rotation.

J. STUDENT INJURY IN CLINICAL AREA

- 1) If an EMS student is in an assigned clinical area when personal injury occurs, he/she is to report immediately to the field clinical instructor/preceptor/mentor and contact the Field Clinical Services Chief immediately.
- 2) Per agency policy, a report with specific details of the injury must be completed. The report should clearly state how and why the incident occurred and if the incident resulted from faulty

equipment or negligence on the part of the student or agency. It is recommended that the student report to the Emergency Department for evaluation and treatment. This would be done at the student's expense - not the College's or clinical site's expense (E.D. cost may include E.D. fee, physician's fee and cost of treatment and/or services rendered). If a student elects not to go to the E.D., this should be so stated on the report. A copy of the report is to be reviewed by the Field Clinical Services Chief who will report the occurrence, by way of memo, to the EMS Program Director.

K. TRANSPORTATION TO CLINICAL AGENCIES - It is the student's responsibility to provide his/her own transportation to field clinical facilities.

L. SEXUAL HARASSMENT - Refer to current COA Catalog for "Sexual Harassment" Policy.

M. COMPLAINT POLICY

- 1) Students have rights and responsibilities to express concerns regarding faculty-student matters and perceived problems. Students are encouraged to follow the chain of command and seek assistance from faculty members and academic advisors to resolve issues at the lowest level of authority. If the matter cannot be resolved at the level of occurrence, the student is to use the established policies for grievances and complaints in the college catalog.
- 2) Complaints are defined as any written appeal that has been filed by a student in accordance with the student grievance procedures for Disciplinary, Sexual Harassment, or Non-disciplinary issues as noted in the college catalog of the current year or any written complaints filed with agencies that have governance over the EMS program.
- 3) A record of the student complaint and its resolution will be placed in the program's student file and a copy kept in a Complaint file located in the locked file cabinet that serves the EMS Program.

N. CONFLICT RESOLUTION

- 1) The EMS Program and College of The Albemarle recognize that students will, from time to time, encounter disheartening, unpleasant and occasionally hostile situations. These situations may stem from interaction between individual or groups of other students, faculty, clinical preceptors or clinical sites, the general public, or the witnessing of emotionally traumatic events.
- 2) While the EMS Program cannot protect students from the dangers and harsh realities of the world which are encountered on clinical rotations, we will make every effort to give the student the knowledge and skills necessary to protect themselves. To a great extent the student must take the responsibility to use these tools at the appropriate time. This includes situations in which the language, attitude, and behavior of other students, clinical personnel and program faculty may innocently or maliciously be offensive or derogatory based on race, religion, gender, ethnic background, national origin, age, veteran status, or disability. The first step in any of these cases is to notify the involved party of the offense.
- 3) Should the offensive behavior continue, the student should notify the next person up the Chain of Command, as delineated below.
- 4) In the best interest of all parties involved, students enrolled in the EMS Program must abide by the following procedures.
- 5) **Conflicts that Occur in the Classroom:** Student conflicts are expected to be handled between the parties involved. In the event that the situation cannot be resolved peaceably between the individual or group of students, the Lead Instructor or EMS Program Director should be notified. The situation will be corrected following Program policies, grading criteria, instructional intent and course objectives.
- 6) The following chain of command should be followed for problems encountered with the

instruction and skills practice in the EMS Program:

- a) Parties involved / Squad Leader
 - b) Instructor / Faculty / Staff present at time of incident / Captain
 - c) Lead Instructor
 - d) Asst. Chief
 - e) EMS Program Director
- 7) **Conflicts During Clinical Rotations:** Any situation occurring on clinical rotations are to be reported, immediately, to the student's immediate supervisor at the clinical site (usually the assigned preceptor) and progress up the chain of command for that clinical site as well as the Field Clinical Services Chief and/or Program Director. In the event the situation involves the immediate supervisor, an attempt at problem resolution should be made without moving further up the chain of command. In the event the immediate supervisor cannot resolve the situation, the next person in the chain of responsibility should be contacted. Problems regarding differing protocols, treatment, COA EMS Program Policies and Procedures modalities, or patient care philosophies should be addressed and resolved with an openness for these differences taking into consideration the wide variety of "correct" treatment. In the event the problem cannot be resolved at the clinical site, the student should report the situation to the Field Clinical Services Chief or EMS Program Director at their earliest opportunity. Reporting the problem directly to Program Faculty without consulting the clinical personnel is not permitted without extenuating circumstances. The definition of extenuating circumstances will be determined by the EMS Program Director.
- 8) Students should understand that the EMS Program is concerned with conflicts encountered while on clinical rotations. However, students should also understand that the clinical site has a vested interest in resolving the problem internally.
- 9) It will be the responsibility of the clinical site to report problems and resolution decisions to the EMS Program through the Field Clinical Services Chief.
- 10) The following chain of command should be followed for problems encountered during clinical rotations:
- a) Parties involved
 - b) Assigned Preceptor / FCI
 - c) Duty Supervisor / Charge Nurse
 - d) Field-Clinical Services Chief
 - e) EMS Program Director

O. MENTOR PROGRAM

- 1) The final phases of the paramedic program include a "mentorship" or capstone experience. The mentor program is an EMS clinical experience where the student is paired with a qualified paramedic field clinical instructor for a focused care experience on an EMS unit that will allow the student to apply and synthesize the knowledge gained throughout the EMS program and facilitate the transition of the student into the world of work as an entry level practitioner upon graduation. Students will be paired and work with a designated "mentor" who is a qualified professional with specific clinical expertise in the area of EMS where they work. The mentorship will be facilitated, supervised, and evaluated by the Field Clinical Services Chief of the EMS program.
- 2) The mentorship is an unpaid experience for both student and mentor. Students should not receive compensation/payment, monetary or otherwise, from the agency or preceptor.
- 3) The mentorship requires attendance by the student at all assigned clinical experiences without tardiness. The student and mentor agree on scheduling the hours the student will work under the mentor based on the mentor's schedule and may include nights and weekends. The student must satisfactorily complete all hours and evaluation requirements and objectives of the

mentorship to be eligible to pass the course. A final rating of satisfactory in all areas of the mentorship is mandatory to successfully complete the final capstone course, regardless of academic average. A student with an unsatisfactory rating in any area of the final mentorship clinical evaluation will NOT receive a passing grade for the course. Students are expected to complete the mentorship while also meeting all other requirements and objectives of the didactic portion of the course.

P. FIELD CLINICAL INSTRUCTION

- 1) Preceptors are considered nurses that are recognized by their facility to oversee EMS students in the clinical environment.
- 2) Field Clinical Instructors are considered credentialed EMS personnel at the EMT level or higher that are recognized by their affiliated EMS agency to oversee EMS students in the EMS setting.
- 3) Mentors are considered paramedics that are selected and recognized by both the EMS agency and COA to oversee the capstone phase of the paramedic initial education.
- 4) All preceptors, field clinical instructors, and mentors are required to complete an EMS orientation sponsored by COA prior to having EMS students assigned.

Q. FIELD CLINICAL OPERATIONS

- 1) **Compliance**
 - a) College of The Albemarle shall ensure that appropriate education experiences are scheduled for all levels of programs offered by following the program standards and requirements of the NCOEMS. This shall be accomplished by random audits of students' clinical reports, evaluations by the students, proctors, mentors and Lead Instructor. Audits shall focus on completion of evaluation sheets by preceptors and mentors, types of patients encountered, and types and numbers of skills performed.
 - b) The clinical site shall be provided with the objectives to be met during student participation. The EMS Program Director and/or Field/Clinical Coordinator shall review students' skills evaluations obtained from the clinical site to ensure compliance with NCOEMS program standards.
- 2) **Scheduling**
 - a) The college shall work with participating agencies to schedule appropriate education experiences as stated in the contract with each agency. The EMS Program Director or Field/Clinical Coordinator shall schedule the beginning of clinical and field components to allow adequate time for the student to complete the required objective.
 - b) Clinical rotations shall be scheduled through the contact person for each clinical site. Students shall be required to sign in and out during their clinical rotation. Field rotations shall be scheduled with the contact person for each site. Students shall be required to sign in and out during their field rotation.
 - c) The field site shall be provided with the objectives to be met during student participation. The EMS Program Director and Field/Clinical Coordinator shall review students' skills evaluations from the field site to ensure compliance with NCOEMS program standards.
- 3) **Clinical and Field Site Selection, Monitoring, and Evaluation**
 - a) The College shall choose clinical and field site locations that have agreed to provide students with a positive learning experience. The sites shall be selected for their specialized care capabilities, their willingness and ability to guide and mentor students, and the ability to accommodate student needs. The clinical and field sites shall be regularly monitored by the Field/Clinical Coordinator, EMS Program Director, Dean of Health Sciences, and/or the Education Medical Advisor.
 - b) In order for a site to be approved as a clinical or field site, the agency must be approved

by the College and/or the Education Medical Advisor. Approval is based on the following:

1. The clinical agency must be willing and able to provide preceptors/FCIs when needed with at least two years of experience;
 2. The clinical agency will be willing to provide students access to patients and preceptors/FCIs;
 3. Signed agreement between each agency and College of the Albemarle.
- 4) **Clinical and Field Site Locations** - A list of the clinical sites/departments approved for students enrolled in initial certification courses are located in Section XII. Clinical locations have a written agreement with the College. A list of the field internship locations approved for students enrolled in initial certification courses are located in Section XII. Field internship locations have a written agreement with the College.
- 5) **Clinical and Field Participation Requirements**
- a) Students must have successfully completed all appropriate didactic and lab portions pertaining to the specific rotation prior to beginning the internship component. Students must have a minimum grade score of 70% on their labs and exams.
 - b) Documentation of a student having met the program entrance requirements must be on file at the College prior to being allowed to participate in the clinical and field internships. The College provides liability insurance for each student. Students are required to obtain a criminal background check and drug screen prior to starting clinical site rotations. The students will be informed of this need at the beginning of each class.
 - c) The EMS Program Director shall be responsible for ensuring the above requirements are met prior to releasing the student to participate in the internships.
- 6) **Clinical and Field Supervision** - The College shall rely on the clinical and field location supervisors to ensure students are being adequately and properly monitored. The EMS Program Director, Field/Clinical Coordinator, or the Education Medical Advisor shall make site visits as needed.
- 7) **Clinical and Field Evaluation Forms** - Students are required to use the appropriate evaluation forms during the clinical and field internships. The evaluation forms must be completed and signed by the preceptor/FCI. The students shall be evaluated through direct observation for psychomotor performance and responses to questions for effective and affective objectives.
- 8) **Clinical and Field Performance Standards** - Students are required to obtain signatures for time spent at the clinical and field sites. They shall follow the process as directed through Fisdap. Upon completion of the clinical rotation and field internship, the student shall submit the completed sign-in sheet to the Field/Clinical Coordinator. For courses that utilize an assigned mentor, the student will need to obtain a Statement of Completion from their mentor once they successfully complete the program.
- 9) **Clinical and Field Attendance** - Students are required to complete all clinical and field internship hours and all skills listed in the curriculum section of their syllabus. Attendance is mandatory. Hours must be completed by the end of the course.

X. TRANSFERABILITY OF COURSES TO A UNIVERSITY

The general education courses required in COA's EMS program may be transferred to the University system or another educational institution and applied toward a baccalaureate degree. Transferability of EMS courses varies with each institution. For further information, contact the EMS Program Director.

XI. PARAMEDIC CURRICULUM

A. PARAMEDIC PROGRAM OUTCOMES

College of The Albemarle's Paramedic Program (Non-Credit and Credit) uses the following criteria as outcome measures of the effectiveness of the program.

- I. The first-time pass rate of the North Carolina Paramedic Cognitive Exam for Graduates will be at least 80%.
- II. The first-time pass rate of the National Registry Paramedic Cognitive Exam for Graduates will be at least 80%.
- III. At least 70% of all students who enter the program will graduate from the program within two years.
- IV. At least 90% of students who respond to the annual Paramedic Graduate Survey will rate that they are "Successful/Competent" in the Cognitive, Psychomotor, and Affective domains.
- V. At least 90% of all those who successfully pass the North Carolina or National Registry paramedic exam and who desire and seek employment will be gainfully employed in EMS within 6 months.
- VI. At least 90% of employers who respond to the annual Paramedic Employer Survey will rate that the graduate is "Successful/Competent" in the Cognitive, Psychomotor, and Affective domains.

Revised:

Reviewed:

Grid of Program Outcomes - Paramedic

Retention - Class of:	2018	2019	2020	2021	2022	2023	2024
Retention	41.4%	60%	63.6%	75%	63%		
NC Paramedic Exam Pass Rate	100%	100%	100%	91.7%	100%		
Job Placement	100%	100%	100%	91.7%	100%		

Paramedic Program Student Learning Outcomes (PSLOs)

Upon successful completion of College of The Albemarle's Paramedic Program (Non-Credit or Credit), the graduate is eligible to take the North Carolina Paramedic and/or National Registry Paramedic certification examination required to become a credentialed paramedic and should possess the basic knowledge, fundamental skills, and attitudes to:

COA Associate Degree EMS Program Student Learning Outcomes

1. Apply the basic concepts of pathophysiology, development, and pharmacology to the assessment and management of a wide variety of emergency patients.
2. Demonstrate proficiency in administration of medications and safely accessing venous circulation.
3. Establish and/or maintain a patent airway, oxygenate and ventilate any patient.
4. Demonstrate technical proficiency in all skills necessary to fulfill the role of entry-level paramedic in the state of North Carolina.
5. Demonstrate proficiency in the role of entry-level paramedic in the state of North Carolina.

Effective: Fall 2019

Reviewed: July 2021

Revised:

B. MASTER CURRICULUM SCHEMA

A 45 34 0 Emergency Medical Science - Associate in Applied Science

First Year Fall Semester Course Number and Title	Pre-Requisites and Co-Requisites	Class Hours	Lab Hours	Clinical Hours	Total Contact Hours	Total Credit Hours
ACA 111 (or ACA 122) College Student Success		1	0	0	1	1
ENG 111 Writing and Inquiry	Prereq: ENG 002 Tier 1	3	0	0	3	3
EMS 110 EMT	Pre-reqs: Admission to EMS Program	6	6	3	15	9
MAT 143 Quantitative Literacy	Prereq: MAT 003 Tier 1 and ENG 002 Tier 1	2	2	0	4	3
TOTAL SEMESTER HOURS		12	8	3	23	16
First Year Spring Semester Course Number and Title	Pre-Requisites and Co-Requisites	Class Hours	Lab Hours	Clinical Hours	Total Contact	Total Credit
EMS 120 Advanced EMT	Prereq: EMS 110 Coreqs: EMS 121	4	6	0	10	6
EMS 121 AEMT Clinical Practicum	Prereq: EMS 110 Coreqs: EMS 120	0	0	6	6	2
BIO 163 Basic Anatomy and Physiology (Or BIO 168 and BIO 169 - recommended option for transfer to a 4 year institution)**	Pre-Requisites: ENG 002 Tier 1, and either BIO 090 or one unit of HS Biology	4	2	0	6	5
PSY 150 General Psychology	Prereq: ENG 002 Tier 1	3	0	0	3	3
TOTAL SEMESTER HOURS		11	8	6	25	16
First Year Summer Semester Course Number and Title	Pre-Requisites and Co-Requisites	Class Hours	Lab Hours	Clinical Hours	Total Contact Hours	Total Credit Hours
EMS 160 Cardiology I	Prereq: EMS 110, 120 Coreqs: EMS 130, 210, 221	2	3	0	5	3
EMS 130 Pharmacology	Prereq: EMS 110, 120 Coreqs: EMS 160, 210, 221	3	3	0	6	4
EMS 210 Adv. Patient Assessment	Pre-req: EMS 110 or Admission to EMS Bridge Program Coreqs: EMS 130, 160, 221 or Admission to EMS Bridge Program	1	3	0	4	2
EMS 221 EMS Clinical Practicum II	Prereq: EMS 121 Coreqs: EMS 130, 160, 210	0	0	6	6	2
TOTAL SEMESTER HOURS		6	9	6	21	12

Second Year Fall Semester Course Number and Title	Pre-Requisites and Co-Requisites	Class Hours	Lab Hours	Clinical Hours	Total Contact Hours	Total Credit Hours
ENG 112 Writing/Research in the Disciplines	Prereq: ENG 111	3	0	0	3	3
EMS 220 Cardiology II	Prereq: EMS 160, 130, 210, 221 Coreqs: EMS 231, 250, 260	2	3	0	5	3
EMS 231 EMS Clinical Practicum III	Prereq: EMS 221 Coreqs: EMS 220, 250, 260	0	0	9	9	3
EMS 250 Medical Emergencies	Prereq: EMS 160, 130, 210, 221 Coreqs: EMS 220, 231, 260	3	3	0	6	4
EMS 260 Trauma Emergencies	Prereq: EMS 160, 130, 210, 221 Coreqs: EMS 220, 231, 250	1	3	0	4	2
TOTAL SEMESTER HOURS		9	9	9	27	15
Second Year Spring Semester Course Number and Title	Pre-Requisites and Co-Requisites	Class Hours	Lab Hours	Clinical Hours	Total Contact Hours	Total Credit Hours
Human/FA Elective	Varies	3	0	0	3	3
EMS 240 Patients with Special Challenges	Prereq: EMS 220, 231, 250, 260 Coreqs: EMS 235, 241, 270 & 285	1	2	0	3	2
EMS 241 EMS Clinical Practicum IV	Prereq: EMS 231 Coreqs: EMS 235, 240, 270 & 285	0	0	12	12	4
EMS 270 Life Span Emergencies	Prereq: EMS 220, 231, 250, 260 Coreqs: EMS 235, 240, 241 & 285	3	3	0	6	4
EMS 285 EMS Capstone	Prereq: EMS 220, 231, 250, 260 Coreqs: EMS 235, 240, 241 & 270 or	1	3	0	4	2
TOTAL SEMESTER HOURS		8	8	12	28	15
TOTAL DEGREE HOURS						74

***Four year institutions determine their acceptance of transfer courses ...students should check with the 4 year institutions they plan to attend to see if this option will be accepted.*

A 45 34 0 BR: Emergency Medical Science Bridge Program*

Associate in Applied Science

The EMS Bridge Program is for qualified applicants who are currently certified Paramedics in NC or nationally registered, but do not have a degree.

Upon meeting all requirements and admission to the EMS Bridge Program, the student will receive **43 hours of proficiency credit toward the EMS A.A.S. degree to represent the EMS major hours for EMT – Paramedic coursework that are not required as part of the EMS Bridge Program.*

CONCENTRATION OVERVIEW

The Emergency Medical Science curriculum provides individuals with the knowledge, skills and attributes to provide advanced emergency medical care as a paramedic for critical and emergent patients who access the emergency medical system and prepares graduates to enter the workforce.



Students will gain complex knowledge, competency, and experience while employing evidence based practice under medical oversight, and serve as a link from the scene into the healthcare system. Graduates of this program may be eligible to take state and/or national certification examinations. Employment opportunities include providers of emergency medical services, fire departments, rescue agencies, hospital specialty areas, industry, educational and government agencies.

Student Learning Outcomes – Upon completion of the program, students will:

1. Apply the basic concepts of pathophysiology, development, and pharmacology to the assessment and management of a wide variety of emergency patients.
2. Demonstrate proficiency in administration of medications and safely accessing venous circulation.
3. Establish and/or maintain a patent airway, oxygenate and ventilate any patient.
4. Demonstrate technical proficiency in all skills necessary to fulfill the role of entry-level paramedic in the state of North Carolina.
5. Demonstrate proficiency in the role of entry-level paramedic in the state of North Carolina.

Partnership: N/A

Some Health Sciences and Wellness Programs may have additional requirements related to required GPAs, grades, and other progression policies required for graduation. Please see program handbooks for more information.

Continue to next page for Curriculum Guide

A 45 34 0 BR: Emergency Medical Science Bridge Program

First Year Fall Semester Course Number and Title	Pre-Requisites and Co-Requisites	Class Hours	Lab Hours	Clinical Hours	Total Contact Hours	Total Credit Hours
EMS 280 EMS Bridging Course***	Prereq: Admission to EMS Bridge	2	2	0	4	3
EMS 125 Instructor Methodology	Prereq: Admission to EMS Bridge	2	2	0	4	3
BIO 163 Basic Anatomy and Physiology (Or BIO 168 and BIO 169 - recommended option for transfer to a 4 year institution)**	Pre-Requisites: ENG 002 Tier 1, and either BIO 090 or one unit of HS Biology	4	2	0	6	5
ENG 111 Writing and Inquiry	Prereq: ENG 002 Tier 1	3	0	0	3	3
TOTAL SEMESTER HOURS		11	6	0	17	14
First Year Spring Semester Course Number and Title	Pre-Requisites and Co-Requisites	Class Hours	Lab Hours	Clinical Hours	Total Contact Hours	Total Credit Hours
MAT 143 Quantitative Literacy	Prereq: MAT 003 Tier 1 and ENG 002 Tier 1	2	2	0	4	3
PSY 150 General Psychology	Prereq: ENG 002 Tier 1	3	0	0	3	3
ENG 112 Writing/Research in the Disciplines	Prereq: ENG 111	3	0	0	3	3
EMS 210 Adv Patient Assessment	Pre-req: EMS 110 or Admission to EMS Bridge Program Coreqs: EMS 130, 160, 221 or Admission to EMS Bridge Program	1	3	0	4	2
EMS 235 EMS Management	EMS 110 or Admission to EMS Bridge Program Coreqs: EMS 240, 241, 270 & 285 or Admission to EMS Bridge Program	2	0	0	2	2
Human/FA Elective	Varies	3	0	0	3	3
TOTAL SEMESTER HOURS		14	5	0	19	16
TOTAL DEGREE HOURS						30

**Upon meeting all requirements and admission to the EMS Bridge Program, the student will receive 43 hours of proficiency credit toward the EMS A.A.S. degree to represent the EMS major hours for Paramedic coursework that are not required as part of the EMS Bridge Program.*

Twenty-five percent of the credits for the EMS program must be completed at COA (minimum 18 credit hours)

***Four year institutions determine their acceptance of transfer courses ...students should check with the 4 year institutions they plan to attend to see if this option will be accepted.*

**** Applicants who successfully complete EMS 280 with a grade of 'C' or better will be awarded credit for EMS 285- EMS Capstone*

1. ASSOCIATE DEGREE EMS - BRIDGE CURRICULUM SCHEMA
2. NON-CREDIT PARAMEDIC CURRICULUM SCHEMA

PART A - ONLINE		
MODULE I – INTRODUCTION TO ADVANCED PREHOSPITAL CARE		
<i>Foundations & The Human Body (EMS-130, EMS-270)</i>		
Topic/Content	Class/Lab Hours	Online Hours
EMS-110 – satisfied by being a NC or NR credentialed AEMT.	N/A	N/A
Introduction Chapter 1: Introduction to Paramedicine Chapter 2: EMS Systems Chapter 3: Roles & Responsibilities of the Paramedic	/	6
Chapter 4: Workforce Safety & Wellness Chapter 5: EMS Research Chapter 6: Public Health	/	6
Chapter 7: Medical/Legal Aspects of Out-of-Hospital Care Chapter 8: Ethics in Paramedicine	/	6
Chapter 9: EMS Systems and Communications Chapter 10: Documentation	/	6
Chapter 12: Pathophysiology	/	18
Chapter 11: Human Life Span Development	/	18
Chapter 13: Pharmacology	/	6
MODULE II – PATIENT ASSESSMENT		
<i>Advanced Interventions & Patient Assessment (EMS-131)</i>		
Topic/Content	Class/Lab Hours	Online Hours
Chapter 14: Intravenous Access & Medication Administration	/	2
Chapter 15: Airway Management & Ventilation	/	10
Chapter 1: Scene Size-Up Chapter 2: Primary Assessment	/	5
Chapter 3: Therapeutic Communications Chapter 4: History Taking	/	5
Chapter 5: Secondary Assessment Chapter 6: Patient Monitoring Technology	/	5
Chapter 7: Patient Assessment in the Field	/	5

MODULE III – MEDICAL EMERGENCIES & CLINICAL EDUCATION <i>Medicine & Hospital Clinical</i> <i>(EMS-160, EMS-220, EMS-250)</i>		
Topic/Content	Class/Lab Hours	Online Hours
Chapter 1: Pulmonology		25
Chapter 2: Cardiology		50
Chapter 3: Neurology Chapter 4: Endocrinology Chapter 5: Immunology		15
Chapter 6: Gastroenterology Chapter 7: Urology & Nephrology		10
Chapter 8: Toxicology & Substance Abuse Chapter 9: Hematology Chapter 10: Infectious Disease & Sepsis Chapter 11: Psychiatric & Behavioral Disorders		20
Chapter 12: Diseases of the Eyes, Ears, Nose, & Throat Chapter 13: Nontraumatic Musculoskeletal Disorders		10
MODULE IV – TRAUMA EMERGENCIES <i>Trauma</i> <i>(EMS-260)</i>		
Topic/Content	Class/Lab Hours	Online Hours
Chapter 1: Trauma & Trauma Systems Chapter 2: Mechanism of Injury Chapter 3: Hemorrhage & Shock Chapter 4: Soft-Tissue Trauma		8
Chapter 5: Burns Chapter 6: Head, Neck, & Spinal Trauma Chapter 7: Chest Trauma		6
Chapter 8: Abdominal & Pelvic Trauma Chapter 9: Orthopedic Trauma		4
Chapter 10: Environmental Trauma Chapter 11: Special Considerations in Trauma		4
MODULE V – SPECIAL CONSIDERATIONS & OPERATIONS <i>EMS Field Clinical, Special Populations, & EMS Operations</i> <i>(EMS-240)</i>		
Topic/Content	Class/Lab Hours	Online Hours
Chapter 1: Gynecology Chapter 2: Obstetrics		5
Chapter 3: Neonatology Chapter 4: Pediatrics		5
Chapter 5: Geriatrics Chapter 6: Abuse, Neglect, & Assault		5

Chapter 7: The Challenged Patient Chapter 8: Acute Interventions for the Chronic Care Patient		4
Chapter 9: Ground Ambulance Operations Chapter 13: Hazardous Materials Chapter 15: Rural EMS		6
Chapter 14: Crime Scene Awareness Chapter 16: Responding to Terrorist Acts		4
Chapter 10: Air Medical Operations Chapter 11: Multiple-Casualty Incidents & Incident Management Chapter 12: Rescue Awareness & Operations		6
MODULE VI – CAPSTONE, EMS FIELD INTERNSHIP, & EVALUATION <i>Quality Management & EMS Field Clinical (EMS-285)</i>		
Topic/Content	Class/Lab Hours	Online Hours
EMS Safety		5
AMLS		5
PHTLS		5
PALS		5
ACLS		5
FINAL EXAM – FISDAP Comprehensive Exam	4	

PART B & HOSPITAL CLINICALS

MODULE I – INTRODUCTION TO ADVANCED PREHOSPITAL CARE

*Foundations & The Human Body
(EMS-130)*

Topic/Content	Class/Lab Hours	Online Hours
EMS-110 – satisfied by being a NC or NR credentialed AEMT.	N/A	N/A
Introduction Chapter 1: Introduction to Paramedicine Chapter 2: EMS Systems Chapter 3: Roles & Responsibilities of the Paramedic LAB – Lifting & Moving	2	/
Chapter 4: Workforce Safety & Wellness Chapter 5: EMS Research Chapter 6: Public Health LAB – Lifting & Moving LAB – Basic Skills	2	/
Chapter 7: Medical/Legal Aspects of Out-of-Hospital Care Chapter 8: Ethics in Paramedicine	1	/
Chapter 9: EMS Systems and Communications Chapter 10: Documentation	2	/
Chapter 12: Pathophysiology	2	/
Chapter 11: Human Life Span Development	2	/
Chapter 13: Pharmacology LAB – Pharmacology	12	/

MODULE II – PATIENT ASSESSMENT

*Advanced Interventions & Patient Assessment
(EMS-131)*

Topic/Content	Class/Lab Hours	Online Hours
Chapter 14: Intravenous Access & Medication Administration	4	/
LAB – IV/Medication Administration	12	/
Chapter 15: Airway Management & Ventilation	8	/
LAB – Airway	12	/
Chapter 1: Scene Size-Up Chapter 2: Primary Assessment	8	/
Chapter 3: Therapeutic Communications Chapter 4: History Taking	8	/
Chapter 5: Secondary Assessment Chapter 6: Patient Monitoring Technology	8	/
Chapter 7: Patient Assessment in the Field LAB – Advanced Assessment	8	/

MODULE III – MEDICAL EMERGENCIES & CLINICAL EDUCATION <i>Medicine & Hospital Clinical</i> (EMS-122, EMS-160, EMS-220, EMS-221, EMS-250)		
Topic/Content	Class/Lab Hours	Online Hours
Chapter 1: Pulmonology	8	/
Chapter 2: Cardiology	8	/
LAB – ECG Interpretation	8	/
Chapter 2: Cardiology LAB – Assessment	8	/
Chapter 3: Neurology Chapter 4: Endocrinology Chapter 5: Immunology LAB – Assessment	8	/
Chapter 6: Gastroenterology Chapter 7: Urology & Nephrology LAB – Assessment	8	/
Chapter 8: Toxicology & Substance Abuse Chapter 9: Hematology Chapter 10: Infectious Disease & Sepsis Chapter 11: Psychiatric & Behavioral Disorders LAB – Assessment	8	/
Chapter 12: Diseases of the Eyes, Ears, Nose, & Throat Chapter 13: Nontraumatic Musculoskeletal Disorders LAB – Assessment	8	/
MODULE IV – TRAUMA EMERGENCIES <i>Trauma</i> (EMS-260)		
Topic/Content	Class/Lab Hours	Online Hours
Chapter 1: Trauma & Trauma Systems Chapter 2: Mechanism of Injury Chapter 3: Hemorrhage & Shock Chapter 4: Soft-Tissue Trauma	8	/
Chapter 5: Burns Chapter 6: Head, Neck, & Spinal Trauma Chapter 7: Chest Trauma LAB – Trauma Assessment	8	/
Chapter 8: Abdominal & Pelvic Trauma Chapter 9: Orthopedic Trauma	8	/
Chapter 10: Environmental Trauma Chapter 11: Special Considerations in Trauma	8	/
LAB – Trauma Skills	8	/

PART C & EMS FIELD TIME		
MODULE V – SPECIAL CONSIDERATIONS & OPERATIONS <i>EMS Field Clinical, Special Populations, & EMS Operations</i> (EMS-231, EMS-240)		
Topic/Content	Class/Lab Hours	Online Hours
Chapter 1: Gynecology Chapter 2: Obstetrics	6	
Chapter 3: Neonatology Chapter 4: Pediatrics	6	
LAB – OB/GYN & Pediatrics	12	
Chapter 5: Geriatrics Chapter 6: Abuse, Neglect, & Assault LAB – Assessment	8	
Chapter 7: The Challenged Patient Chapter 8: Acute Interventions for the Chronic Care Patient	8	
Chapter 9: Ground Ambulance Operations Chapter 13: Hazardous Materials Chapter 15: Rural EMS	8	
Chapter 14: Crime Scene Awareness Chapter 16: Responding to Terrorist Acts	8	
Chapter 10: Air Medical Operations Chapter 11: Multiple-Casualty Incidents & Incident Management Chapter 12: Rescue Awareness & Operations	4	
LAB – Exercise LAB – Skills Marathon	12	
MODULE VI – CAPSTONE, EMS FIELD INTERNSHIP, & EVALUATION <i>Quality Management & EMS Field Clinical</i> (EMS-241, EMS-285)		
Topic/Content	Class/Lab Hours	Online Hours
EMS Safety	8	
AMLS Course – TSOP Medical LAB – Assessment	16	
PHTLS Course – TSOP Trauma LAB – Assessment	16	
PALS Course – TSOP Pediatric LAB – Assessment	16	
ACLS Course – TSOP Cardiac LAB – Assessment	16	

XII. CLINICAL AGENCIES, ADDRESSES AND PHONE NUMBERS

Agency/Facility	Address		Phone
Sentara Albemarle Medical Center	P.O. Box 1587	Elizabeth City, NC 27906	252-335-0531
Albemarle Home Care and Albemarle Hospice	311 Cedar Street P O Box 189	Elizabeth City, NC 27907	252-338-4066
Coastal Pediatrics	1735 City Center Blvd	Elizabeth City, NC 27909	252-338-2155
ECU Chowan Hospital	P.O. Box 629	Edenton, NC 27932	252-482-8451
Dare County Health & Human Services Public Health Division	109 Exeter St	Manteo, NC 27954	252-475-5003
The Outer Banks Hospital	4800 South Croatan Highway	Nags Head, NC 27959	252-449-4515
Sentara Pediatric Physicians	1141 N. Road Street	Elizabeth City, NC 27909	252-384-2590

EMS Agency	Address		Phone
Chowan County EMS	208 W. Hicks St.	Edenton, NC 27932	252-482-4365
Currituck County Fire & EMS	2826 Caratoke Highway	Currituck, NC 27929	252-232-7746
Dare County EMS	1632 North Croatan Hwy	Kill Devil Hills, NC 27954	252-475-5710
Gates County Rescue & EMS	16 US Hwy 158	Gatesville, NC 27938	252-357-0388
Pasquotank-Camden EMS	1144-C N. Road St.	Elizabeth City, NC 27907	252-335-1524
Perquimans County EMS & Rescue	159 Creek Dr.	Hertford, NC 27944	252-426-5646
Washington-Tyrell EMS	P.O. Box 96	Plymouth, NC 27962	252-791-1697

XIII. EMS STUDENT CONTRACTUAL AGREEMENT

I, the undersigned, have:

1. Received a copy of;
2. Read;
3. Received an explanation of; and
4. Have had the opportunity to have my questions answered regarding:

The policies and guidelines as stated in the EMS Program Handbook and EMS Programs' Exposure Control Plan for Bloodborne Pathogens.

I understand that I must comply with and follow these guidelines and policies during my enrollment as an EMS student at College of The Albemarle. I also understand that this signed agreement will be filed in my student record.

Student Name (Please Print)

Student Signature

Date

EMS Director Signature

Date