

PRINCETON RESCUE SQUAD

Emergency Medical Technician (EMT) Course



Course Syllabus & Student Handbook



Mission

To effectively and professionally provide quality educational experiences for students to meet the needs of the communities we serve.

To fulfill our mission, the administration, faculty, and staff are committed to and focused on fostering the educational endeavors of our students through adherence to our core values in our daily work: Integrity, Compassion, Accountability, Respect, Empathy.

Signature Form

(To be remitted to Paula Johnson, Education Director)

Acknowledgement of Policies, Procedures and Requirements

I have received and read a copy of the Syllabus & Student Handbook for Princeton Rescue Squad's – **Emergency Medical Technician (EMT)** Training Program.

These policies, procedures and requirements have been completely explained to me by the Course Instructor and I fully understand them.

I realize that non-compliance may result in dismissal from the course.

I understand that should a question arise concerning any aspect of this Training Program I should contact Paula Johnson, Education Director, at the earliest appropriate time.

Student Signature

Student Name (Print)

Date ____/____/____

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PREFACE

This Course Syllabus & Student Handbook is designed to provide a source of information for the **EMT Program**. As a student, your actions are governed by numerous policies with various sources. **It is your responsibility to be aware of all of these policies.**

Policies and procedures that are program-specific (**EMT Students only**) are located within this Handbook.

Information related to institutional policies and procedures can be found in the ***Princeton Rescue Squad Education Catalog***.

Princeton Rescue Squad Education Catalog:

All policies and procedures included in the catalog apply to all students at Princeton Rescue Squad. In the Princeton Rescue Squad Education Catalog, you will find information about people on the campus, information regarding services available to you, and a description of selected policies and procedures designed to create student success. You may access the Princeton Rescue Squad Education Catalog on the official website by clicking on “Classes” and then clicking the pdf file “Princeton Rescue Squad Education Catalog”.



Course:	EMT Basic
Instructor:	Paula Johnson, NCEE, NRP
Skill Lab:	Jeff Johnson, NAEMSE 1/2, WVEMT
Education Director:	Paula Johnson, M.Ed., NCEE, NRP
Office Hours:	1000-1800
Course Location:	Princeton Rescue Squad – Training Center
Class Times:	1700-2100
Class Dates:	Mon./Thurs. Beginning on: 1/6/2022 Ending: 5/16/2022
Course Delivery Method	In-Class
Required Text	“Emergency Care and Transportation of the Sick and Injured” (AAOS); Jones & Bartlett Publishing, 12e., ISBN: 978-1-284-22722-2
Pre-Requisite(s)	Please review the <i>EMT Enrollment</i> Packet for details

Course Description: 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 a 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.

Learning Outcomes:

Upon successful completion of the EMT Education Program, the student will be able to:

1. Sit for the National Registry EMT Certification Exam.
2. Utilize effective therapeutic communication skills consistent with the role of the professional EMT.
3. Understand and appreciate the legal-ethical issues that influence critical decision-making in the out-of-hospital environment.
4. Employ leadership skills to facilitate fundamental emergency care of patients.

5. Apply fundamental knowledge and problem-solving skills to provide basic emergency care and transportation based on assessment findings for an acutely ill or injured patient.
6. Implement strategies in prehospital care to reduce morbidity and mortality of patients in the field.
7. Uphold the EMT professional standard of care.

Instructional & Evaluation Procedures:

To determine the student’s progress during the educational process for certification as an EMT, students will be evaluated at regular intervals.

Students are required to finish the program with an overall grade of a “C” (70%) or higher to be eligible to sit for the National Registry Certification Exams.

• 90% - 100%	A	<u>Grade Distribution</u>
• 80% - 89%	B	20% - Quizzes/Video Lectures/Wkst/Obj
• 70% - 79%	C	25% - Module Exams
• 60% - 69%	D	40% - Final Cumulative Exam
• Below 60%	F	<u>15% - Affective Evaluation</u>
		100%- Total Grade Average

Students are expected to complete all work as assigned. Students may only make up a missed exam with prior approval of the Program Director. Missed exams must be made up within one week and cannot be made up during scheduled class time. Written exams that are not made up within a week’s time frame a grade of “0%” will be recorded for that test.

Students will be provided a progress report at regular intervals (increments no longer than 25% of the program), at midterm, and at the end of the EMT course on cognitive, psychomotor and affective performance.

Attendance:

All material is important to your success; therefore, students absent more than 2 times without a valid excuse will be dismissed from the course.

There are two types of absences recognized as a “valid excuse” by Princeton Rescue Squad’s Education Department: (1) absence resulting from participation in an activity where you are officially representing the Education Department; and (2) absence caused by unforeseeable and unavoidable circumstance which is beyond your control. All other absences are considered willful and will not count as excused. It is your responsibility to provide your instructor with a proper explanation and documentation of these valid absences. It is the responsibility of the

student to make up any work or testing missed. The missed coursework and exams must be completed within 72 hours of the absence and prior to the last date of the class.

Tardiness will not be tolerated. Any student who shows up later than 15 minutes into the beginning of a course or leaving a class session 30 minutes or more before the end of the class day will result in the mark of tardy on his/her record. An accumulation of 5 tardies will result in an unexcused absence.

Standards of Student Conduct

The goal of Princeton Rescue Squad Education Department is to provide every student with an atmosphere conducive to learning. All students participating in Princeton Rescue Squad Education Programs are expected to conduct themselves in a mature professional manner. Students agree to adhere to the standards of student conduct while enrolled in any class or class function at Princeton Rescue Squad.

Princeton Rescue Squad is committed to conducting its Education Programs with professionalism, honesty, and integrity. Each student must maintain the highest standards of personal and professional conduct. These rules, practices, and policies concerning conduct and behavior are instrumental to the success of each Education Program offered, and Princeton Rescue Squad itself.

A student shall not conduct themselves in a manner that is not in the full spirit of honest and ethical behavior. Students are expected to report dishonest activities by other students to the faculty of the Education Department. Failure to report such activities are considered a violation of the Standards of Student Conduct. Initiating or encouraging reprisals against a student, who in good faith, reports known, or suspected violation is prohibited.

Examples of standards of conduct related issues include, but are not limited to:

1. Any behavior which disrupts the learning environment.
2. Reporting to class intoxicated and/or under the influence of alcohol and/or illegal drugs.
3. Possession, distribution, or use of alcoholic beverages and or/ illegal drugs.
4. Falsifying student records.
5. Discrimination for any reason.
6. Written, verbal, or physical harassment and/or intimidation of another student, employee, or patient; be it sexual or otherwise.
7. Fighting or otherwise physically assaulting another students, employees, patients, vendor or visitor on Princeton Rescue Squad Education Property.
8. Use of obscene, abusive, or threatening language and/or gestures, including sexual behavior.

9. Theft or misappropriation of property from other students, employees, patients, vendors, visitors, or Princeton Rescue Squad.
10. Misuse, abuse or destruction of Princeton Rescue Squad property.
11. Gambling on Princeton Rescue Squad property.
12. Possession and/or distribution of firearms, explosives, fireworks, chemicals, or other unauthorized weapons, on Princeton Rescue Squad premises or while at clinical sites.
13. Refusal to follow directions or instructions concerning use of Princeton Rescue Squad property.
14. Deliberate concealment of another student's misconduct.
15. Posting, removing or defacing notices, signs or writings on Princeton Rescue Squad property.
16. Any conduct which violates and Federal, State, County, and/or City laws.
17. Any postings on the internet concerning patients, instructors, employees and fellow students at Princeton Rescue Squad.

Standards Regarding Cell Phone Use

As adults, you are permitted to retain your cellular devices unless during testing. At that time, all cell phones must be placed in a bag away from your testing area or given to your instructor until the testing is complete. It is common during lecture for students to utilize their cell phones to look up information regarding topics discussed in the class session, and this practice is permitted. However, if the instructor or other member of the instructional or administrative staff see that cell phones are being used for other purposes (ie: facebook, messenger, etc.) during lecture, lab, or any other designated course activity then the following discipline policy will take place:

- First offense – verbal warning
- Second offense – written warning
- Third offense – dismissal from the program

Student Dress and Grooming Policy

Princeton Rescue Squad personnel are expected to present themselves to the public in a manner that exemplifies the professionalism of Emergency Medical Services. As such, participants in the Emergency Medical Technician Program will be held to the same level of professionalism. All students will be required to meet the following standards. Professionalism is part of your *affective grade*.

- Program dress code and grooming standards:

- Students will have proper clean personal hygiene
- All clothing will be clean and in good repair.
- Clothing worn for classroom activity as well as lab activity should be such that exhibits a professional domineer. Clothing should be free moving to perform all lab skills.
- Shorts, low cut tops, torn T-Shirts and / or torn pants are not appropriate clothing for class.
- Clinical Uniform Dress:
 - Students will be issued one (1) class uniform Polo style shirt.
 - Dark blue or black colored pants are to be worn (No blue jeans, shorts, or sweat pants)
 - While black boots are recommended, any black footwear is acceptable.
 - During inclement weather, coats or jackets should be plain, solid color, and free of logos or designs.
 - Any hats worn should be of solid color, no logos or designs.
 - Students with long hair must either have their hair pinned up or pulled back into a tail while performing patient care activities.
 - Students should not wear perfumes or colognes that are strong enough to be smelled at greater than arm's length.
- Facial jewelry in any form is not permitted during lab sessions or clinical rotations.
- Hoops or hanging style earrings are not permitted during lab sessions or clinical rotations.
- Any tattoos that depict nudity, profanity, or have a relation to gangs or hate groups must be covered during lab sessions or clinical rotations.
- During lab sessions students with long hair must either have their hair pinned up or pulled back into a tail.
- Students should not wear perfumes or colognes during class or lab time that are strong enough to be smelled at greater than arm's length.

Students that present to class that do not meet these standards will have a reduction in their *affective grade performance*. Students that arrive for clinical rotation not in uniform or not following the appearance standards will not be permitted to do their clinical rotation and will receive a reduction in their *affective grade performance*.

Academic Dishonesty:

As a student and pre-hospital professional, you are expected to adhere to a professional code of conduct and not engage in plagiarism, cheating, falsifying information or records, or any other such activity. Failure to adhere to this code of conduct will result in disciplinary action up to and including dismissal from the program.

Grounds for Dismissal:

A student may be dismissed from the program for the following reasons:

1. Absenteeism greater than 2 unexcused classes.
2. Receiving a "D" or "F" as a cumulative grade for the course.
3. Insubordination (in class, lab, or in clinical)
4. The conviction and/or known use of, distribution of, or possession of illegal drugs, or controlled substances.
5. Failure to accomplish clinical assignments and objectives
6. Unprofessional or unethical conduct
7. Cheating in related or professional EMS courses or in clinical documentation.

Appeal Procedures

Any student who is dismissed from the program has a right to file an appeal on the decision. Appeal forms can be obtained from the Education Director. Once an appeal form has been filed with the Education Director, all supporting documentation and evidence from the Faculty and student will be submitted to the Medical Director and Advisory Board for review. The case may be resolved at this level, or if thought warranted by the Advisory Board or requested in writing by the student the case shall be forwarded to the CEO, COO, and Board of Directors.

The CEO, COO, and Board of Directors shall present to the accused student and the person making the accusation written notification of the charges which shall include:

- A statement that a hearing will be held before the Board of Directors, together with the notice of the date, time, and place of the hearing.
- A clear statement of the facts and evidence to be presented in support of the charges made.

A recommendation by the Board of Directors for imposition of sanctions in is final. The Board of Directors may also recommend that the imposition of sanctions be held in abeyance where appropriate.

A student may request readmission after one calendar year. It shall be the responsibility of the student to provide the Education Director, CEO, and COO with reasons why he/she should be given special consideration for readmission. He/she may do this by letter, by scheduled appearance before the group, or both.

Privacy Policy

As progress reports and course completion material are maintained by the Princeton Rescue Squad's Educational Department, we are required to follow the Family Educational Rights and Privacy Act of 1974, or FERPA.

FERPA protects the privacy of student records. The act governs the release of educational records and the student's right to view your educational records and request corrections of any inaccuracies. FERPA also covers the procedures for release of such directory information as your name, address, social security number, date of birth, and phone number; as well as, maintaining policy that requests for access to such information be limited.

Student Advisory & Evaluations

If the faculty should feel the need to have a mandatory meeting with a student to discuss an item(s) or subject(s) of concern, to include, but not limited to:

Excessive absences and tardiness, failure to turn in assignments / clinical rotations on time, classroom / clinical behavior concerns, plagiarism, cheating, struggling or failure to maintain a GPA of 70%, etc.

A Student Advisory Form will be filled out and signed by both the Faculty member addressing the concern, and the student. Once the concern has been documented, the Program Instructor and student will discuss possible resolutions to the problem and a proposed action plan will be written on the Advisory Form. The student may use the Advisory Form to record a rebuttal against the initial concern or proposed action plan. The instructor will then mark the form "unresolved" and forward it to the Education Director who investigate the matter and make a determination on a second Advisory Form. Copies of these completed Advisory Forms are available to the student; however, originals must and will be retained by the Education Program.

Health & Safety:

It is expected that the student's physical examination indicates that he/she is physically and emotionally capable of performing the objectives of the program. Maintenance of health is the

responsibility of the student. It is requested that the student report any change in their health status to the Program Instructor. A physician's report of a student's current health status may be requested by the Program Instructor as indicated by the student's behavior and/or physical appearance at any time during the program.

If a student is or becomes pregnant during this course, she must file a statement from her physician including medical instructions that will allow or disallow her participation in the required clinical exposures and activities. It shall be the responsibility of the student to inform, and keep informed, her physician as to what these exposures and activities will be during this program.

There must be adequate safeguard for the health, safety and privacy of patients, faculty and students. All incidents of conflict, injury, etc. are to be reported to the Program Instructor immediately.

Any student who, while enrolled in this training program, violates any federal, state or local law or procedure, or hospital guideline or policy relating to Emergency Medical Services operation or their safety sensitive position may be subject to suspension or administrative dismissal from the education program.

In Case of Injury:

All students participating in the Princeton Rescue Squad's Education Programs are required to report any injury, near miss or unsafe activity that occurs in conjunction with activities performed during classroom, laboratory, or clinical sessions.

Incident Forms can be obtained from the faculty and are to be presented to the Education Director within 24 hours. Examples of reportable incidents include:

1. Motor Vehicle Accident involving a student during clinical rotation.
2. Student injuries or near misses occurring in the classroom, practical lab or clinical sites.
3. Potential or actual patient injury involving or witnessed by a clinical student.
4. A student witnessing another individual involved in questionable, Potentially unsafe or illegal activity in conjunction with the Education Program.
5. Any instance when a student wants a written report.

Social Justice Statement:

Consistent with its comprehensive mission and recognizing that the development of human potential is a fundamental goal in a democratic society, Princeton Rescue Squad's Education Department promotes a system that values cultural and ethnic diversity and understanding; that provides for the preparation of students for full and meaningful participation in a changing world; and that promotes equitable and fair treatment in every aspect of campus life and

employment for all persons regardless of race, national origin, gender, sexual preference, sexual orientation, age, religion, veteran status or disability.

Clinical Internship:

In addition to classroom sessions, all students MUST complete a **minimum of 10 hours** of field internship (ride time on the ambulance) with a **MINIMUM of 10 Patient encounters**.

Failure to complete the above listed clinical requirements AND/OR failure to submit ALL mandatory supporting documentation prior to the completion of the course will result in an incomplete grade. Any student assigned an “incomplete” is ineligible for testing and would result in failure of the course.

Clinical Objective:

The main objective of clinical rotations is to allow the student to apply learned knowledge and skills they have obtain during classroom and lab activities. The student will have a set number of clinical hours as well as specific goals that they must meet during their clinical rotations. A review of the Clinical Objectives, required documentation, and completion competencies will be discussed with the students by the designated Clinical Coordinator or Faculty member prior to the start of clinical rotations.

During clinical rotation’s the student is operating under the medical license and guidance of this program’s medical director and no other physician is responsible for the students’ activity during their internship. You have one week from the date of the clinical rotation to submit your paperwork for that date. If documentation is not received in that time frame, you will receive negative deductions on your affective evaluation report.

Pre-clinical Requirements

- Current CPR Card
- Immunization Records Showing
 - Negative TB test in the last year
 - TDAP
 - MMR
 - Seasonal Flu Shot
 - HEP B 1 – B3: Student MUST provide documented evidence of a minimum of 1 shot in the 3 shot series before beginning clinical internship.
 - (If a student does not wish to start Hepatitis shots they will need to sign a clinical waver prior to the start of clinical rotations stating they understand the dangers of performing EMT skills related to clinical rotations without protection against Hepatitis B and they are willing to take on that personal risk and do not hold Princeton Rescue Squad Education Department or Princeton Rescue Squad Inc. liable)
- Background Check (submitted to WVOEMS as part of the WV state application procedure)

- Negative Drug Screen

Preceptor Role During Clinical Rotations:

1. Preceptors need to evaluate, assist, and monitor student's activity while they are performing clinical rotations within the department and/or field rotation.
2. Preceptors need to evaluate what type of skills have been previously performed and signed off as completed and verified by the instructor of the program, with each and every clinical rotation.

Note:* The skills proficiency that each student can perform will increase as the instructional education progresses.

3. Preceptors need to evaluate the student's patient assessment parameters.
4. The preceptor should monitor and assist the student's performance of these assessment skills.
5. The preceptor should complete clinical evaluation forms on the student's performance during rotation through that clinical site. The student is responsible for providing this form to the appropriate representative. Return form to the student for delivery to the Program Faculty and/or Clinical Coordinator.
6. The Preceptor will use the "**Clinical Internship Evaluation Sheet**" for the student's evaluation. It should be noted that the preceptor has the right, at any time during clinical rotation, to immediately remove any student who has demonstrated:
 - Any rude/demanding manner to patients or staff
 - Showed careless or reckless disregard for safety
 - Showed a disinterest in clinical activities

This problem must be noted on the evaluation sheet. The sheet should be seal in an envelope and leave a message at 304-425-3914 ext. 5 for the Education Director to pick up this evaluation.

7. The preceptor, who can review pathophysiology of the disease process, would be an asset to the student's education.
8. The preceptor should try to assist the student in the common understanding of patient's medical condition.

NOTE:* Some of the medical emergency conditions will **not** be reviewed until later in the curriculum and any additional help with informing the students of medical/trauma conditions will improve the student's understanding

Student's Role during Clinical Rotations:

1. Students may perform any of the below listed skills. **The clinical sites and preceptors have the final right to state what skills will be allowed in their facility.**

CLINICAL ROTATION EXPERIENCE

Clinical Skill Check-Off Sheet



Name: _____

The above-named student is qualified to perform any of the following procedures while under the direct supervision of the Clinical Preceptor or his Designated Representative. The Student is only allowed to perform the skills with the Instructor's signature in the appropriate box designated for that skill.

Basic Skills:	Date:	Instructor Signature:
Patient Assessment		
Oral Airway Insertion		
Nasal Airway Insertion		
BVM Ventilations		
Accu-check		
Suction		
Splinting		
Backboarding		
Lifting and Moving		

Medication Administration:	Date:	Instructor Signature:
IV Solution Setup		
IM Medication		
PO Medication		
SL Medication		
MDI Medication		
Nebulized Medication		
Epi AutoInjector		
IN Medication		

Airway Management:	Date:	Instructor Signature:
Combitube		
King Airway Insertion		
CPAP		

Cardiac Skills:	Date:	Instructor Signature:
CPR		
12 Lead ECG Placement		

Transportation to/from Clinical:

- Transportation to and from all clinical assignments is the responsibility of the student.
- If the student is unable to make clinical site due to car trouble, it is the student's responsibility to notify that clinical area at least one (1) hour before schedule starting time.
- Some clinical areas are a distance from course site or home and students may wish to combine clinical areas with other students to carpool to the site.

Employment during Clinical:

- The student may complete his/her clinical internship time at location of employment but the student **MAY NOT** complete clinical hours during regular scheduled paid time.
- The student missing class or clinical due to a conflicting working schedule will be marked with an unexcused absence.
- The tardiness in class related to work would be added as an absence as any other tardy times will.
- Special squad education sessions required for a student's employment that interferes with scheduled class time will be excused, if a copy or letter of attendance is submitted to the program coordinator. This student is required to make up time (hours) missed. Arrangements can be made with program coordinator.

Clinical Attendance:

- The student should be at each clinical site at least 15 minutes before scheduled time.
- If the student is unable to make clinical site for any reason, See Transportation (above).
- The student is supposed to complete all clinical rotations as scheduled. If the student needs to reschedule a rotation, it is the student's responsibility to notify the clinical coordinator.
- It is the student's responsibility to complete clinical sheets and to hand deliver these forms to the instructor. The recommendation is to turn in completed forms at least once per week.
- Attendance is required. Missing two (2) clinical rotations without a valid excuse will cause the student to be dismissed from the program. Tardiness of 15 minutes or more, or early departure of 30 minutes or greater from an assigned clinical internship will result in a mark of tardy on the student's record. Accumulating 5 tardies will result in 1 unexcused absence.

CLINICAL COMPETENCY OBJECTIVES/REQUIREMENTS

Per the WVOEMS, the following goal must be successfully accomplished within the context of the learning environment. Clinical Experiences should occur after the student has demonstrated competence in skills and knowledge in the didactic and laboratory components of the course.

The student must demonstrate the ability to perform a basic history and physical examination to identify acute complaints and monitor changes; as well as, identify the actual and potential complaints of emergency patients on a **MINIMUM of 10 Patients**

Possible learning opportunities for the EMT student during field rotations include:

1. Perform a basic history and physical examination to identify acute complaints and monitor changes.
 - a. Identify the actual and potential complaints of emergency patients
2. Communicate in a culturally sensitive manner
3. Safely and effectively perform all psychomotor skills listed on page 16 of this manual.
4. Demonstrate professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance/personal hygiene, self-confidence, communications, time management, teamwork/diplomacy, respect, patient advocacy, and careful delivery of service.
5. Initiates basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care.
6. Report and document assessment data and interventions.
7. Perform a patient assessment and provide prehospital emergency care and transportation for patients with a variety of illness and injury complaints.
8. Serve as a EMS team member on an emergency call with more experienced personnel in the lead role. EMT's may serve as a team leader following additional training and/or experience.
9. Ensure the safety of the rescuer and others during an emergency.

AFFECTIVE OBJECTIVES (BEHAVIORAL)

There are two primary purposes of an affective evaluation system: 1) to verify competence in the affective domain, and 2) to serve as a method to change behavior. Although affective evaluation can be used to ultimately dismiss a student for unacceptable patterns of behavior that is not the primary purpose of these forms. It is also recognized that there is some behavior that is so serious (abuse of a patient, gross insubordination, illegal activity, reporting for duty under the influence of drugs or alcohol, etc.) that it would result in immediate dismissal from the educational program.

The form included in the EMT-Paramedic National Standard Curricula was developed by the Committee on Accreditation of EMS Programs (COAEMSP). This form has been modified somewhat to meet the needs of this specific EMS Program. This form represents extensive experience in the evaluation of the student's affective domain. The nature of this type of evaluation makes it impossible to achieve complete objectivity, but this instrument attempts to decrease the subjectivity and document affective evaluations.

In attempting to change behavior, it is necessary to identify, evaluate, and document the behavior that you want. The eleven affective characteristics that form the basis of this evaluation system refer to content in the Roles and Responsibilities of the BLS/ALS unit of the curriculum.

For all affective evaluations, the faculty member should focus on patterns of behavior, not isolated instances that fall outside the student's normal performance. For example, a student who is consistently on time and prepared for class may have demonstrated competence in time management and should not be penalized for an isolated emergency that makes him late for one class. On the other

hand, if the student is constantly late for class, they should be counseled. Continued behavior may result in disciplinary action.

The Topics used for the evaluation of personal affective behavior and are defined below based on an acceptable level of conduct for that category:

- Integrity - Consistent honesty, being able to be trusted with property and confidential information, complete and accurate documentation of patient care and learning activities.
- Empathy - Showing compassion to others, responding appropriately while maintaining professional demeanor, demonstrating a strong desire to advocate for the patient, can direct patients and their families to available community resources.
- Self-Motivation - Taking initiative to complete assignments, taking initiative to improve or correct behavior, taking on and following through on tasks without constant supervision, showing enthusiasm for learning and improvement, consistently striving for improvement in all aspects of patient care and professional activities, accepting constructive criticism in a positive manner, taking advantage of learning opportunities.
- Appearance and Personal Hygiene - Clothing and/or uniform is appropriate, neat, clean and well maintained, good personal hygiene and grooming.
- Self-Confidence - Demonstrates the ability to trust personal judgment demonstrates an awareness of strengths and limitations, exercises good personal judgment.
- Communications - Speaks clearly, writes legibly, listens actively, adjusts communication strategies to various situations.
- Time Management - Consistent punctuality, completes tasks and assignments on time
- Teamwork and Diplomacy - Placing the success of the team above self-interest, not undermining the team, helping and supporting other team members, showing respect for all team members, remaining flexible and open to change, communicating with others to solve problems.
- Respect - Being polite to others, not using derogatory or demeaning terms, behaving in a manner that brings credit to the profession
- Patient Advocacy - Not allowing personal bias or feelings to interfere with patient care, placing the needs of patients above self-interest, protecting and respecting patient confidentiality and dignity
- Careful Delivery of Services - Performing skills at an entry-level capacity a majority of the time, performing complete equipment and supply checks, demonstrating careful and safe ambulance operations, following policies and procedures and protocols, following orders.

COGNITIVE, PSYCHOMOTOR OBJECTIVES (PER CHAPTER)

Chapter 1:

Knowledge Objectives

1. Define emergency medical services (EMS) systems. (p 5)
2. Name the four levels of EMT training and licensure. (pp 6–8)
3. Describe EMT licensure criteria; including how the Americans with Disabilities Act (ADA) applies to employment as an EMT. (p 8)
4. Discuss the historic background of the development of the EMS system. (pp 9–10)
5. Describe the levels of EMT training in terms of skill sets needed for each of the following: EMR, EMT, AEMT, and paramedic. (pp 10–14)
6. Recognize the possible presence of other first responders at a scene with EMR training, some knowledge of first aid, or merely good intentions, and their need for direction. (pp 13–14)
7. Name the 14 components of the EMS system. (pp 15–26)
8. Describe how medical direction of an EMS system works, and the EMT's role in the process. (p 18)
9. Define mobile integrated healthcare and community paramedicine. (p 19)
10. Discuss the purpose of the EMS continuous quality improvement (CQI) process. (pp 20–21)
11. Characterize the EMS system's role in disease and injury prevention and public education in the community. (pp 23–24)
12. Describe the roles and responsibilities of the EMT. (p 26)
13. Describe the attributes an EMT is expected to possess. (p 27)
14. Understand the impact of the Health Insurance Portability and Accountability Act (HIPAA) on patient privacy. (p 27)

Chapter 2:

Knowledge Objectives

1. State the steps that contribute to wellness and their importance in managing stress. (pp 35–40)
2. Define infectious disease and communicable disease. (p 40)

3. Describe the routes of disease transmission. (pp 41–42)
4. Describe the routes of transmission and the steps to prevent and/or deal with an exposure to hepatitis, tuberculosis, and HIV/AIDS. (pp 41–48)
5. Know the standard precautions used in treating patients to prevent infection. (pp 42–47)
6. Describe the steps to take for personal protection from airborne and bloodborne pathogens. (pp 42–47)
7. Explain proper handwashing techniques. (pp 43–44)
8. List the ways immunity to infectious diseases is acquired. (pp 50–51)
9. Explain postexposure management of exposure to patient blood or body fluids, including completing a postexposure report. (p 52)
10. Describe the steps necessary to determine scene safety and to prevent work-related injuries at the scene. (pp 52–58)
11. Describe the different types of protective clothing worn to prevent injury. (pp 58–61)
12. Explain the care of critically ill and injured patients. (pp 61–64)
13. Describe issues concerning care of the dying patient, death, and the grieving process of family members. (pp 65–67)
14. Know the physiologic, physical, and psychological responses to stress. (pp 67–69)
15. Describe posttraumatic stress disorder (PTSD) and steps that can be taken, including critical incident stress management, to decrease the likelihood that PTSD will develop. (pp 69–70)
16. Identify the emotional aspects of emergency care. (pp 69–70)
17. Recognize the stress inherent in many situations, such as mass-casualty scenes. (pp 70–71)
18. Recognize the possibility of violent situations and the steps to take to deal with them. (pp 72–73)
19. Describe how to handle behavioral emergencies. (pp 73–74)
20. Discuss workplace issues such as cultural diversity, sexual harassment, and substance abuse. (pp 74–76)

Skills Objectives

1. Demonstrate how to properly remove gloves. (p 45, Skill Drill 2-1)
2. Demonstrate the steps necessary to manage a potential exposure situation. (p 49, Skill Drill 2-2)

Chapter 3:

Knowledge Objectives

1. Define consent and how it relates to decision making. (p 85)
2. Compare expressed consent, implied consent, and involuntary consent. (pp 86–87)
3. Discuss consent by minors for treatment or transport. (p 87)
4. Describe local EMS system protocols for using forcible restraint. (p 88)
5. Discuss the EMT's role and obligations if a patient refuses treatment or transport. (pp 88–90)
6. Describe the relationship between patient communications, confidentiality, and the Health Insurance Portability and Accountability Act (HIPAA). (p 90)
7. Discuss the importance of do not resuscitate (DNR) orders and local protocols as they relate to the EMS environment. (pp 90–92)
8. Describe the physical, presumptive, and definitive signs of death. (pp 92–93)
9. Explain how to manage patients who are identified as organ donors. (p 94)
10. Recognize the importance of medical identification devices in treating the patient. (p 94)
11. Discuss the scope of practice and standards of care. (pp 94–97)
12. Describe the EMT's legal duty to act. (pp 97–98)
13. Discuss the issues of negligence, abandonment, assault and battery, and kidnapping and their implications for the EMT. (pp 98–99)
14. Explain the reporting requirements for special situations, including abuse, drug- or felony-related injuries, childbirth, and crime scenes. (pp 101–102)
15. Define ethics and morality, and discuss their implications for the EMT. (pp 102–103)
16. Describe the roles and responsibilities of the EMT in court. (pp 103–105)

Chapter 4:

Knowledge Objectives

1. Describe the factors and strategies to consider for therapeutic communication with patients. (pp 113–125)
2. Discuss the techniques of effective verbal communication. (pp 116–125)

3. Explain the skills that should be used to communicate with family members, bystanders, people from other agencies, and hospital personnel. (pp 116–125)
4. Discuss special considerations in communicating with older people, children, patients who are hard of hearing, visually impaired patients, and non-English-speaking patients. (pp 120–124)
5. Describe the use of written communications and documentation. (pp 126–134)
6. State the purpose of a patient care report (PCR) and the information required to complete it. (pp 126–132)
7. Explain the legal implications of the PCR. (pp 130–131)
8. Describe how to document refusal of care, including the legal implications. (pp 132–135)
9. Discuss state and/or local special reporting requirements, such as for gunshot wounds, dog bites, and abuse. (p 135)
10. Describe the basic principles of the various types of communications equipment used in EMS. (pp 135–139)
11. Describe the use of radio communications, including the proper methods of initiating and terminating a radio call. (pp 139–145)
12. List the correct radio procedures in the following phases of a typical call: initial receipt of call, en route to call, on scene, arrival at hospital (or point of transfer), and return to service. (pp 139–142)
13. List the proper sequence of information to communicate in radio delivery of a patient report. (p 142–143)

Skills Objectives

1. Demonstrate the techniques of successful cross-cultural communication. (pp 114–115)
2. Demonstrate completion of a PCR. (pp 126–135)
3. Demonstrate how to make a simulated, concise radio transmission with dispatch. (pp 139–143)

Chapter 5:

Knowledge Objectives

1. Explain the purpose of medical terminology. (p 153)
2. Identify the four components that comprise a medical term. (p 153)

3. Describe the following directional terms: anterior (ventral), posterior (dorsal), right, left, superior, inferior, proximal, distal, medial, lateral, superficial, and deep. (pp 158–161)
4. Describe the prone, supine, Fowler, and semi-Fowler positions of the body. (p 161)
5. Break down the meaning of a medical term based on the components of the term. (p 162)
7. Interpret selected medical abbreviations, acronyms, and symbols. (p 162)
5. Identify error-prone medical abbreviations, acronyms, and symbols. (p 163)

Chapter 6:

Knowledge Objectives

1. Identify the body's topographic anatomy, including the anatomic position and the planes of the body. (pp 179–180)
2. Identify the anatomy and physiology of the skeletal system. (pp 180–181)
3. Describe the anatomy and physiology of the musculoskeletal system. (pp 186–187)
4. Discuss the anatomy and physiology of the respiratory system. (pp 187–196)
5. Discuss the anatomy and physiology of the circulatory system. (pp 196–208)
6. Discuss the anatomy and physiology of the nervous system. (pp 208–212)
7. Describe the anatomy and physiology of the integumentary system. (pp 212–214)
8. Explain the anatomy and physiology of the digestive system. (pp 214–218)
9. Describe the anatomy and the physiology of the lymphatic system. (p 218)
10. Discuss the anatomy and physiology of the endocrine system. (pp 218–220)
11. Describe the anatomy and physiology of the urinary system. (pp 220–221)
12. Discuss the anatomy and physiology of the genital system. (pp 221–223)
13. Describe the life support chain, aerobic metabolism, and anaerobic metabolism. (pp 223–224)
14. Define pathophysiology. (p 224)

Chapter 7:

Knowledge Objectives

1. Know the terms used to designate the following stages of life: infants, toddlers, preschoolers, school-age children, adolescents (teenagers), early adults, middle adults, and older adults. (pp 241–251)
2. Describe the major physical and psychosocial characteristics of an infant's life. (pp 241–244)
3. Describe the major physical and psychosocial characteristics of a toddler's and preschooler's life. (pp 245–247)
4. Describe the major physical and psychosocial characteristics of a school-age child's life. (p 247)
5. Describe the major physical and psychosocial characteristics of an adolescent's life. (pp 247–249)
6. Describe the major physical and psychosocial characteristics of an early adult's life. (p 249–250)
7. Describe the major physical and psychosocial characteristics of a middle adult's life. (pp 250–251)
8. Describe the major physical and psychosocial characteristics of an older adult's life. (pp 251–255)

Chapter 8:

Knowledge Objectives

1. Explain the need and use of the most common patient-moving equipment, the stretcher and backboard. (pp 261–263)
2. Explain the technical skills and general considerations that are required of EMTs during patient packaging and patient handling. (p 263)
3. Define the term *body mechanics*. (p 264)
4. Discuss how following proper patient lifting and moving techniques can help prevent work-related injuries. (pp 263–264)
5. Identify how to avoid common mistakes when lifting and carrying a patient. (pp 265–267)
6. Explain the power grip and sheet or blanket methods for lifting a patient. (pp 267–269)
7. Explain the general considerations required of EMTs to safely move patients without causing the patient further harm and while protecting themselves from injury. (pp 271–274)
8. Explain how to carry patients safely on stairs, including the selection of appropriate equipment to aid in the process. (pp 274–276)

9. Describe specific situations in which an urgent move or rapid extrication may be necessary to move a patient; include how each one is performed. (pp 283–287)
10. Describe specific situations in which a nonurgent move may be necessary to move a patient; include how each one is performed. (pp 288–293)
11. Explain the special considerations and guidelines related to moving and transporting geriatric patients. (pp 293–296)
12. Define the term bariatrics. (p 296)
13. Discuss the guidelines for lifting and moving bariatric patients. (pp 295–297)
14. Explain the need and use for additional patient-moving equipment (specialized); include examples. (pp 296–300)
15. Know the importance of decontaminating equipment in the prevention of disease transmission. (p 300)
16. Describe proper positioning of the following conditions: (p 301)
 - Unresponsive patients without suspected spine injury
 - Patients with chest pain, discomfort, or difficulty breathing
 - Patients with suspected spine injury
 - Pregnant patients with hypotension
 - Patients who are nauseated or vomiting
17. Discuss situations that may require the use of medical restraints on a patient. (pp 301–302)
18. Explain guidelines and safety considerations for the use of medical restraints. (pp 301–302)

Skills Objectives

1. Perform a power lift to lift a patient. (p 266, Skill Drill 8-1)
2. Demonstrate a power grip. (p 267)
3. Demonstrate the body mechanics and principles required for safe reaching and pulling, including the technique used for performing log rolls. (pp 267–269)
4. Perform the diamond carry to move a patient. (p 272, Skill Drill 8-2)
5. Perform the one-handed carry to move a patient. (p 273, Skill Drill 8-3)
6. Perform a patient carry using a stair chair to move a patient down the stairs. (p 275, Skill Drill 8-4)
7. Perform a patient carry to move a patient down the stairs on a backboard. (pp 276–277, Skill Drill 8-5)

8. Demonstrate how to load a stretcher into an ambulance. (pp 276–281, Skill Drill 8-6)
9. Demonstrate how to perform an emergency or urgent move. (pp 281–287)
10. Perform the rapid extrication technique to move a patient from a vehicle. (pp 283–287, Skill Drill 8-7)
11. Perform the direct ground lift to lift a patient. (pp 288–289, Skill Drill 8-8)
12. Perform the extremity lift to move a patient. (pp 290–291, Skill Drill 8-9)
13. Perform the direct carry to move a patient. (pp 291–292, Skill Drill 8-10)
14. Demonstrate how to use the draw sheet method to transfer a patient onto a stretcher. (pp 291–293)
15. Use a scoop stretcher to move a patient. (pp 292–294, Skill Drill 8-11; p 300)
16. Demonstrate the correct use of medical restraints on a patient. (pp 301–302)

Chapter 9:

Knowledge Objectives

1. Identify the components of the patient assessment process. (p 315)
2. Explain how the different causes and presentations of emergencies will affect how EMTs perform each step of the patient assessment process. (p 315)
3. Discuss some of the possible environmental, chemical, and biologic hazards that may be present at an emergency scene, ways to recognize them, and precautions to protect personal safety. (pp 317–318)
4. Discuss the steps EMTs should take to survey a scene for signs of violence and to protect themselves and bystanders from real or potential danger. (pp 317–318)
5. Describe how to determine the mechanism of injury (MOI) or nature of illness (NOI) at an emergency and the importance of differentiating trauma patients from medical patients. (pp 318–319)
6. List the minimum standard precautions that should be followed and personal protective equipment (PPE) that should be worn at an emergency scene, including examples of when additional precautions would be appropriate. (pp 319–320)
7. Explain why it is important for EMTs to identify the total number of patients at an emergency scene and how this evaluation relates to determining the need for additional or specialized resources, implementation of the incident command system (ICS), and triage. (pp 320–321)

8. Describe the principal goals of the primary assessment process, including how to identify and treat life threats and determine if immediate transport is required. (p 323)
9. Explain the process of forming a general impression of a patient as part of primary assessment and the reasons why this step is critical to patient management. (pp 323–324)
10. Explain the importance of assessing a patient's level of consciousness (LOC) to determine altered mental status, and include examples of different methods used to assess alertness, responsiveness, and orientation. (pp 324–325)
11. Describe the assessment of airway status in patients who are both responsive and unresponsive, including examples of possible signs and causes of airway obstruction in each case as well as the appropriate EMT response. (pp 326–327)
12. Describe the assessment of a patient's breathing status, including the key information EMTs must obtain during this process and the care required for patients who have both adequate and inadequate breathing. (pp 327–328)
13. List the signs of respiratory distress and respiratory failure. (p 329)
14. Describe the assessment of a patient's circulatory status, including the different methods for obtaining a pulse and appropriate management depending on the patient's status. (pp 329–330)
15. Explain the variations required to obtain a pulse in infant and child patients compared with adult patients. (pp 329–330)
16. Describe the assessment of a patient's skin color, temperature, and condition, including examples of both normal and abnormal findings and the information this provides related to the patient's status. (pp 330–331)
17. Discuss the process of assessing for and methods for controlling external bleeding. (p 332)
18. Discuss the steps used to identify and subsequently treat life-threatening conditions that endanger a patient during an emergency. (pp 332–333)
19. List the steps EMTs should follow during the primary assessment of a trauma patient, including examples of abnormal signs and appropriate related actions. (pp 334–335)
20. Explain the process for determining the priority of patient care and transport at an emergency scene and include examples of conditions that necessitate immediate transport. (pp 335–336)
21. Discuss the importance of protecting a trauma patient's spine and identifying fractured extremities during patient packaging for transport. (pp 335–336)
22. Discuss the process of taking a focused history, its key components, and its relationship to the primary assessment process. (p 338)

23. Describe examples of different techniques EMTs may use to obtain information from patients during the history-taking process. (pp 340–346)
24. Discuss different challenges EMTs may face when taking a patient history on sensitive topics and strategies they may use to facilitate each situation. (pp 341–343)
25. Describe the purpose of a secondary assessment and a physical exam; include how to determine which aspects of the physical exam to use, and the steps. (p 348–353)
26. Explain situations in which patients may receive a focused assessment, including examples by body system of what each focused assessment should include based on a patient’s chief complaint. (pp 353–373)
27. List normal blood pressure ranges for adults, children, and infants. (p 364)
28. Explain the importance of performing a reassessment of the patient and the steps in this process. (p 375)

Skills Objectives

1. Demonstrate how to use the AVPU scale to test for patient responsiveness. (p 324)
2. Demonstrate how to evaluate a patient’s orientation and document his or her status correctly. (p 325)
3. Demonstrate the techniques for assessing a patient’s airway and correctly obtaining information related to respiratory rate, rhythm, quality/character of breathing, and depth of breathing. (pp 326–328)
4. Demonstrate how to assess a radial pulse in a responsive patient and an unresponsive patient. (pp 329–330)
5. Demonstrate how to assess a carotid pulse in an unresponsive patient. (pp 329–330)
6. Demonstrate how to palpate a brachial pulse in a child who is younger than 1 year (or a manikin). (pp 329–330)
7. Demonstrate how to obtain a pulse rate in a patient. (pp 329–330)
8. Demonstrate how to assess capillary refill in an adult or child older than 6 years. (p 332)
9. Demonstrate how to assess capillary refill in an infant or child younger than 6 years; include variations that would be required when assessing a newborn. (p 332)
10. Demonstrate how to perform a rapid exam during primary assessment of a patient. (pp 334–335, Skill Drill 9-1)
11. Demonstrate how to perform a secondary assessment. (pp 349–353, Skill Drill 9-2)
12. Demonstrate how to measure blood pressure by auscultation. (pp 360–361, Skill Drill 9-3)

13. Demonstrate how to measure blood pressure by palpation. (pp 362–363, Skill Drill 9-4)
14. Demonstrate how to test pupil reaction in response to light in a patient and how to document his or her status correctly. (pp 364–365)
15. Demonstrate the assessment of neurovascular status. (pp 366–368, Skill Drill 9-5)
16. Demonstrate the use of a pulse oximetry device to evaluate the effectiveness of oxygenation in the patient. (pp 370–372)
17. Demonstrate the use of electronic devices to assist in determining the patient's blood pressure in the field. (p 372)
18. Demonstrate how to assess a patient's blood glucose level. (p 373, Skill Drill 9-6)

Chapter 10:

Knowledge Objectives

1. Describe the major structures of the respiratory system. (pp 387–392)
2. Discuss the physiology of breathing. (pp 392–397)
3. Give the signs of adequate breathing. (p 400)
4. Give the signs of inadequate breathing. (p 401)
5. Describe the assessment and care of a patient with apnea. (p 402)
6. Explain how to assess for adequate and inadequate respiration, including the use of pulse oximetry. (pp 402–405)
7. Explain how to assess for a patent airway. (p 405)
8. Describe how to perform the head tilt–chin lift maneuver. (pp 405–406)
9. Describe how to perform the jaw-thrust maneuver. (pp 406–407)
10. Explain the importance and techniques of suctioning. (pp 408–411)
11. Explain how to measure and insert an oropharyngeal (oral) airway. (pp 411–413)
12. Describe how to measure and insert a nasopharyngeal (nasal) airway. (pp 413–416)
13. Explain the use of the recovery position to maintain a clear airway. (p 416)
14. Describe the importance of giving supplemental oxygen to patients who are hypoxic. (p 416)
15. Discuss the basics of how oxygen is stored and the various hazards associated with its use. (pp 416–422)
16. Explain the use of a nonbreathing mask and the oxygen flow requirements for its use. (p 423)

17. Describe the indications for using a nasal cannula rather than a nonrebreathing face mask. (p 423)
18. Describe the indications for use of a humidifier during supplemental oxygen therapy. (p 425)
19. Describe how to perform mouth-to-mouth or mouth-to-mask ventilation. (pp 427–428)
20. Describe the use of a one- or two-person bag-valve mask (BVM), and a manually triggered ventilation (MTV) device. (pp 428–435)
21. Describe the signs associated with adequate and inadequate artificial ventilation. (p 434)
22. Describe the use of continuous positive airway pressure (CPAP). (pp 435–439)
23. Explain how to recognize and care for a foreign body airway obstruction. (pp 440–442)

Skills Objectives

1. Demonstrate use of pulse oximetry. (pp 403–404, Skill Drill 10-1)
2. Demonstrate how to position the unconscious patient. (pp 405–406, Skill Drill 10-2)
3. Demonstrate how to perform the head tilt–chin lift maneuver. (pp 405–406)
4. Demonstrate how to perform the jaw-thrust maneuver. (pp 406–407)
5. Demonstrate how to operate a suction unit. (p 410)
6. Demonstrate how to suction a patient’s airway. (pp 410–411, Skill Drill 10-3)
7. Demonstrate the insertion of an oral airway. (pp 411–413, Skill Drill 10-4)
8. Demonstrate the insertion of an oral airway with a 90-degree rotation. (pp 412–414, Skill Drill 10-5)
9. Demonstrate the insertion of a nasal airway. (pp 413–416, Skill Drill 10-6)
10. Demonstrate how to place a patient in the recovery position. (p 416)
11. Demonstrate how to place an oxygen cylinder into service. (pp 421–422, Skill Drill 10-7)
12. Demonstrate the use of a partial rebreathing mask in providing supplemental oxygen therapy to patients. (p 424)
13. Demonstrate the use of a Venturi mask in providing supplemental oxygen therapy to patients. (p 424)
14. Demonstrate the use of a humidifier in providing supplemental oxygen therapy to patients. (p 425)
15. Demonstrate mouth-to-mask ventilation. (pp 427–429, Skill Drill 10-8)

16. Demonstrate how to assist a patient with ventilations using the BVM. (pp 431–433, Skill Drill 10-9)
17. Demonstrate the use of a manually triggered ventilation device to assist in delivering artificial ventilation to the patient. (pp 434–435)
18. Demonstrate the use of an automatic transport ventilator to assist in delivering artificial ventilation to the patient. (p 435)
19. Demonstrate the use of CPAP. (pp 435–439, Skill Drill 10-10)

Chapter 11:

Knowledge Objectives

1. Define the terms pharmacodynamics, intended effects, indications, side effects, unintended effects, and untoward effects. (pp 455–456)
2. Explain medication contraindications; include an example. (p 456)
3. Explain the differences between a generic medication name and a trade medication name; provide an example of each. (p 456)
4. Differentiate enteral and parenteral routes of medication administration. (p 456)
5. Describe rectal, oral, intravenous, intraosseous, subcutaneous, intramuscular, inhalation, sublingual, and transcutaneous routes of medication administration; include the rates of absorption. (pp 457–458)
6. Explain the solid, liquid, and gas forms of medication and routes of administration; provide examples of each. (pp 459–461)
7. List the “six rights” of medication administration; include how each one relates to EMS. (pp 461–463)
8. Explain the difference between direct orders (online) and standing orders (off-line) and the role of medical control. (p 463)
9. Discuss the medication administration circumstances involving peer-assisted medication, patient-assisted medication, and EMT-administered medication. (pp 463–464)
10. Know the generic and trade names, actions, indications, contraindications, routes of administration, side effects, interactions, and doses of 10 medications that may be administered by an EMT in an emergency as dictated by state protocols and local medical direction. (pp 463–475)
11. Describe the medication administration considerations related to special populations, including pediatric, geriatric, and pregnant patients. (pp 464, 472–473)
12. State the steps to should follow when dispensing medications to a patient using an auto-injector. (p 471)

13. Explain why determining what prescription and over-the-counter medications a patient is taking is a critical aspect of patient assessment during an emergency. (pp 475–476)
14. State the steps to take if a medication error occurs. (p 477)

Skills Objectives

1. Apply the six rights of medication administration. (pp 461–463)
2. Demonstrate how to administer oral medication to a patient. (pp 464, 467–468)
3. Demonstrate how to administer aspirin to a patient with chest pain. (p 468)
4. Demonstrate how to administer oral glucose to a patient with hypoglycemia. (p 468)
5. Demonstrate how to assist a patient with the sublingual administration of a medication. (p 468)
6. Demonstrate how to administer a medication by auto-injector. (p 471)
7. Demonstrate how to administer an intranasal medication. (pp 471–472)
8. Demonstrate how to draw a medication from an ampule and vial.
9. Demonstrate how to administer an intramuscular injection.

Chapter 12:

Knowledge Objectives

1. Describe the pathophysiology of shock (hypoperfusion). (p 487–490)
2. Identify the causes of shock. (p 490)
3. Differentiate among the various types of shock. (p 491–496)
4. Describe the signs and symptoms of shock, including compensated and decompensated. (p 496–497)
5. Discuss key components of patient assessment for shock. (p 497–499)
6. Describe the steps to follow in the emergency care of the patient with various types of shock. (p 499–505)

Skills Objectives

1. Demonstrate how to control shock. (p 499–504)
2. Demonstrate how to complete an EMS patient care report for a patient with shock. (p 508)

Chapter 13:

Knowledge Objectives

1. Explain the elements of basic life support (BLS), how it differs from advanced life support (ALS), and why BLS must be applied rapidly. (pp 514–515)
2. Explain the goals of cardiopulmonary resuscitation (CPR) and when it should be performed on a patient. (p 515)
3. Explain the components of CPR, the five links in the American Heart Association (AHA) chain of survival, and how each one relates to maximizing the survival of a patient. (pp 515–516)
4. Discuss guidelines for circumstances that require the use of an automated external defibrillator (AED) on both adult and pediatric patients experiencing cardiac arrest. (pp 517–518)
5. Explain three special situations related to the use of an AED. (p 518)
6. Describe the proper way to position an adult patient to receive BLS care. (p 519)
7. Describe the purpose of external chest compressions. (p 519)
8. Describe the two techniques EMTs may use to open an adult patient's airway and the circumstances that would determine when each technique would be used. (pp 522–523)
9. Describe the recovery position and circumstances that would warrant its use, as well as situations in which it would be contraindicated. (pp 523–524)
10. Describe the process of providing artificial ventilations to an adult patient, ways to avoid gastric distention, and modifications required for a patient with a stoma. (pp 524–526)
11. Explain the steps in providing single-rescuer adult CPR. (p 526)
12. Explain the steps in providing two-rescuer adult CPR, including the method for switching positions during the process. (p 526)
13. Describe the different mechanical devices that are available to assist emergency care providers in delivering improved circulatory efforts during CPR. (pp 529, 531–533)
14. Describe the different possible causes of cardiopulmonary arrest in children. (pp 533–534)
15. Explain the four steps of pediatric BLS procedures and how they differ from BLS procedures used in an adult patient. (pp 533–538)
16. Describe the ethical issues related to patient resuscitation, including examples of when not to start CPR on a patient. (pp 539–540)

17. Explain the various factors involved in the decision to stop CPR once it has been started on a patient. (pp 540–541)
18. Explain common causes of foreign body airway obstruction in both children and adults and how to distinguish mild or partial airway obstruction from complete airway obstruction. (pp 541–542)
19. Describe the different methods for removing a foreign body airway obstruction in an infant, child, and adult, including the procedure for a patient with an obstruction who becomes unresponsive. (pp 541–548)
20. Discuss how to provide grief support for a patient’s family members and loved ones after resuscitation has ended. (pp 548–550)
21. Discuss the importance of frequent CPR training for EMTs, as well as public education programs that teach compression-only CPR. (p 550)

Skills Objectives

1. Demonstrate how to position an unresponsive adult for CPR. (p 519)
2. Demonstrate how to check for a pulse at the carotid artery in an unresponsive child or adult. (p 519)
3. Demonstrate how to perform external chest compressions on an adult. (pp 520–521, Skill Drill 13-1)
4. Demonstrate how to perform a head tilt–chin lift maneuver on an adult. (pp 522–523)
5. Demonstrate how to perform a jaw-thrust maneuver on an adult. (pp 522–523)
6. Demonstrate how to place a patient in the recovery position. (pp 523–524)
7. Demonstrate how to perform rescue breathing in an adult. (p 524)
8. Demonstrate how to perform one-rescuer adult CPR. (pp 526–527, Skill Drill 13-2)
9. Demonstrate how to perform two-rescuer adult CPR. (pp 526, 528, Skill Drill 13-3)
10. Demonstrate the use of mechanical devices that assist emergency responders in delivering improved circulatory efforts during CPR. (pp 531–533)
11. Demonstrate how to check for a pulse at the brachial artery in an unresponsive infant (p 534)
12. Demonstrate how to perform external chest compressions on an infant. (p 535, Skill Drill 13-4)
13. Demonstrate how to perform CPR in a child who is between 1 year of age and the onset of puberty. (pp 535–537, Skill Drill 13-5)
14. Demonstrate how to perform a head tilt–chin lift maneuver on a pediatric patient. (p 537)

15. Demonstrate how to perform a jaw-thrust maneuver on a pediatric patient. (p 537)
16. Demonstrate how to perform rescue breathing on a child. (p 538)
17. Demonstrate how to perform rescue breathing on an infant. (p 538)
18. Demonstrate how to remove a foreign body airway obstruction in a responsive adult patient using abdominal thrusts (Heimlich maneuver). (p 543)
19. Demonstrate how to remove a foreign body airway obstruction in a responsive pregnant or obese patient using chest thrusts. (p 543)
20. Demonstrate how to remove a foreign body airway obstruction in a responsive child older than 1 year using abdominal thrusts (Heimlich maneuver). (pp 545–546)
21. Demonstrate how to remove a foreign body airway obstruction in an unresponsive child. (pp 546–547, Skill Drill 13-6)
22. Demonstrate how to remove a foreign body airway obstruction in an infant. (pp 546–548)

Chapter 14:

Knowledge Objectives

1. Differentiate between medical emergencies and trauma emergencies, remembering that some patients may have both. (p 561)
2. Name the various categories of common medical emergencies and give examples. (p 561)
3. Describe the evaluation of the nature of illness (NOI). (p 562)
4. Discuss the assessment of a patient with a medical emergency. (pp 562–566)
5. Explain the importance of transport time and destination selection for a medical patient. (p 567)
6. Define infectious disease and communicable disease. (p 569)
8. Discuss diseases of special concern and their routes of transmission, including influenza, herpes simplex, HIV/AIDS, hepatitis, meningitis, tuberculosis, whooping cough, MRSA, MERS-CoV, and Ebola. (pp 569–575)

Chapter 15:

Knowledge Objectives

1. List the structures and functions of the upper and lower airways, lungs, and accessory structures of the respiratory system. (p 585)

2. Explain the physiology of respiration; include the signs of normal breathing. (pp 586–587)
3. Discuss the pathophysiology of respiration, including examples of the common signs and symptoms a patient with inadequate breathing may present with in an emergency situation. (pp 587–588)
4. Explain the special patient assessment and care considerations that are required for geriatric patients who are experiencing respiratory distress. (pp 589, 592–593, 618–619)
5. Describe different respiratory conditions that cause dyspnea, including their causes, assessment findings and symptoms, complications, and specific prehospital management and transport decisions. (pp 589–590, 609–619)
6. List the characteristics of infectious diseases that are frequently associated with dyspnea. (pp 590–593)
7. Discuss some pandemic considerations related to the spread of influenza type A and strategies EMTs should employ to protect themselves from infection during a possible crisis situation. (pp 590, 593)
8. Explain the special patient assessment and care considerations that are required for pediatric patients who are experiencing respiratory distress. (pp 590–593, 597, 615–619)
9. Describe the assessment of a patient who is in respiratory distress and the relationship of the assessment findings to patient management and transport decisions. (pp 602–609)
10. Describe the primary emergency medical care of a person who is in respiratory distress. (pp 602–605, 609–615)
11. List five different types of adventitious breath sounds, their signs and symptoms, and the disease process associated with each one. (p 605)
12. State the generic name, medication forms, dose, administration, indications, actions, and contraindications for medications that are administered via metered-dose inhalers (MDIs) and small-volume nebulizers. (pp 610–615)

Skills Objectives

1. Demonstrate the process of history taking to obtain more information related to a patient's chief complaint based on a case scenario. (pp 605–607)
2. Demonstrate how to use the OPQRST assessment to obtain more specific information about a patient's breathing problem. (p 606)
3. Demonstrate how to use the PASTE assessment to obtain more specific information about a patient's breathing problem. (p 607)

4. Demonstrate how to assist a patient with the administration of a metered-dose inhaler. (pp 612–613, Skill Drill 15-1)
5. Demonstrate how to assist a patient with the administration of a small-volume nebulizer. (pp 613–615, Skill Drill 15-2)

Chapter 16:

Knowledge Objectives

1. Discuss the basic anatomy and physiology of the cardiovascular system. (pp 629–636)
2. Discuss the pathophysiology of the cardiovascular system. (pp 636–642)
3. Describe the anatomy, physiology, pathophysiology, assessment, and management of thromboembolism. (pp 636–639)
4. Describe the anatomy, physiology, pathophysiology, assessment, and management of angina pectoris. (pp 637–638)
5. Describe the anatomy, physiology, pathophysiology, assessment, and management of myocardial infarction. (pp 638–639)
6. Describe the anatomy, signs and symptoms, and management of hypertensive emergencies. (p 642)
7. Describe the anatomy, physiology, pathophysiology, assessment, and management of aortic aneurysm/dissection. (p 642)
8. Explain patient assessment procedures for cardiovascular problems. (pp 642–647)
9. Explain the relationship between airway management and the patient with cardiac compromise. (pp 643–644)
10. Give the indications and contraindications for the use of aspirin and nitroglycerin. (p 648)
11. Recognize that many patients will have had cardiac surgery and may have implanted pacemakers or defibrillators. (pp 653–654)
12. Define cardiac arrest. (p 654)
13. Compare the difference between the fully automated and the semiautomated defibrillator. (pp 654–655)
14. Describe the different types of AEDs. (p 655)
15. Explain the use of remote adhesive defibrillator pads. (p 656)
16. Recognize that not all patients in cardiac arrest require an electric shock. (p 656)
17. List the indications and contraindications for use of an automated external defibrillator (AED). (pp 656–657)

18. Discuss the reasons for early defibrillation. (pp 656–657)
19. Explain the circumstances that may result in inappropriate shocks from an AED. (p 657)
20. Explain the reason not to touch the patient, such as by delivering CPR, while the AED is analyzing the heart rhythm and delivering shocks. (p 657)
21. Describe AED maintenance procedures. (pp 657–659)
22. Explain the relationship of age to energy delivery. (p 659)
23. Explain the role played by medical direction in the use of AEDs. (p 659)
24. Discuss the importance of practice and continuing education with the AED. (p 659)
25. Explain the need for a case review of each incident in which an AED is used. (p 659)
26. List quality improvement goals relating to AEDs. (p 659)
27. Discuss the procedures to follow for standard operation of the various types of AEDs. (pp 659–661)
28. Describe the emergency medical care for the patient with cardiac arrest. (pp 659–665)
29. Describe the components of care following AED shocks. (pp 661–663, 665)
30. Explain criteria for transport of the patient for advanced life support (ALS) following CPR and defibrillation. (pp 663–664)
31. Discuss the importance of coordinating with ALS personnel. (pp 664–665)

Skills Objectives

1. Demonstrate the steps to take in the assessment of a patient with chest pain or discomfort. (pp 642–647)
2. Demonstrate how to provide emergency medical care for a patient with chest pain or discomfort. (pp 647–649)
3. Demonstrate the administration of nitroglycerin. (pp 648–649, Skill Drill 16-1)
4. Demonstrate how to attach a cardiac monitor to obtain an ECG. (pp 651–652, Skill Drill 16-2)
5. Demonstrate how to perform maintenance of an AED. (pp 657–659)
6. Demonstrate how to perform CPR. (pp 660–663, Skill Drill 16-3)
7. Demonstrate the use of an AED. (pp 660–663, Skill Drill 16-3)

Chapter 17:

Knowledge Objectives

1. Describe the anatomy and physiology and functions of the brain and spinal cord. (pp 675–676)
2. Discuss the different types of headaches, the possible causes of each, and how to distinguish a harmless headache from a potentially life-threatening condition. (pp 676–678)
3. Explain the various ways blood flow to the brain may be interrupted and cause a cerebrovascular accident. (p 678)
4. Discuss the causes, similarities, and differences of an ischemic stroke, hemorrhagic stroke, and transient ischemic attack. (pp 678–680)
5. List the general signs and symptoms of stroke and how those symptoms manifest if the left hemisphere of the brain is affected and if the right hemisphere of the brain is affected. (pp 680–681)
6. List three conditions with symptoms that mimic stroke and the assessment techniques EMTs may use to identify them. (p 681)
7. Define a generalized seizure, partial seizure, and status epilepticus; include how they differ from each other and their effects on patients. (pp 681–682)
8. Describe how the different stages of a seizure are characterized. (p 682)
9. Discuss the importance for EMTs to recognize when a seizure is occurring or whether one has already occurred in a patient. (p 684)
10. Explain the postictal state and the specific patient care interventions that may be necessary. (pp 684–685)
11. Define altered mental status; include possible causes and the patient assessment considerations that apply to each. (pp 685–686)
12. Discuss scene safety considerations when responding to a patient with a neurologic emergency. (pp 686–687)
13. Explain the special considerations required for pediatric patients who exhibit altered mental status. (p 687)
14. Explain the primary assessment of a patient who is experiencing a neurologic emergency and the necessary interventions that may be required to address all life threats. (pp 687–689)
15. Describe the process of history taking for a patient who is experiencing a neurologic emergency and how this process varies depending on the nature of the patient's illness. (pp 689–690)
16. Explain the secondary assessment of a patient who is experiencing a neurologic emergency. (pp 690–692)
17. Explain how to use stroke assessment tools to rapidly identify a stroke patient; include two commonly used tools. (pp 690–693)

18. Explain the concept of a stroke alert and the important timeframe for the most successful treatment outcome for a patient who is suspected of having a stroke. (pp 690, 694)
19. List the key information EMTs must obtain and document for a stroke patient during assessment and reassessment. (pp 693–694)
20. Explain the care, treatment, and transport of patients who are experiencing headaches, stroke, seizure, and altered mental status. (pp 694–697)
21. Explain the special considerations required for geriatric patients who are experiencing a neurologic emergency. (p 696)

Skills Objectives

1. Demonstrate how to use a stroke assessment tool such as the Cincinnati Prehospital Stroke Scale, 3-Item Stroke Severity Scale (LAG), or FAST mnemonic to test a patient for aphasia, facial weakness, and motor weakness. (pp 691–693)

Chapter 18:

Knowledge Objectives

1. Describe the basic anatomy and physiology of the gastrointestinal, genital, and urinary systems. (pp 705–707)
2. Define the term acute abdomen. (p 707)
3. Describe pathologic conditions of the gastrointestinal, genital, and urinary systems. (pp 707–714)
4. Explain the concept of referred pain. (p 708)
5. Recognize that abdominal pain can arise from other body systems. (pp 708–709, 713–714)
6. Identify the signs and symptoms, and common causes, of an acute abdomen. (pp 708–712)
7. Explain the procedures to follow in the assessment and management of acute and chronic gastrointestinal hemorrhage, peritonitis, and ulcerative diseases. (pp 708–712, 714–719)
8. List the most common abdominal emergencies, with the most common locations of direct and referred pain. (p 709)
9. Explain the procedures to follow for patient assessment of gastrointestinal and urologic emergencies. (pp 714–718)

10. Describe the procedures to follow in managing the patient with shock associated with abdominal emergencies. (p 715)
11. Describe the emergency medical care of the patient with gastrointestinal or urologic emergencies. (pp 718–719)
12. Explain the principles of kidney dialysis. (p 719)

Skills Objectives

1. Demonstrate the assessment of a patient's abdomen. (pp 717–718)

Chapter 19:

Knowledge Objectives

1. Describe the anatomy and physiology of the endocrine system and its main function in the body. (p 727)
2. Discuss the role of glucose as a major source of energy for the body and its relationship to insulin. (p 728)
3. Define the terms diabetes mellitus, hyperglycemia, and hypoglycemia. (pp 728–730)
4. Describe the differences and similarities between hyperglycemic and hypoglycemic diabetic emergencies, including their onset, signs and symptoms, and management considerations. (pp 729–730)
5. Distinguish between the individual types of diabetes and how their onset and presentation are different. (pp 730–732)
6. Describe the interventions for providing emergency medical care to both a conscious and unconscious patient with an altered mental status and a history of diabetes who is having symptomatic hyperglycemia. (p 733)
7. Describe the interventions for providing emergency medical care to both a conscious and unconscious patient with an altered mental status and a history of diabetes who is having symptomatic hypoglycemia. (pp 733–734)
8. Explain the process for assessing and managing the airway of a patient with an altered mental status, including ways to differentiate a hyperglycemic patient from a hypoglycemic patient. (pp 733–735, 741)
9. Explain some age-related considerations when managing a pediatric patient who is experiencing symptomatic hypoglycemia. (p 734)
10. Discuss the steps the EMT should follow when conducting a primary and secondary assessment of a patient with an altered mental status who is suspected of having diabetes. (pp 734–736)

11. Explain when it is appropriate to obtain medical direction when providing emergency medical care to a patient with diabetes. (p 737)
12. Explain some age-related considerations when managing an older patient who has undiagnosed diabetes. (p 737)
13. Provide the forms, dose, administration, indications, and contraindications for giving oral glucose to a patient with a decreased level of consciousness who has a history of diabetes. (p 738)
14. Discuss the composition and functions of blood. (pp 742–742)
15. Describe the pathophysiology of sickle cell disease, complications, and management of sickle cell disease. (pp 742, 745)
16. Describe two types of blood clotting disorders, and the risk factors, characteristics, and management of each. (pp 742–745)

Skills Objectives

1. Demonstrate the assessment and care of a patient with hypoglycemia and a decreased level of consciousness. (pp 729–730, 734–742)
2. Demonstrate how to administer oral glucose paste to a patient who is experiencing a low glucose level. (p 739, Skill Drill 19-1)

Chapter 20:

Knowledge Objectives

1. Define the terms allergic reaction and anaphylaxis. (p 753)
2. Explain the difference between a local and a systemic response to allergens. (p 753)
3. List the five categories of stimuli that could cause an allergic reaction or an extreme allergic reaction. (p 755)
4. Differentiate the primary assessment for a patient with a systemic allergic or anaphylactic reaction and a local reaction. (pp 757–759)
5. Explain the importance of managing the ABCs of a patient who is having an allergic reaction. (p 757)
6. Discuss the steps in the primary assessment that are specific to a patient who is having an allergic reaction. (pp 757–758)
7. Explain the factors involved when making a transport decision for a patient having an allergic reaction. (p 758)

8. Review the process for providing emergency medical care to a patient who is experiencing an allergic reaction. (pp 760–764)
9. Explain the rationale, including communication and documentation considerations, when determining whether to administer epinephrine to a patient who is having an allergic reaction. (pp 761–764)
10. Describe some age-related contraindications to using epinephrine to treat an allergic reaction in a geriatric patient. (p 764)

Skills Objectives

1. Demonstrate how to remove the stinger from a honeybee sting and proper patient management following its removal. (pp 760–761)
2. Demonstrate how to use an EpiPen auto-injector. (pp 762–736, Skill Drill 20-1)

Chapter 21:

Knowledge Objectives

1. Define toxicology, poison, toxin, and overdose. (p 771)
2. Identify the common signs and symptoms of poisoning or toxic exposure. (p 772)
3. Describe how poisons and toxins can enter the body. (p 773–778)
4. Describe the assessment and treatment of a patient with a suspected poisoning or toxic exposure. (pp 779–794)
5. Describe the assessment and treatment of the patient with a suspected overdose. (pp 779–791)
6. Discuss scene safety considerations for working at a scene with a potentially hazardous material or violent patient. (p 779)
7. Understand the role of airway management in the patient suffering from poisoning or overdose. (pp 779–793)
8. Explain the use of activated charcoal, including indications, contraindications, and the need to obtain approval from medical control before administration. (pp 780–782)
9. Identify the main types of toxins and poisons and their effects, including alcohol, opiates and opioids, sedative-hypnotic drugs, inhalants, hydrogen sulfide, sympathomimetics, synthetic cathinones, marijuana, hallucinogens, anticholinergic agents, and cholinergic agents. (pp 782–791)
10. Discuss how to manage a patient who has overdosed on an opioid or opiate and who has gone into cardiac or respiratory arrest. (pp 784–785)

11. Describe the assessment and treatment for the patient with suspected food poisoning. (pp 791–793)
12. Describe the assessment and treatment for the patient with suspected plant poisoning. (pp 793–794)

Skills Objectives

1. Demonstrate how to assess and treat a patient with a suspected poisoning. (pp 779–781)
2. Demonstrate how to assess and treat a patient with a suspected overdose. (pp 780–781)
3. Demonstrate how to administer activated charcoal. (pp 781–782)

Chapter 22:

Knowledge Objectives

1. Discuss the myths and realities concerning psychiatric emergencies. (p 803)
2. Discuss general factors that can cause alteration in a patient's behavior. (p 804)
3. Define a behavioral crisis. (p 804)
4. Recognize the magnitude of mental health problems in society. (p 804)
5. Know the main principles of how the mental health care system functions. (p 804)
6. Know the two basic categories of diagnosis that a mental health professional will use. (p 805)
7. Explain special considerations for assessing and managing a behavioral crisis or psychiatric emergency. (pp 806–810)
8. Define acute psychosis. (p 810)
9. Define schizophrenia. (p 810)
10. Explain the care for a psychotic patient. (pp 810–811)
11. Define excited delirium and agitated delirium. (p 811)
12. Explain the care for a patient with excited delirium. (p 811)
13. Describe methods used to restrain patients. (pp 811–815)
14. Know the main principles of care for the agitated, violent, or uncooperative patient. (pp 815–816)

15. Explain how to recognize the behavior of a patient at risk of suicide, including the management of such a patient. (pp 816–818)
16. Recognize issues specific to posttraumatic stress disorder (PTSD) and the returning combat veteran. (pp 818–820)
17. Discuss the medical and legal aspects of managing a psychiatric emergency. (pp 820–821)

Skills Objectives

1. Demonstrate the techniques used to mechanically restrain a patient. (pp 814–815, Skill Drill 22-1)

Chapter 23:

Knowledge Objectives

1. Describe the anatomy and physiology of the female reproductive system; include the developmental changes that occur during puberty and menopause. (pp 829–830)
2. Discuss the special, age-related patient management considerations EMTs should provide for both younger and older female patients who are experiencing gynecologic emergencies. (p 830–831)
3. List three common examples of gynecologic emergencies; include the causes, risk factors, assessment findings, and patient management considerations. (pp 831–832)
4. Explain how an EMT would recognize conditions associated with hemorrhage during pregnancy. (p 832)
5. Discuss the assessment and management of a patient who is experiencing a gynecologic emergency; include a discussion of specific assessment findings. (pp 832–835)
6. Explain the general management of a gynecologic emergency in relation to patient privacy and communication. (pp 833–835)
7. Give examples of the personal protective equipment EMTs should use when treating patients with gynecologic emergencies. (p 836)
8. Discuss the special considerations and precautions EMTs must observe when arriving at the scene of a suspected case of sexual assault or rape. (pp 837–838)
9. Discuss the assessment and management of a patient who has been sexually assaulted or raped; include the additional steps EMTs must take on behalf of the patient. (pp 837–839)

Chapter 24:

Knowledge Objectives

1. Define the terms mechanism of injury (MOI), blunt trauma, and penetrating trauma. (pp 847, 850)
2. Explain the relationship of the MOI to potential energy, kinetic energy, and work. (pp 847–849)
3. Provide examples of the MOI that would cause blunt and penetrating trauma to occur. (pp 850–861)
4. Describe the five types of motor vehicle crashes, the injury patterns associated with each one, and how each relates to the index of suspicion of life-threatening injuries. (pp 853–856)
5. Discuss the three specific factors to consider during assessment of a patient who has been injured in a fall, plus additional considerations for pediatric and geriatric patients. (pp 858–859)
6. Discuss the effects of high-, medium-, and low-velocity penetrating trauma on the body and how an understanding of each type helps EMTs form an index of suspicion about unseen life-threatening injuries. (pp 859–861)
7. Discuss primary, secondary, tertiary, and miscellaneous blast injuries and the anticipated damage each one will cause to the body. (pp 862–864)
8. Describe multisystem trauma and the special considerations that are required for patients who fit this category. (p 864)
9. Explain the major components of trauma patient assessment; include considerations related to whether the method of injury was significant or nonsignificant. (p 865)
10. Discuss the special assessment considerations related to a trauma patient who has injuries in each of the following areas: head, neck and throat, chest, and abdomen. (pp 865–866)
11. Explain a general overview of multisystem trauma patient management. (pp 867, 869)
12. Explain trauma patient management in relation to scene time and transport selection. (p 867)
13. List the Association of Air Medical Services criteria for the appropriate use of emergency air medical services. (p 867)
14. List the American College of Surgeons' Committee on Trauma classification of trauma centers. (pp 867–868)
15. Explain the American College of Surgeons' Committee on Trauma and the Centers for Disease Control and Prevention field triage decision scheme as it relates to making an appropriate destination selection for a trauma patient. (pp 869–870)

Chapter 25:

Knowledge Objectives

1. Describe the general structure of the circulatory system and the function of its different parts, including the heart, arteries, veins, and capillaries. (pp 879–880)
2. Explain the significance of bleeding caused by blunt force trauma, including the importance of perfusion. (pp 881–882)
3. Discuss hypovolemic shock as a result of bleeding, including the signs of shock. (pp 882–886)
4. Explain the importance of following standard precautions when treating a patient with external bleeding. (p 883)
5. Describe the characteristics of external bleeding, including the identification of the following types of bleeding: arterial, venous, and capillary. (pp 883–884)
6. Explain how to determine the nature of the illness (NOI) for internal bleeding, including identifying possible traumatic and nontraumatic sources. (p 885)
7. Identify the signs and symptoms of internal bleeding. (pp 885–886)
8. Discuss internal bleeding in terms of the different mechanisms of injury (MOI) and their associated internal bleeding sources. (p 885)
9. Explain how to conduct a primary assessment, including identification of life threats beyond bleeding, ensuring a patent airway, and making a transport decision. (pp 886–887)
10. Explain how to assess a patient with external or internal bleeding, including physical examination, vital signs, and use of monitoring devices. (p 888)
11. Explain the emergency medical care of the patient with external bleeding. (pp 888–890)
12. Explain the emergency medical care of the patient with internal bleeding. (p 897)

Skills Objectives

1. Demonstrate the emergency medical care of the patient with external bleeding using direct pressure. (pp 890–891, Skill Drill 25-1)
2. Demonstrate the emergency medical care of the patient with external bleeding using a commercial tourniquet. (pp 891–893, Skill Drill 25-2)
3. Demonstrate the emergency medical care of the patient with epistaxis, or nosebleed. (pp 895–896, Skill Drill 25-3)

4. Demonstrate the emergency medical care of the patient who shows signs and symptoms of internal bleeding. (pp 897–898, Skill Drill 25-4)

Chapter 26:

Knowledge Objectives

1. Describe the anatomy of the skin; include the layers of the skin. (pp 905–906)
2. Know the functions of the skin. (p 906)
3. Name the three types of soft-tissue injuries. (p 907)
4. Describe the types of closed soft-tissue injuries. (pp 907–909)
5. Describe the types of open soft-tissue injuries. (pp 909–912)
6. Explain patient assessment of closed and open injuries. (pp 912–918)
7. Explain patient assessment of closed and open injuries in relation to airway management. (pp 914–915)
8. Explain the emergency medical care for closed and open injuries. (pp 918–919)
9. Explain the emergency medical care for a patient with an open wound to the abdomen. (p 919–920)
10. Explain the emergency medical care for an impaled object. (pp 920–921)
11. Explain the emergency medical care for neck injuries. (p 921–922)
12. Describe the steps of the emergency treatment of small animal bites, human bites, and rabies. (pp 922–923)
13. Explain how the seriousness of a burn is related to its depth and extent. (pp 924–925)
14. Define superficial, partial-thickness, and full-thickness burns; include the characteristics of each burn (pp 925–926)
15. Explain the primary assessment of a burn patient. (pp 928–929)
16. Explain the emergency medical care for burn injuries. (p 931)
17. Describe the emergency management of chemical, electrical, thermal, inhalation, and radiation burns. (pp 931–938)
18. Know the functions of sterile dressings and bandages. (pp 938–939)

Skills Objectives

1. Demonstrate the emergency medical care of closed soft-tissue injuries. (pp 911, 914–915, 918)

2. Demonstrate the emergency medical care of a patient with an open chest wound. (p 918)
3. Demonstrate how to control bleeding from an open soft-tissue injury. (pp 918–919)
4. Demonstrate the emergency medical care of a patient with an open abdominal wound. (pp 919–920)
5. Demonstrate how to stabilize an impaled object. (pp 920–921, Skill Drill 26-1)
6. Demonstrate how to care for a burn. (pp 931–932, Skill Drill 26-2)
7. Demonstrate the emergency medical care of a patient with a chemical, electrical, thermal, inhalation, or radiation burn. (pp 931–938)

Chapter 27:

Knowledge Objectives

1. Describe the anatomy and physiology of the head, face, and neck; include major structures and specific important landmarks of which EMTs must be aware. (pp 947–950)
2. Describe the factors that may cause obstruction of the upper airway following a facial injury. (pp 950–951)
3. Discuss the different types of facial injuries and patient care considerations related to each one. (pp 950–951)
4. Explain the emergency care of a patient who has sustained face and neck injuries; include assessment of the patient, review of signs and symptoms, and management of care. (pp 950–956)
5. Explain the emergency care of a patient with soft-tissue wounds of the face and neck. (pp 955–956)
6. Explain the emergency care of a patient with an eye injury based on the following scenarios: foreign object, impaled object, burns, lacerations, blunt trauma, closed head injuries, and blast injuries. (pp 956–965)
7. Describe the three different causes of a burn injury to the eye and patient management considerations related to each one. (pp 959–961)
8. Explain the emergency care of a patient with injuries of the nose. (pp 965–967)
9. Explain the emergency care of a patient with injuries of the ear; include lacerations and foreign body insertions. (pp 967–969)
10. Explain the physical findings and emergency care of a patient with a facial fracture. (pp 969–970)
11. Explain the emergency care of a patient with dental and cheek injuries; include how to deal with an avulsed tooth. (p 970)

12. Explain the emergency care of a patient with an upper airway injury caused by blunt trauma. (pp 970–971)
13. Explain the emergency care of a patient with a penetrating injury to the neck; include how to control regular and life-threatening bleeding. (pp 971–972)

Skills Objectives

1. Demonstrate the removal of a foreign object from under a patient's upper eyelid. (pp 956–958, Skill Drill 27-1)
2. Demonstrate the stabilization of a foreign object that has been impaled in a patient's eye. (pp 959–960, Skill Drill 27-2)
3. Demonstrate irrigation of a patient's eye using a nasal cannula, bottle, or basin. (pp 960–962)
4. Demonstrate the care of a patient who has a penetrating eye injury. (p 962)
5. Demonstrate how to control bleeding from a neck injury. (pp 971–972, Skill Drill 27-3)

Chapter 28:

Knowledge Objectives

1. Describe the anatomy and physiology of the nervous system, including its divisions into the central nervous system (CNS) and peripheral nervous system (PNS), and the structures and functions of each. (pp 981–984)
2. Explain the functions of both the somatic and autonomic nervous systems. (p 984)
3. List the major bones of the skull and spinal column and their related structures; include their functions as they relate to the nervous system. (pp 984–986)
4. Explain the different types of head injuries, their potential mechanism of injury (MOI), and general signs and symptoms of a head injury that the EMT should consider when performing a patient assessment. (pp 986–991)
5. Define traumatic brain injury (TBI). (p 988)
6. Explain the difference between a primary (direct) injury and a secondary (indirect) injury; include examples of possible MOIs that may cause each one. (p 988)
7. Describe the different types of brain injuries and their corresponding signs and symptoms, including increased intracranial pressure (ICP), concussion, contusion, and injuries caused by medical conditions. (pp 988–991)
8. Describe the different types of injuries that may damage the cervical, thoracic, or lumbar spine; include examples of possible MOIs that may cause each one. (p 991)

9. Explain the steps in the patient assessment process for a person who has a suspected head or spine injury, including specific variations that may be required as related to the type of injury. (pp 991–1001)
10. List the mechanisms of injury that cause a high index of suspicion for the possibility of a head or spinal injury. (p 992)
11. Explain emergency medical care of a patient with a head injury; include the three general principles designed to protect and maintain the critical functions of the CNS and ways to determine if the patient has a traumatic brain injury. (pp 1001–1003)
12. Explain emergency medical care of a patient with a spinal injury; include the implications of not properly caring for patients with injuries of this nature, the steps for performing manual in-line stabilization, implications for sizing and using a cervical spine immobilization device, and key symptoms that contraindicate in-line stabilization. (pp 1003–1007)
13. Explain the process of preparing patients who have suspected head or spinal injuries for transport; include the use and functions of a long backboard, short backboard, and other short spinal extrication devices to immobilize the patient's cervical and thoracic spine. (pp 1007–1018)
14. Explain the different circumstances in which a helmet should be left on or taken off a patient with a possible head or spinal injury. (p 1018)
15. List the steps EMTs must follow to remove a helmet, including the alternate method for removing a football helmet. (pp 1018–1022)
16. Discuss age-related variations that are required when providing emergency care to a pediatric patient who has a suspected head or spine injury. (p 1021)

Skills Objectives

1. Demonstrate how to perform a jaw-thrust maneuver on a patient with a suspected spinal injury. (p 1003)
2. Demonstrate how to perform manual in-line stabilization on a patient with a suspected spinal injury. (pp 1003–1004, Skill Drill 28-1)
3. Demonstrate how to apply a cervical collar to a patient with a suspected spinal injury. (pp 1005–1006, Skill Drill 28-2)
4. Demonstrate how to secure a patient with a suspected spinal injury to a long backboard. (pp 1007–1009, Skill Drill 28-3)
5. Demonstrate how to secure a patient with a suspected spinal injury using a vacuum mattress. (pp 1008, 1010–1013, Skill Drill 28-4)
6. Demonstrate how to secure a patient with a suspected spinal injury who was found in a sitting position. (pp 1013–1016, Skill Drill 28-5)

7. Demonstrate how to remove a helmet from a patient with a suspected head or spinal injury. (pp 1019–1020, Skill Drill 28-6)
8. Demonstrate the alternate method for removal of a football helmet from a patient with a suspected head or spinal injury. (pp 1021–1022)

Chapter 29:

Knowledge Objectives

1. Explain the mechanics of ventilation in relation to chest injuries. (pp 1033–1034)
2. Describe the differences between an open and closed chest injury. (pp 1034–1035)
3. Recognize the signs of chest injury. (pp 1035–1036)
4. Describe the management of a patient with a suspected chest injury, including pneumothorax, hemothorax, cardiac tamponade, rib fractures, flail chest, pulmonary contusion, traumatic asphyxia, blunt myocardial injury, commotio cordis, and laceration of the great vessels. (pp 1041–1048)
5. Recognize the complications that can accompany chest injuries. (pp 1041–1048)
6. Explain the complications of a patient with an open pneumothorax (sucking chest wound). (pp 1041–1042)
7. Differentiate between a pneumothorax (open, simple, and tension) and hemothorax. (pp 1041–1044)
8. Describe the complications of cardiac tamponade. (p 1045)
9. Describe the complications of rib fractures. (p 1045)
10. Describe the complications of a patient with a flail chest. (pp 1045–1046)

Skills Objectives

1. Describe the steps to take in the assessment of a patient with a suspected chest injury. (pp 1036–1039)
2. Demonstrate the management of a patient with a sucking chest wound. (pp 1041–1042)

Chapter 30:

Knowledge Objectives

1. Describe the anatomy and physiology of the abdomen; include an explanation of abdominal quadrants and boundaries and the difference between hollow and solid organs. (pp 1057–1059)
2. Describe some special considerations related to the care of pediatric patients and geriatric patients who have experienced abdominal trauma. (pp 1058–1059, 1065)
3. Define closed abdominal injuries; provide examples of the mechanisms of injury (MOI) likely to cause this type of trauma, and common signs and symptoms exhibited by patients who have experienced this type of injury. (pp 1059–1060)
4. Define open abdominal injuries; include the three common velocity levels that distinguish these injuries, provide examples of the MOI that would cause each, and common signs and symptoms exhibited by patients who have experienced this type of injury. (pp 1061–1062)
5. Describe the different ways hollow and solid organs of the abdomen can be injured, and include the common signs and symptoms exhibited by patients depending on the organ(s) involved. (pp 1062–1064)
6. Explain assessment of a patient who has experienced an abdominal injury; include common indicators that help determine the MOI and whether it is a significant or insignificant MOI. (pp 1064–1069)
7. Explain the emergency medical care of a patient who has sustained a closed abdominal injury, including blunt trauma caused by a seatbelt or air bag. (pp 1069–1070)
8. Explain the emergency medical care of a patient who has sustained an open abdominal injury, including penetrating injuries and abdominal evisceration. (pp 1070–1072)
9. Describe the anatomy and physiology of the female and male genitourinary systems; include the differences between hollow and solid organs. (pp 1072–1073)
10. Discuss the types of traumatic injuries sustained by the male and female genitourinary system, including the kidneys, urinary bladder, and internal and external genitalia. (pp 1073–1075)
11. Explain assessment of a patient who has experienced a genitourinary injury; include special considerations related to patient privacy and determining the MOI. (pp 1075–1077)
12. Explain the emergency medical care of a patient who has sustained a genitourinary injury to the kidneys, bladder, external male genitalia, female genitalia, and rectum. (pp 1077–1079)
13. Explain special considerations related to a patient who has experienced a genitourinary injury caused by a sexual assault, including patient treatment, criminal implications, and evidence management. (p 1079)

Skills Objectives

1. Demonstrate proper emergency medical care of a patient who has experienced a blunt abdominal injury. (pp 1069–1070)
2. Demonstrate proper emergency medical care of a patient who has a penetrating abdominal injury with an impaled object. (pp 1070–1071)
3. Demonstrate how to apply a dressing to an abdominal evisceration wound. (pp 1071–1072)

Chapter 31:

Knowledge Objectives

1. Describe the anatomy and physiology of the musculoskeletal system. (pp 1087–1091)
2. Name the four mechanisms of injury. (pp 1092–1093)
3. Describe the different types of musculoskeletal injuries, including fractures, dislocations, amputations, sprains, and strains. (pp 1092–1098)
4. Recognize the characteristics of specific types of musculoskeletal injuries. (pp 1092–1099, 1115–1132)
5. Differentiate between open and closed fractures. (p 1093)
6. Explain how to assess the severity of an injury. (pp 1098–1099)
7. Describe the emergency medical care of the patient with an orthopaedic injury. (pp 1103–1132)
8. Describe the emergency medical care of the patient with a swollen, painful, deformed extremity (fracture). (pp 1103–1130)
9. Discuss the need for, general rules of, and possible complications of splinting. (pp 1104–1105)
10. Explain the reasons for splinting fractures, dislocations, and sprains at the scene versus transporting the patient immediately. (pp 1104–1105)
11. Describe the emergency medical care of the patient with an amputation. (p 1132)

Skills Objectives

1. Demonstrate the care of musculoskeletal injuries. (pp 1103–1104, Skill Drill 31-1)
2. Demonstrate how to apply a rigid splint. (p 1106, Skill Drill 31-2)
3. Demonstrate how to apply a zippered air splint. (pp 1107–1108, Skill Drill 31-3)
4. Demonstrate how to apply an unzipped air splint. (p 1108, Skill Drill 31-4)

5. Demonstrate how to apply a vacuum splint. (p 1109, Skill Drill 31-5)
6. Demonstrate how to apply a Hare traction splint. (pp 1111–1113, Skill Drill 31-6)
7. Demonstrate how to apply a Sager traction splint. (pp 1113–1114, Skill Drill 31-7)
8. Demonstrate how to splint the clavicle, the scapula, the shoulder, the humerus, the elbow, and the forearm. (pp 1115–1121)
9. Demonstrate how to splint the hand and wrist. (p 1123, Skill Drill 31-8)
10. Demonstrate how to care for a patient with an amputation. (p 1132)

Chapter 32:

Knowledge Objectives

1. Identify the four factors that affect how a person deals with exposure to a cold or hot environment. (pp 1141–1142)
2. Describe the five ways heat loss occurs in the body, and how the rate and amount of heat loss or gain can be modified in an emergency situation. (pp 1142–1143)
3. Describe the four general stages of hypothermia. (pp 1143–1144)
4. Describe local cold injuries and their underlying causes. (pp xx)
5. Describe the process of providing emergency care to a patient who has sustained a cold injury, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1145–1146)
6. Explain the importance of following local protocols when rewarming a patient who is experiencing moderate or severe hypothermia. (p 1149)
7. Describe the three emergencies that are caused by heat exposure, including the risk factors, signs, and symptoms. (pp 1151–1152)
8. Describe the process of providing emergency care to a patient who is experiencing a heat emergency, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1152–1157)
9. Define drowning, including its incidence, risk factors, and prevention. (pp 1157–1158, 1165)
10. List the basic rules of performing a water and ice rescue. (p 1158)
11. Explain why EMTs should have a prearranged rescue plan based on the environment in which they work. (p 1158)
12. List five conditions that may result in a spinal injury following a submersion incident and the steps for stabilizing a patient with a suspected spinal injury in the water. (pp 1157–1160)

13. Discuss recovery techniques and resuscitation efforts EMTs may need to follow when managing a patient who has been involved in a submersion incident. (p 1160)
14. Describe the three types of diving emergencies, how they may occur, and their signs and symptoms. (pp 1160–1162)
15. Describe the process of providing emergency care to a patient who has been involved in a drowning or diving emergency, including assessment of the patient, review of signs and symptoms, and management of care. (pp 1162–1164)
16. Discuss the types of dysbarism injuries, including their incidence, risk factors, signs and symptoms, and emergency medical treatment. (p 1165)
17. Discuss lightning injuries, including their incidence, risk factors, signs and symptoms, and emergency medical treatment. (pp 1165–1166)
18. Describe the process of providing emergency care to patients who have been bitten by each of the following venomous spiders: (pp 1166–1167)
 - Black widow spider
 - Brown recluse spider
19. Describe the process of providing emergency care to a patient who has sustained a bite or sting from each of the following insects and arachnids, including steps the EMT should follow if a patient develops a severe reaction to the sting or bite: (pp 1167–1168, 1171–1172)
 - Hymenoptera (bees, wasps, yellow jackets, and ants)
 - Scorpions
 - Ticks
20. Describe the process of providing emergency care to a patient who has been bitten by each of the following types of snake and is showing signs of envenomation. (pp 1168–1171)
 - Pit viper
 - Coral snake
21. Describe the process of providing emergency care to a patient who has been stung by a coelenterate or other marine animal. (p 1173)

Skills Objectives

1. Demonstrate the emergency medical treatment of local cold injuries in the field. (p 1150)
2. Demonstrate using a warm-water bath to rewarm the limb of a patient who has sustained a local cold injury. (p 1150)
3. Demonstrate how to treat a patient with heat cramps. (p 1154)

4. Demonstrate how to treat a patient with heat exhaustion. (pp 1154–1156, **Skill Drill 32-1**)
5. Demonstrate how to treat a patient with heat stroke. (pp 1156–1157)
6. Demonstrate how to stabilize a patient with a suspected spinal injury in the water. (pp 1157–1160, **Skill Drill 32-2**)
7. Demonstrate how to care for a patient who is suspected of having an air embolism or decompression sickness following a drowning or diving emergency. (p 1164)
8. Demonstrate how to care for a patient who has been bitten by a pit viper and is showing signs of envenomation. (pp 1170–1171)
9. Demonstrate how to care for a patient who has been bitten by a coral snake and is showing signs of envenomation. (p 1171)
10. Demonstrate how to care for a patient who has sustained a coelenterate envenomation. (p 1173)

Chapter 33:

Knowledge Objectives

1. Identify the anatomy and physiology of the female reproductive system. (pp 1183–1185)
2. Explain the normal changes that occur in the body during pregnancy. (pp 1185–1186)
3. Recognize complications of pregnancy including abuse, substance abuse, hypertensive disorders, bleeding, spontaneous abortion (miscarriage), and gestational diabetes. (pp 1186–1189)
4. Discuss the need to consider two patients—the woman and the unborn fetus—when treating a pregnant trauma patient. (pp 1189–1190)
5. Discuss special considerations involving pregnancy in different cultures and with teenage patients. (pp 1190–1191)
6. Explain assessment of the pregnant patient. (pp 1191–1193)
7. Explain the significance of meconium in the amniotic fluid. (p 1192)
8. Differentiate among the three stages of labor. (pp 1193–1194)
9. Describe the indications of an imminent delivery. (p 1195)
10. Explain the steps involved in normal delivery management. (pp 1194–1201)
11. List the contents of an obstetrics kit. (p 1195)
12. Explain the necessary care of the fetus as the head appears. (p 1200)

13. Describe the procedure followed to clamp and cut the umbilical cord. (pp 1199-1201)
14. Describe delivery of the placenta. (pp 1201-1202)
15. Understand the steps to take in neonatal assessment and resuscitation. (pp 1202-1206)
16. Recognize complicated delivery emergencies including breech presentations, limb presentations, umbilical cord prolapse, spina bifida, multiple gestation, premature newborns, postterm pregnancy, fetal demise, and delivery without sterile supplies. (pp 1206-1209)
17. Describe postpartum complications and how to treat them. (pp 1209-1210)

Skills Objectives

1. Demonstrate the procedure to assist in a normal cephalic delivery. (pp 1197-1200, Skill Drill 33-1, Delivering the Newborn)
2. Demonstrate care procedures of the fetus as the head appears. (p x1200)
3. Demonstrate the steps to follow in postdelivery care of the newborn. (pp 1199-1201)
4. Demonstrate how to clamp and cut the umbilical cord. (pp 1201-1202)
5. Demonstrate how to assist in delivery of the placenta. (pp 1201-1202)
6. Demonstrate the postdelivery care of the woman. (pp 1201-1202)
7. Demonstrate procedures to follow for complicated delivery emergencies including vaginal bleeding, breech presentation, limb presentation, and prolapsed umbilical cord. (pp 1206-1208)

Chapter 34:

Knowledge Objectives

1. Explain some of the challenges inherent in providing emergency care to pediatric patients and why effective communication with both the patient and his or her family members is critical to a successful outcome. (p 1218)
2. Discuss the physical and cognitive developmental stages of an infant, including health risks, signs that may indicate illness, and patient assessment. (pp 1219-1220)
3. Discuss the physical and cognitive developmental stages of a toddler, including health risks, signs that may indicate illness, and patient assessment. (p 1220-1221)

4. Discuss the physical and cognitive developmental stages of a preschool-age child, including health risks, signs that may indicate illness, and patient assessment. (p 1221–1222)
5. Discuss the physical and cognitive developmental stages of a school-age child, including health risks, signs that may indicate illness, and patient assessment. (p 1222)
6. Discuss the physical and cognitive developmental stages of an adolescent, including health risks, signs that may indicate illness, and privacy issues. (p 1222–1223)
7. Describe differences in the anatomy and physiology of the pediatric patient compared to the adult patient and their implications for EMTs, with a focus on the following body systems: respiratory, circulatory, nervous, gastrointestinal, musculoskeletal, and integumentary. (p 1223–1226)
8. Describe the differences in the pathophysiology of the pediatric patient compared to the adult patient and their implications for EMTs, with a focus on the following body systems: respiratory, circulatory, nervous, gastrointestinal, musculoskeletal, and integumentary. (p 1224–1226)
9. Explain the steps in the primary assessment of a pediatric patient, including the elements of the pediatric assessment triangle (PAT), hands-on ABCs, transport decision considerations, and privacy issues. (p 1227–1236)
10. Explain the steps in the secondary assessment of a pediatric patient, including what EMTs should look for related to different body areas and the method of injury. (p 1236–1240)
11. Describe the emergency care of a pediatric patient in respiratory distress, including the different causes of pediatric respiratory emergencies, the signs and symptoms of increased work of breathing, and the difference between respiratory distress and respiratory failure. (p 1228–1229, 1240–1253)
12. List the possible causes of an upper and a lower airway obstruction in a pediatric patient and the steps in the management of foreign body airway obstruction. (p 1241–1243)
13. Describe asthma; its possible causes, signs and symptoms; and steps in the management of a pediatric patient who is experiencing an asthma attack. (p 1243–1244)
14. Explain how to determine the correct size of an airway adjunct intended for a pediatric patient during an emergency. (p 1245–1249)
15. List the different oxygen delivery devices that are available for providing oxygen to a pediatric patient, including the indications for the use of each and precautions EMTs must take to ensure the patient's safety. (p 1249–1253)
16. Describe the emergency care of a pediatric patient who is in shock (hypoperfusion), including common causes, signs, and symptoms. (p 1253–1255)

17. Describe the emergency care of a pediatric patient with an altered mental status, including common causes, signs, and symptoms. (p 1255)
18. Describe the emergency care of a pediatric patient who has experienced a seizure, including the different types of seizures, common causes, signs, and symptoms. (p 1255–1256)
19. Describe the emergency care of a pediatric patient with meningitis, including common causes, signs, symptoms, and special precautions. (p 1256–1257)
20. Describe the emergency care of a pediatric patient who is experiencing a gastrointestinal emergency, including common causes, signs, and symptoms. (p 1257–1258)
21. Describe the emergency care of a pediatric patient who has been poisoned, including common sources of poison, signs and symptoms. (p 1258–1259)
22. Describe the emergency care of a pediatric patient who is dehydrated, including how to gauge the severity of dehydration based on key signs and symptoms. (p 1250–1260)
23. Describe the emergency care of a pediatric patient who is experiencing a fever emergency, including common causes. (p 1260–1261)
24. Describe the emergency care of a pediatric patient who has experienced a drowning emergency, including common causes, signs, and symptoms. (p 1261)
25. Discuss the common causes of pediatric trauma emergencies; include how to differentiate between injury patterns in adults, infants, and children. (p 1261–1267)
26. Discuss the significance of burns in pediatric patients, their most common causes, and general guidelines EMTs should follow when assessing patients who have sustained burns. (p 1266–1267)
27. Explain the four triage categories used in the JumpSTART system for pediatric patients during disaster management. (p 1267–1268)
28. Describe child abuse and neglect and its possible indicators, including the medical and legal responsibilities of EMTs when caring for a pediatric patient who is a possible victim of child abuse. (pp 1268–1271)
29. Discuss sudden infant death syndrome (SIDS), including its risk factors, patient assessment, and special management considerations related to the death of an infant patient. (p 1271–1272)
30. Discuss the responsibilities of EMTs when communicating with a family or loved ones following the death of a child. (p 1272–1273)
31. Discuss some positive ways EMTs may cope with the death of a pediatric patient and why managing posttraumatic stress is important for all health care professionals. (p 1273)

Skills Objectives

1. Demonstrate how to position the airway in a pediatric patient. (p 1231, Skill Drill 34-1)
2. Demonstrate how to palpate the pulse and estimate the capillary refill time in a pediatric patient. (p 1232–1233)
3. Demonstrate how to use a length-based resuscitation tape to size equipment appropriately for a pediatric patient. (p 1246)
4. Demonstrate how to insert an oropharyngeal airway in a pediatric patient. (p 1245–1247, Skill Drill 34-2)
5. Demonstrate how to insert a nasopharyngeal airway in a pediatric patient. (p 1247–1249, Skill Drill 34-3)
6. Demonstrate how to administer blow-by oxygen to a pediatric patient. (p 1249)
7. Demonstrate how to apply a nasal cannula to a pediatric patient. (p 1249–1250)
8. Demonstrate how to apply a nonrebreathing mask to a pediatric patient. (p 1250)
9. Demonstrate how to assist ventilation of an infant or child using a bag-valve mask (BVM). (p 1250–1251)
10. Demonstrate how to perform one-person BVM ventilation on a pediatric patient. (p 1251–1252, Skill Drill 34-4)
11. Demonstrate how to perform two-person BVM ventilation on a pediatric patient. (p 1253)
12. Demonstrate how to immobilize a pediatric patient who has been involved in a trauma emergency. (p 1263–1264, Skill Drill 34-5)
13. Demonstrate how to immobilize a pediatric patient in a car seat who has been involved in a trauma emergency. (p 1264–1265, Skill Drill 34-6)

Chapter 35:

Knowledge Objectives

1. Define the term “geriatrics.” (p 1283)
2. Recognize some of the special aspects of the lives of older people. (pp 1283–1285)
3. Discuss generational considerations when communicating with a geriatric patient. (pp 1283–1284)
4. Describe the common complaints and the leading causes of death in older people. (p 1285)
5. Discuss the physiologic changes associated with the aging process and the age-related assessment and treatment modifications that result. (pp 1285–1299)

6. Explain the GEMS diamond and its role in the assessment and care of the geriatric patient. (pp 1297–1298)
7. Explain special considerations when performing the patient assessment process on a geriatric patient with a medical condition. (pp 1298–1299)
8. Define polypharmacy and the toxicity issues that can result. (pp 1299–1300)
9. Discuss the effect of aging on psychiatric emergencies. (pp 1301–1305)
10. Explain special considerations when performing the patient assessment process on a geriatric patient with a traumatic injury. (p 1306)
11. Discuss the effects of aging on environmental emergencies. (pp 1306–1310)
12. Explain special considerations when responding to calls to nursing and skilled care facilities. (pp 1310–1311)
13. Define an advance directive and explain its use with older patients. (pp 1311–1312)
14. Describe the prevalence of elder abuse and neglect; include why the extent of elder abuse is not well known. (pp 1312–1313)
15. Explain the assessment and care of a geriatric patient who has potentially been abused or neglected. (p 1312)
16. Recognize acts of commission or omission by a caregiver that result in harm, potential harm, or threat of harm to a geriatric patient. (pp 1313–1314)

Chapter 36:

Knowledge Objectives

1. Give examples of patients with special challenges EMTs may encounter during a medical emergency. (p 1323)
2. Explain the special patient care considerations required when providing emergency medical care to patients with intellectual disabilities, including patients with autism spectrum disorder (ASD), Down syndrome, or prior brain injuries. (pp 1324–1326)
3. Describe the different types of visual impairments and the special patient care considerations required when providing emergency medical care for visually impaired patients, depending on the level of their disability. (pp 1326–1327)
4. Describe the various types of hearing impairments and the special patient care considerations required when providing emergency medical care for hard-of-hearing patients, including tips on effective communication. (pp 1327–1329)
5. Describe the various types of hearing aids worn by patients; include strategies to troubleshoot a hearing aid that is not working. (pp 1328–1329)

6. Explain the special patient care considerations required when providing emergency medical care to patients who have cerebral palsy, spina bifida, or paralysis. (pp 1330–1333)
7. Define obesity. (p 1331)
8. Explain the special patient care considerations required when providing emergency medical care to bariatric patients; include the best way to move bariatric patients. (p 1332)
9. Explain the special patient care considerations required when providing emergency medical care to patients who rely on a form of medical technological assistance, including the following: (pp 1333–1337)
 - Tracheostomy tube
 - Mechanical ventilator
 - Apnea monitor
 - Internal cardiac pacemaker
 - Left ventricular assist device (LVAD)
 - External defibrillator vest
 - Central venous catheter
 - Gastrostomy tube
 - Ventricular peritoneal shunt
 - Vagus nerve stimulator
 - Colostomy bag, ileostomy bag, or urostomy bag
10. Describe home care, the types of patients it serves, and the services it encompasses. (p 1338)
11. Contrast hospice and palliative care with curative care. (p 1338)
12. Explain the responsibilities of EMTs when responding to calls for terminally ill patients who have DNR orders. (p 1338)
13. Discuss the issues of poverty and homelessness in the United States, their negative effects on a person's health, and the role of the EMTs as patient advocates. (p 1339)

Skills Objectives

1. Demonstrate different strategies to communicate effectively with a patient who has a hearing impairment. (p 1328)

Chapter 37:

Knowledge Objectives

1. List the nine phases of an ambulance call; include examples of key tasks EMTs perform during each phase. (pp 1353–1368)
2. Name the medical equipment carried on an ambulance; include examples of supplies that are included in each main category of the ambulance equipment checklist. (pp 1354–1360)
3. Name the safety and operations equipment carried on an ambulance; include examples of how each item might be used by EMTs in an emergency. 1361
4. Discuss the importance of performing regular vehicle inspections; include the specific parts of an ambulance that should be inspected daily. (p 1361–1362)
5. List the minimum dispatch information required by EMS to respond to an emergency call. (p 1363)
6. Describe some high-risk situations and hazards during both pretransport and transport that may affect the safety of the ambulance and its passengers. (pp 1363–1366, 1368–1376)
7. Discuss the specific considerations that are required to ensure scene safety; include personal safety, patient safety, and traffic control. (pp 1363–1366)
8. Describe the key elements that must be included in the written patient report upon patient delivery to the hospital. (pp 1366–1367)
9. Summarize the tasks EMTs must complete in the postrun phase. (pp 1367–1368)
10. Define the terms cleaning, disinfection, high-level disinfection, and sterilization. (p 1367)
11. Discuss the guidelines for safely and defensively driving an ambulance. (pp 1368–1370)
12. Identify key steps EMTs should take to improve safety while en route to the scene, the hospital, and the station. (pp 1368–1376)
13. List the three factors that dictate the use of lights and siren to the scene and to the hospital; include the risk-versus-benefit analysis regarding their use. (p 1370–1371)
14. Describe the specific, limited privileges that are provided to emergency vehicle drivers by most state laws and regulations. (pp 1374–1376)
15. Explain the additional risks and special considerations posed by the use of police escorts, and the hazards and special considerations posed by crossing intersections. (pp 1375–1376)
16. Describe the capabilities, protocols, and methods for accessing air ambulances. (pp 1376–1380)
17. Describe key scene safety considerations when preparing for a helicopter medivac, including establishing a landing zone, securing loose objects, mitigating onsite hazards, and approaching the aircraft. (pp 1378–1381)

Skills Objectives

1. Demonstrate how to perform a daily inspection of an ambulance. (pp 1361–1362)
2. Demonstrate how to present a verbal report that would be given to receiving personnel at the hospital upon patient transfer. (pp 1366–1367)
3. Demonstrate how to write a written report that includes all pertinent patient information following patient transfer to the hospital. (pp1366–1367)
4. Demonstrate how to clean and disinfect the ambulance and equipment during the postrun phase. (pp 1367–1368)

Chapter 39:

Knowledge Objectives

1. Describe the purpose of the National Incident Management System (NIMS) and its major components. (pp 1411–1412)
2. Describe the purpose of the incident command system (ICS) and its organizational structure. (pp 1412–1415)
3. Explain the role of EMS response within the ICS (pp 1415–1417)
4. Describe how the ICS assists EMS in ensuring both personal safety and the safety of bystanders, health care professionals, and patients during an emergency. (pp 1416–1417)
5. Describe the role of the EMT in establishing command under the ICS. (p 1416)
6. Describe the purpose of the medical branch of the ICS and its organizational structure. (pp 1417–1419)
7. Describe the specific conditions that would define a situation as a mass-casualty incident (MCI); include examples. (pp 1419–1420)
8. Describe what occurs during primary and secondary triage, how the four triage categories are assigned to patients on the scene, and how destination decisions regarding triaged patients are made. (pp 1420–1422)
9. Explain how to perform the START and JumpSTART triage methods. (pp 1422–1424)
10. Contrast a disaster with a mass-casualty incident. (p 1425)
11. Describe the role of EMTs during a disaster operation. (p 1425)
12. Recognize the entry-level training or experience requirements identified by the HAZWOPER regulation for EMTs to respond to a HazMat incident. (p 1426)
13. Define hazardous material; include the classification system used by the NFPA. (pp 1426, 1439)

14. Discuss the specific reference materials that EMTs use to recognize a HazMat incident. (pp 1432–1436)
15. Explain the role of EMTs during a HazMat incident both before and after the HazMat team arrives; include the precautions required to ensure the safety of civilians and responders. (pp 1437–1439)
16. Describe how the three control zones are established at a HazMat incident and discuss the characteristics of each zone, and the responders who work within each one. (pp 1437–1439)
17. Describe the four levels of personal protective equipment (PPE) required at a HazMat incident to protect responders from injury by or contamination from a particular substance. (pp 1439–1440)
18. Explain patient care at a HazMat incident; include the special requirements that are necessary for those patients who require immediate treatment and transport prior to full decontamination. (pp 1440–1441)

Skills Objectives

1. Demonstrate how to perform triage based on a fictional scenario that involves a mass-casualty incident. (pp 1420–1422)
2. Using a reference, correctly identify DOT labels, placards, and markings that are used to designate hazardous materials. (pp 1430–1432)
3. Demonstrate the ability to use a variety of reference materials to identify a hazardous material. (pp 1432–1436)

Chapter 40:

Knowledge Objectives

1. Define international terrorism and domestic terrorism; include examples of incidents that have been caused by each one. (p 1451)
2. Name four different types of goals that commonly motivate terrorist groups to carry out terrorist attacks. (p 1452)
3. Define weapon of mass destruction (WMD) and weapon of mass casualty (WMC); include examples of weapons considered WMDs. (p 1453)
4. Explain how the Department of Homeland Security (DHS) National Terrorism Advisory System (NTAS) relates to the actions and precautions EMTs must take while performing their daily activities. (p 1454)
5. Name the key observations EMTs must make on every call to determine the potential of a terrorist attack. (p 1454)

6. Explain the critical response actions related to establishing and reassessing scene safety, personnel protection, notification procedures, and establishing command EMTs must perform at a suspected terrorist event. (pp 1454–1457)
7. Discuss the history of chemical agents, their four main classifications, routes of exposure, effects on the patient, and patient care. (pp 1457–1463)
8. List three categories of biologic agents, their routes of exposure, effects on the patient, and patient care. (pp 1463–1471)
9. Explain the role of EMS in relation to syndromic surveillance and points of distribution (PODS) during a biologic event. (pp 1470–1471)
10. Discuss the history of nuclear/radiologic devices, sources of radiologic materials and dispersal devices, medical management of patients, and protective measures EMTs must take during a nuclear/radiologic incident. (pp 1471–1473)
11. Describe the mechanisms of injury caused by incendiary and explosive devices; include the types and severity of wounds. (pp 1473–1474)

Skills Objectives

1. Demonstrate the steps EMTs can take to establish and reassess scene safety based on a scenario of a terrorist event. (pp 1454–1457)
2. Demonstrate the steps EMTs can take for the management of a patient exposed to a chemical agent. (pp 1457–1463)
3. Demonstrate the use of the DuoDote Auto-Injector and/or the Antidote Treatment Nerve Agent Auto-Injector. (pp 1461–1462)

Chapter 41:

Knowledge Objectives

1. Define continuum of care. (p 1489)
2. List the five essential elements of a group. (p 1491)
3. Explain the advantages of a team over a group; include the advantages of regularly training and practicing together. (pp 1490–1491)
4. List the five essential elements of a team. (pp 1491–1493)
5. Explain how crew resource management (CRM) can be useful in the prehospital environment. (pp 1493–1494)
6. List the five critical elements necessary to ensure effective transfer of patient care from one provider to another. (pp 1494–1495)

7. List the five steps a receiving health care provider should perform when taking a patient care report (PCR). (p 1495)
8. Describe the four-step process of assisting with advanced life support (ALS) skills. (p 1495)
9. Discuss the importance of preoxygenation when performing endotracheal (ET) intubation. (p 1496)
10. Describe the six steps of the BE MAGIC intubation procedure. (pp 1497–1499)
11. Describe the signs that indicate a complication with an intubated patient. (p 1500)
12. Explain the importance of ensuring patient comfort during a vascular access procedure. (pp 1500, 1502)
13. Describe the steps EMTs can take to troubleshoot interpersonal conflicts. (pp 1503–1504)

Patient Confidentiality Agreement

Given the nature of EMS, it is imperative that we maintain the confidentiality of patient information that we receive during the job. Princeton Rescue Squad (PRS) prohibits the release of any patient information to anyone outside PRS unless required for the purpose of treatment, payment, or healthcare operations and discussions of Protected Health Information (PHI) within PRS should be limited. Acceptable uses of PHI within PRS include, but are not limited to, exchange of patient information needed for treatment of the patient, billing, and other essential healthcare operations, per review, internal audits, and quality assurance activities

I understand that Princeton Rescue Squad provides services to patients that are private and confidential. I also understand that as a participant in the Princeton Rescue Squad Education Program I must respect and protect the privacy of all patients. I understand that it is necessary in the rendering of services, that patients provide personal information and that such information may exist in a variety of forms such as electronic, oral or written. I also understand that all such information is strictly confidential and protected by federal and state laws.

I agree that I will respect and protect the privacy of all patients that I may have contact with while participating in the Education Program. If at any time, I knowingly or inadvertently breach the confidentiality of a patient I will notify Princeton Rescue Squad's Privacy Officer immediately. I also understand that a breach of patient confidentiality may result in criminal or civil actions being filed against me.

(Print Student Name)

(Student Signature)

Date

STATEMENT OF STUDENT'S RESPONSIBILITY

I have received a copy of the EMT Syllabus & Student Handbook providing required Policies and Procedures related to Princeton Rescue Squad's EMT Course. I have read the policies and I fully understand the information contained therein. I acknowledge that this information packet contains policies, regulations, and procedures established to meet the overall education of the EMT Student. Princeton Rescue Squad reserves the right to make changes at any to time to reflect any state or federal policies and regulation that may affect the implementation of the EMT Education Program.

Specifically, I understand the following:

1. Successful completion of Princeton Rescue Squad's EMT Education Program does not guarantee a West Virginia and/or National Registry certification.
2. I must maintain an overall grade point average of 70 percent or higher to be eligible to take the National Registry EMT Certification Exam.
3. I must successfully pass all psychomotor (skills) testing.
4. I must have proof or current CPR (BLS) certification before clinical rotations are scheduled.
5. I will not be eligible to begin clinical rotations until I have submitted proof of required immunizations.
6. I am aware that I will be required to submit to a mandatory drug-screening test prior to clinical rotations. I also understand that a random drug-screening test may be asked for at any time during clinical rotations.
7. I understand that failure to pass my criminal background check or drug-screening may result in dismissal from the EMT Course at Princeton Rescue Squad.
8. I understand that failure of a random drug screening test during clinical rotation, or the refusal to take the random drug screening test may result in dismissal from the EMT Educational Program at Princeton Rescue Squad.
9. I understand that the purpose of this program is to prepare me to be eligible to take the exam administered by the WVOEMS and/or National Registry of EMT's. Upon successfully passing the certification exam, I must complete the application process through the West Virginia Offices of Emergency Medical Services or any intended state you plan to work in for certification/licensure as an EMS provider.
10. I understand Exam I am responsible for the payment of the National Registry fee(s), and preparation to pass the exam.
11. I understand that it is my responsibility to read the required reading assignments, complete the required homework and skills assignments to learn the information and become proficient in all skills.
12. I understand that I must meet all financial obligations to Princeton Rescue Squad or I will be placed in default and restricted from taking the NREMT certification exam until such time as my account is paid in full.

By signing below, I am signifying that I have received, read, and understood the above and I agree to abide by these rules while a student in the Princeton Rescue Squad's EMT Education Program.

Print Name Here

Sign Name Here

Date