



# **Paramedic Clinical Manual 2025**

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## I. Introduction

Upon completion of the didactic phase of paramedic training, the paramedic intern is required to complete a clinical rotation. This phase of training provides the paramedic intern the opportunity to practice and refine assessment and technical skills. Clinical preceptors can have a significant impact on the learning experience the intern has during this phase of training. They are the intern's primary resource. They reinforce the intern's didactic knowledge and technical skills, and they evaluate performance.

### **CLINICAL IS A TIME TO:**

- *Refine assessment skills.*
- *Further develop technical skills.*
- *Enlist constructive criticism of performance.*
- *Develop professional relationships with nursing and medical colleagues.*
- *Actively seek learning experiences.*

### **PARAMEDIC INTERN CONDUCT:**

- *Reflects upon the individual, agency, school and the paramedic profession.*
- *Must always conduct himself/herself in a professional mature manner.*
- *Will adhere to all policies in the manual and any additional school policies.*

## II. Course Perquisites

To enter the clinical phase of our paramedic program, each student must be successful in the following courses:

- EMS 80-84

## III. General Guidelines for Clinical Externship

The California Code of Regulations, Title 22, EMT-P Regulations, states that the paramedic intern must be under supervision during the clinical phase of training. Physicians and/or registered nurses or physician assistants in each of the clinical areas will provide direct supervision. Paramedic instructors may also provide supervision during clinical visits.

In the clinical setting, an EMT-P intern may perform any activity identified in the "basic" scope of practice of an EMT-P as defined in the California code of regulations, and the "expanded" scope of practice approved by the Medical Directors for San Bernardino County and Riverside County EMS Agencies.

If you are asked to do a procedure that you are unfamiliar with, notify your preceptor. Ask for help or ask to observe and offer to do it next time. Ask for help before you approach the patient. If you are asked to follow a procedure outside your training (I.E.: foley's, suturing, ABG's, etc.) refuse

politely. Explain that it is outside of your scope of practice and therefore it is against Victor Valley Community College policy.

Medications that are not found in the California EMT-P Scope of Practice may be administered in the clinical setting **only** if the paramedic intern is knowledgeable of all information concerning the medication and it is approved by the Hospital policy. Paramedic interns do not take verbal orders.

When a paramedic intern completes a procedure or administers a medication, they should sign the initial of their first name followed by their last name and the initial EMT-PS.

There are required numbers of assessments and skills that must be completed either in the Clinical or Field externship to complete the paramedic program. An RN, RRT, PA or Dr. must sign off all assessments and skills. **STATE LAW REQUIRES VERIFICATION OF SKILLS WITH A DATE AND THE PRECEPTOR OR DESIGNEE SIGNING AS A WITNESS.**

The clinical internship EMS 85 will be a 6-8-week session. The Clinical Scheduling will be conducted by the clinical coordinator and should be done by the students based on the ranking order in total point accumulation from EMS 84. This may be changed as needed with the agreement of the Clinical Coordinator and Academy Director to benefit educational needs. During your "Clinical Internship" you will be required to utilize "Platinum Planner". This is tracking software that will be used during the entire academy. This program is used to track your schedule, patient contacts, and skills competencies; this is a **mandatory requirement** and must be maintained and kept current by the student. Additionally, you will be required to obtain liability insurance upon registration for EMS 85 (Clinical).

#### IV. Vaccinations

Students will be required to present the following documentation and maintain throughout the entirety of the paramedic program:

- **Hepatitis B. Titer, you must submit a copy of your titer on day one of EMS 81 If you do not have this when you arrive you will be dropped from the program.** You will also need documentation of at least the first 2 shots of the 3-shot series. If your Hepatitis B blood titer results are low or show no immunity you must either get a booster or start the series over, please follow the recommendation of your doctor.
- **Measles, Mumps, Rubella (MMR) You must submit a copy of your titer on day one of EMS 81 If you do not have this when you arrive you will be dropped from the program.** Documentation of MMR Vaccination Dates are also required, and you must have proof that you had this vaccination updated as an adult.
- **Varicella (Chickenpox) You must submit a copy of your titer on day one of EMS 81. If you do not have this when you arrive you will be dropped from the program.** Documentation of

varicella vaccination is required you must have proof that you had this vaccination updated as an adult.

- **Tdap (Tetanus, diphtheria, pertussis) Documentation tetanus booster results must be current within the last 10 years.** You must have proof that you had this vaccination updated as an adult. The hospitals will not accept titer results for this shot so you must have a current Tdap as an adult.
- **TB/PPD Skin Test documentation of negative T/B tests results within the last 12 months** and the expiration of your most current test must extend through the end of your clinical time. If test results are positive, you will need written chest x-ray clearance or a completed signs/symptoms form within the last 2 years.
- **Covid-19 Vaccination/Series: You must submit a copy of the completed vaccination series by the end of EMS 82/83. Declinations may or may not be accepted by clinical sites.**
- **Influenza (Flu shots)** if your clinical time is between September and March documentation of seasonal flu shot is required.
- **Basic Life Support (BLS)** a current healthcare provider CPR card is required and must be current all through your clinical and field time.
- **EMT card** your EMT card must be valid during your entire time with the paramedic academy.
- **Health Insurance** proof of current coverage is required.

*\*Immunization / Vaccination Requirements are subject to change based upon clinical site or institutional requirements.*

**\*\*\*Disclaimer\*\*\***

**This policy manual is a work in progress items listed may be revised as necessary to facilitate learning. Students will be notified of any revisions to this document.**

## **V. Background Checks and Drug Screening**

Each student will be required to submit to a criminal background verification and a 10-panel drug screen prior to attending clinical or field shifts. Information on how to complete this process will be provided to the students during the class and can only be done through the program-approved vendor. No outside, non-approved vendors or processes will be accepted. Failure to

complete this requirement by the specified date will be grounds for dismissal from the class. Failure of the background check may be grounds for dismissal and / or subject to review by the instructor, EMS Department Director, Public Safety Department Chairperson, Dean of Public Safety, and the clinical sites.

## VI. Paramedic Clinical Dress Code

Appropriate attire, that reflects a professional attitude is mandatory. Failure to meet this standard will result in the student being sent home from a clinical and the shift being counted as an unexcused absence. The shift is not guaranteed to be made up at a later date. The student must notify the Clinical Coordinator immediately if this occurs. The following are general guidelines. The individual facilities may have other policies the student must follow:

1. The hair must be neat, clean and well-groomed and off the collar. Long hair must be pulled back.
2. Proper body hygiene requires a clean body at all times.
3. Nails may not be excessively long as to interfere with patient care aseptic technique.
4. Excessive use of perfume, cosmetics and jewelry is to be avoided.
5. Dark blue Clinical/Field shirt must be worn. The shirt must be clean and have a neat appearance.
6. Dark blue work type pants (not jeans).
7. Appropriate undergarments are to be worn.
8. Dark shoes clean (street shoes are permitted).
9. School nametag and college ID card must be worn at all times during scheduled clinical shifts.
10. Pens, watches with second hands, penlights, and heavy-duty bandage scissors & stethoscopes will be taken with you to all clinical sites.
11. Bring your books.

## VII. Illness

If you are ill or other circumstances prevent you from attending your scheduled clinical shift, you must:

1. Notify the Clinical Coordinator by one of the following methods:
  - a. Email, text or call the Clinical Coordinator (Brad Reddall) at (760) 900-9121
  - b. Email, text, or call the Paramedic Academy Director (Dave Oleson) at (909) 838-5409
  - c. Email, text, or call Part-time Faculty (Ken Fox) at (909) 270-0085
  - d. Email, text, or call Full-time Faculty (Jenilynn Pendergraft) at (818) 251-0151
  - e. Failure to notify VVC will count as an unexcused absence.
2. Notify the charge nurse of the assigned clinical area.
3. If a student has an absence from a shift, the student will be required to make up the shift. If the student exceeds the one-absence limit, he/she will be dropped from the program. The exceptions to this policy will be EXCUSED ABSENCES due to special circumstances, which will be determined by the Clinical Coordinator and/or the Program Director.

## VIII. Tardiness

Tardiness will not be tolerated during clinical rotation. In the event of tardiness, the paramedic intern must call the charge nurse of the assigned clinical area and the Clinical Coordinator to inform them of the anticipated time of arrival. If the student is late more than fifteen minutes the student will be sent home, and the shift will be counted as an unexcused absence. A total of three tardies will constitute failure of the clinical rotation.

## IX. Student Progress Evaluation

All students will be assigned to a clinical liaison prior to clinical rotations. This evaluation may occur at the clinical site, by phone, or at Victor Valley College. This evaluation is routine and allows the Clinical Coordinator/liaison to monitor the intern's progress.

## X. Injury / Medical Liability

**If a student is exposed to a communicable disease or injured during a clinical shift it must be reported to the Program Director, Dave Oleson or his designee immediately. The student may not receive care other than for life threatening emergencies prior to notifying the Program Director or his designee. Failure to follow the correct path of reporting will result in the student being responsible for the cost of treatment.**

If the student is injured or exposed to a harmful substance or pathogen during a clinical shift, these are the steps that must be followed:

1. Immediately notify the Clinical Coordinator (Brad Reddall)
2. Immediately notify the Program Director (Dave Oleson)
3. Complete the necessary paperwork and reporting procedures as required by the hospital and Victor Valley College.
4. If the student needs to leave the shift to seek treatment the Clinical Coordinator should be notified as soon as possible.

## XI. Work / Cell Phone Contacts

Name	Work Phone	Cell Phone
<b>Dave Oleson</b> Program Director / Faculty	760-245-4271, ext. 2738	909-838-5409
<b>Brad Reddall</b> Clinical Coordinator / Part-time Faculty	760-245-4271, ext. 3110	760-900-9121
<b>Ken Fox</b> Part-Time Faculty	760-245-4271, ext. 3311	909-270-0085
<b>Jenilynn Pendergraft</b> Faculty	760-245-4271, ext. 3109	818- 251-0151
<b>John Stroh, MD</b> Medical Director	N/A	310-902-2040
<b>Susanne Pinto</b>	760-245-4271, ext. 2401	Susanne.pinto@vvc.edu



## XII. Clinical Completion Requirements

1. Each student will be required to successfully complete a total of 18 shifts (9 ED, 2 NICU, 1 RESP, 1 L&D, 1 Radio Room, 2 PED ER, 2 ICU). Shifts are 12 hours in length to allow for a lunch or dinner break. The exception will be the radio room shift that is 8 hours. You may also take a 15-minute break in each of the 4-hour periods (2 or 3 depending on shift length).
2. The shift schedule will be as follows:
  - i. Emergency Department (10 shifts total)
    - (12 hour) St. Mary's Medical Center (SMMC)
    - (12 hour) Loma Linda University Medical Center (LLUMC)
    - (12 hour) Desert Valley Medical Center (DVH)
    - (12 hour) Victor Valley Global Medical Center (VVGMC)
    - (12 hour) Palmdale Regional Medical Center (PRMC)
    - (12 hour) Barstow Community Hospital (BCH)
    - (12 hour) Redlands Community Hospital (RCH)
  - ii. NICU (1 shifts)
    - (12 hour) RCH
  - iii. Respiratory (1 shift)
    - (12 hour) SMMC
  - iv. Labor and Delivery Unit (1 shifts)
    - (12 hour) SMMC, DVH
  - v. Pediatric Emergency Room (2 shifts)
    - (24 hours) LLUMC
  - vi. Intensive Care Unit (2 shifts)
    - (24 hours) SMMC, DVH
  - vii. Radio room (1 shift)
    - (8 hour) LLUMC, RCH
3. In order for successful completion of the hospital clinical internship the student must complete and turn in the following:
  - i. Platinum Planner Documentation.
  - ii. Complete all 18 clinical shifts.
  - iii. And be at 100% on all categories in Platinum Planner with the exception of Team Leads, ALS follow-ups, and Patient contacts.
4. Students, please know some skills are required minimum for graduation. These skills minimums will be satisfied in the hospital clinical setting.

## XIII. Clinical Documentation Submissions

1. Keep all Platinum Planner entries current, accurate, and submitted within 72-hours after the completion of clinical shift.
2. Have all daily evaluations signed through Platinum Planner, you must also turn in all forms within 72-hours after the completion of the clinical shift.

3. Your radio room report will contain a written summation of at least 500 words outlining the necessity of effective communication and how it contributes to improved patient care and outcomes. This report will be submitted to Platinum Planner on the day of your radio room shift.

**Evaluations:**

Daily	Last Shift (in addition to daily items)
<ol style="list-style-type: none"> <li>1. <i>Daily Clinical Internship Evaluation Form: Preceptor Evaluation of Student</i></li> <li>2. <i>Daily Clinical Internship Evaluation Form: Student Self-Evaluation</i></li> <li>3. <i>Pocket Prep "Build your own"</i></li> </ol>	<ol style="list-style-type: none"> <li>1. <i>Daily Clinical Internship Evaluation Form: Student Self-Evaluation</i></li> <li>2. <i>Site Evaluation (student completes)</i></li> </ol>

## XIV. Student Minimum Competencies (SMC 2023)

Performance of the paramedic intern during the clinical internship will be closely observed and evaluated by the clinical preceptors. The evaluation is done after each shift to determine whether the intern is demonstrating appropriate application of the knowledge and skills acquired during the didactic portion of training. The clinical coordinator will review the evaluations and inform the Paramedic Program Director of any areas of difficulty. If a student is late there will be a loss of half the points for the shift. If the student is late by more than fifteen minutes the student will be sent home, and the shift will be counted as an unexcused absence.

All student minimum competencies (SMC) will be tracked utilizing Platinum Planner.

**Program Goals:** At the completion of clinical / capstone you must be 100% completed on the following CoAEMSP and program required goals. Some goals may be simulated as per the SMC's:

**Patient Ages (Table 1, Column 1 & 2 & 3)**

- Pediatrics - Newborn to 18 years (15 formative / 15 competency / 30 total)
- Adult - 19-64 years (30 formative / 30 competency / 60 total)
- Geriatric - 65-and older (9 formative / 9 competency / 18 total)

**Pathologies/Complaints (conditions) (Table 2, Simulation).**

- Trauma – (1 adult / 1 pediatric)
- Psychiatric/Behavioral (1 any age)
- Obstetric delivery w/normal newborn care and/or complicated delivery – (1 prolapsed cord / 1 breech delivery)
- Distressed neonate (birth to 30 days) – (1)
- Cardiac pathology or complaint – (1)
- Cardiac arrest – (1)
- Cardiac dysrhythmia – (N/A)
- Medical neurologic pathology or complaint – (1 geriatric stroke)

- Respiratory pathology or complaint – (1 pediatric / 1 geriatric)
- Other medical conditions or complaints - (1 geriatric sepsis)

**Pathologies/Complaints (conditions) (Table 2, Column 1 & 2 & 3) – (\*) means simulation permitted.**

- Trauma – (18 formative / 9 competency / 27 total)
- Psychiatric/Behavioral (12 formative / 6 competency / 18 total)
- Obstetric delivery w/normal newborn care and/or complicated delivery – (2\* formative / 2\* competency / up to 6 total)
- Distressed neonate (birth to 30 days) – (2\* formative / 2\* competency / 4 total)
- Cardiac pathology or complaint – (12 formative / 6 competency / 18 total)
- Cardiac arrest – (2\* formative / 1\* competency / 3 total)
- Cardiac dysrhythmia – (10 formative / 6 competency / 16 total)
- Medical neurologic pathology or complaint – (8 formative / 4 competency / 12 total)
- Respiratory pathology or complaint – (8 formative / 4 competency / 12 total)
- Other medical conditions or complaints - (12 formative / 6 competency / 18 total)

**Successful Formative Individual Simulated Motor Skills Assessed in a Lab (Table 3, Column 1).**

- Establish IV access (2 formative)
- Administer IV infusion medication (2 formative)
- Administer IV bolus medication (2 formative)
- Administer IM injection (2 formative)
- Establish IO access (4 formative)
- Perform PPV with BVM (4 formative)
- Perform endotracheal intubation (2 formative)
- Perform endotracheal suction (2 formative)
- Perform FBAO removal using Magill Forceps (2 formative)
- Perform cricothyrotomy (2 formative)
- Insert supraglottic airway (2 formative)
- Perform needle decompression of the chest (2 formative)
- Perform synchronized cardioversion (2 formative)
- Perform defibrillation (2 formative)
- Perform transcutaneous pacing (2 formative)
- Perform chest compression (2 formative)

**Minimum Successful Motor Skills Assessed on a Pt in Clinical or Field Experience or Capstone Field Internship (Table 3, Column 2) - (\*) Simulation permitted.**

- Establish IV access (25 Competency)
- Administer IV infusion medication (2\* competency)
- Administer IV bolus medication (10 competency)
- Administer IM injection (2 competency)
- Establish IO access (2\* competency)
- Perform PPV with BVM (10\* competency)
- Perform endotracheal intubation (10\* competency)
- Perform endotracheal suction (2\* competency)

- Perform FBAO removal using Magill Forceps (2\* competency)
- Perform cricothyrotomy (2\* competency)
- Insert supraglottic airway (10\* competency)
- Perform needle decompression of the chest (2\* competency)
- Perform synchronized cardioversion (2\* competency)
- Perform defibrillation (2\* competency)
- Perform transcutaneous pacing (2\* competency)
- Perform chest compression (2\* competency)

**Total Successful Formative/Competency Individual Simulated Motor Skills Assessed in a Lab or Clinical or Field Experience or Capstone Field Internship (Table 3, Totals Column).**

- Establish IV access (27)
- Administer IV infusion medication (4)
- Administer IV bolus medication (12)
- Administer IM injection (4)
- Establish IO access (6)
- Perform PPV with BVM (14)
- Perform endotracheal intubation (12)
- Perform endotracheal suction (12)
- Perform FBAO removal using Magill Forceps (4)
- Perform cricothyrotomy (4)
- Insert supraglottic airway (12)
- Perform needle decompression of the chest (4)
- Perform synchronized cardioversion (4)
- Perform defibrillation (4)
- Perform transcutaneous pacing (4)
- Perform chest compression (4)

**Cumulative Motor Skill Competency Assessed on Pt's During Clinical, Field Experience, or Capstone Field Internship (Table 3, Column 4).**

- Establish IV access – (Report success rate)
- Administer IV bolus medication – (Report success rate)
- Perform oral endotracheal intubation – (Report success rate)

**Field Experience / Capstone Field Internship Team Leads – (Table 4)**

- Team Leader or Team Member – (30)
- Team Leader – (20)

**\*If the student is unable to meet the live intubation or any other SMC requirements the program may substitute high definition and/or low-definition fidelity simulation under the direction of the medical director and clinical coordinator.**

**\*The NREMT / SMC 2023 requirements listed above must be successfully completed and documented prior to the end of the program.**

## XV. Paramedic Scope of Practice

1. A Paramedic may perform any activity identified in the scope of practice of an EMT-1 in chapter 2 of this division or inactivity identified in the scope of practice on an EMT-II in Chapter 3 of this division.
2. A paramedic shall be affiliated with an approved paramedic service provider in order to perform the scope of practice specified in this Chapter.
3. A paramedic student or a licensed Paramedic, as part of an organized ENMS System, while caring for patients in a hospital or as part of his/her training or continuing education under the direct supervision of a physician, registered nurse or physician assistant, or while at the scene of a medical emergency, during a transport, during an interfacility transfer, or while working in a small and rural hospital pursuant to section 1797.195 of the Health and Safety Code, may perform the following procedures or administer the following medication when such are approved by the medical director of the local EMS agency and are included in the written policies and procedures of the local EMS agency.

### i. Basic Scope of Practice

1. Perform defibrillation and synchronized cardioversion.
2. Visualize the airway by use of the laryngoscope and remove foreign body(-ies) with forceps.
3. Perform pulmonary ventilation by use of lower airway multi-lumen adjuncts, the esophageal airway and adult oral endotracheal intubation.
4. Institute intravenous (IV) catheters, saline locks, needles, or other cannula (IV lines), in peripheral veins and monitor and administer medications through preexisting vascular access.
5. Administer intravenous glucose solution or isotonic balance salt solutions, including Lactated Ringers solution.
6. Obtain venous blood samples.
7. Use glucose measuring device.
8. Perform Valsalva maneuver.
9. Perform needled cricothyrotomy.
10. Perform needle thoracostomy.
11. Monitor thoracostomy tubes.
12. Monitor and adjust IV solutions containing potassium, equal to or less than 20Eq/L.
13. Administer approved medications by the following routes:  
intravenous, intramuscular, subcutaneous, inhalation, transcutaneous, rectal, sublingual, endotracheal, oral or topical.
14. Administer, using prepackaged products when available, the following medications:
  - a. 10%, 25% & 50% dextrose

- b. Activated charcoal
- c. Adenosine
- d. Aerosolized or nebulized beta-2 specific bronchodilators
- e. Aspirin
- f. Atropine sulfate
- g. Calcium chloride
- h. Diazepam
- i. Diphenhydramine hydrochloride
- j. Dopamine
- k. Epinephrine
- l. Furosemide
- m. Glucagon
- n. Midazolam
- o. Lidocaine hydrochloride
- p. Nitroglycerin preparations, except intravenous, unless permitted under (c) (2) (A)
- q. Sodium bicarbonate
- r. Syrup of ipecac

#### ii. Local Scope of Practice

1. Perform or monitor other procedures or administer any other medication(s) determine to be appropriate for paramedic use, in the professional judgment of the medical director of the local EMS agency, that have been approved by the Director of the Emergency Medical Services Authority when the paramedic has been trained and tested to demonstrate competence in performing the additional procedures and administering the additional medications.

## XVI. Objectives for the Emergency Department Rotations

During his/her experience in the Emergency Department, the student should have the opportunity to practice **under direct supervision** and demonstrate proficiency for each of the following:

- Perform patient assessment including developing a pertinent medical history and performing a physical examination. Review of the patient's chart, taking vital signs, and auscultation of chest sounds, interpreting cardiac rhythms via cardioscope.
- Perform peripheral IV insertion.
- Intraosseous insertion.
- Prepare and administer intramuscular, subcutaneous and IV medications.
- Monitor and interpret dysrhythmias and place or change monitor leads.
- Draw venous blood samples.
- Perform endotracheal or nasotracheal intubation, nasopharyngeal or oropharyngeal suctioning.
- Assist in the cases of cardiac arrest, including the performance of cardiopulmonary resuscitation, emergency drug administration, airway management, assisting with placement or removal of EOA/ET and defibrillation.
- Assist in the care of traumatized patients: multi-system injuries, chest injuries, abdominal injuries, neurological injuries, pediatric trauma, obstetrical traumas, soft tissue injuries, ENT injuries, orthopedic injuries and the patient in shock. The student should be involved in the following:

- Assessment.
- Management/treatment of injuries.
- Identifying positive approaches to assist the patient and the family in dealing with the effects of the crisis.
- Identifying the behaviors of anxiety for the patient and staff (including the student); it's causes and how the behavior will be revealed.
- Assist in the care of medical patients with the following emergencies: respiratory, cardiovascular, endocrine, nervous system, acute abdomen, genitourinary/reproductive system, anaphylaxis, toxicology, alcoholism and drug abuse, infectious diseases and environmental injuries. The student should be involved in the following:
  - Assessment.
  - Management/treatment of injuries.
  - Identifying positive approaches to assist the patient and the family in dealing with the effects of the crisis.
  - Identifying the behaviors of anxiety for the patient and staff (including the student); it's causes and how the behavior will be revealed.
- Assist in the care of a pediatric patient with the following emergencies: respiratory distress, near drowning, cardiopulmonary arrest, poisoning, child abuse/neglect, seizures, meningitis, common communicable diseases, altered level of consciousness and trauma. The student should be involved in the following:
  - Assessment.
  - Management/treatment of injuries.
  - Special considerations in relationship to illness and injury such as: growth and development, approach to the pediatric patient and the approach to the parents.
- Assist in the care of a patient experiencing behavioral emergencies (as the situation allows):
  - Identify the behaviors that indicate:
    - Depression.
    - Acute Anxiety reaction.
    - Battered victim
    - Hostile patient.
    - Rape victim.
    - Suicidal patient.
    - Suspected substance abuse.
- Identify the methods of treatment, management and legal implications and reporting.
- Assist in the transport of patients to designated areas, being careful of lifting, moving techniques and proper body mechanics.
- Monitor communications from field providers to Base Hospitals and/or Receiving Hospitals.
- Be familiar with the location and operation of all emergency equipment.

## XVII. Objectives for the Labor & Delivery and NICU Rotations

During the experience in the labor suite, the student will have the opportunity under **direct supervision** to practice and demonstrate proficiency for each of the following:

- Identify the three stages of labor.
- Identify the appearance of the perineum, as delivery becomes imminent.
- Identify the significance of clear Vs meconium fluid during the delivery.
- Identify the signs and symptoms that indicate birth is imminent.

- Identify the pertinent history to obtain from a woman in labor relative to the present labor and past history.
- Identify the differences between the appearances of a patient in early labor verses active labor.
- Demonstrate the appropriate method of obtaining the following information while doing a physical assessment on a pregnant woman:
  - Height of fundus
  - Contractions --timing in quality.
  - Presence of crowning.
- Identify in cubic centimeters the amount of blood loss during a delivery.
- Identify the signs and symptoms of placental separation.
- Demonstrate assisting with a normal childbirth.
- Assist, if possible, in an abnormal delivery.
- Assist, if possible, in the management of a newborn:
  - Demonstrate the method for determining the APGAR.
  - Identify the importance of drying, wrapping and stimulating a newborn.
  - Cutting the cord.
  - Suction.
- Demonstrate the management of post-partum hemorrhage bleeding.

## XVIII. Objectives for the Pediatric Emergency Department Rotations

During the experience in this rotation the student will have the opportunity to practice **under direct supervision** and demonstrate with proficiency the following:

- Develop a positive rapport with a pediatric patient and family members.
- Demonstrate an appropriate primary and secondary assessment on a pediatric patient presenting with signs of shock without signs of trauma.
- Demonstrate an appropriate primary and secondary assessment on a pediatric patient presenting with signs and symptoms of shock and signs of trauma.
- Management of an infant/child in respiratory or cardiac arrest according to American Heart Association (AHA) guidelines.
- Use of airway adjuncts for infants/children.

## XIX. Objectives for the Operating Room Rotations

During the experience in the Operating Room, the student will have the opportunity to practice **under direct supervision** and demonstrate proficiency in the following:

- The management of an airway in an apneic patient prior to intubation. This is to include proper methods of ventilating the patient.
- Placement of an endotracheal tube.
- Evaluating the placement of the endotracheal tube.
- Evaluating the adequacy of ventilations

## XX. Course Syllabus

The course syllabus will address policies unique for each course. The syllabus will not attempt to



supersede the policies addressed in this manual. If a situation arises in which a policy in this manual is contradicted by a syllabus, this manual's policy will be used and the policy referred to in the syllabus will be invalid. The following policies will be addressed and replicated in each syllabus.

## XXI. Canvas Learning Management System (LMS)

The paramedic academy may utilize the Canvas Learning Management system for tracking student academic progress. Students may login to view their current grades, class assignments, lectures, quizzes/exams, discussion boards, etc. at any point throughout the course.

## XXII. National Registry Practice Exams

Every student will be required to complete 18 “Quick Ten”, NREMT practice exams in Pocket Prep during their clinical rotations and uploaded in the document section of your Platinum shift documentation. These will be available through Pocket Prep; this is MANDATORY WITH NO EXCEPTIONS!

## XXIII. Definitions

- **Affective Domain** - Describes learning in terms of feelings/emotions, attitudes, and values.
- **Cognitive Domain** - Describes learning that takes place through the process of thinking—it deals with facts and knowledge.
- **Domains** - A category of learning.
- **Entry-level competence** - The level of competence expected of an individual who is about to begin a career. The minimum competence necessary to practice safely and effectively.
- **Intern** – a Paramedic student assigned to participate in a practicum experience to fulfill the clinical training requirements for their program.
- **Internship** – an experience in which a designated professional Paramedic, RN or physician collaborates with faculty to supervise, teach, and evaluate the students’ performance.
- **Preceptor** – a qualified Paramedic, RN or physician who agrees to collaborate with faculty to supervise, teach and evaluate student performance in a practicum experience. This individual typically has training to be able to function effectively in the role.
- **Psychomotor Domain** - Describes learning that takes place through the attainment of skills and bodily, or kinesthetic, movements.
- **ALS Contact** – Any ALS contact is when the student interprets a cardiac rhythm via 4-lead or 12-lead and/or also starts an IV, administers an ALS medication, or does an advanced level skill.
- **Field Experience Team Leader / Member** - Someone who leads the call and provides guidance and direction for setting priorities, scene and patient assessment and management with assistance. The team leader may not actually perform all the interventions but may assign others to do so.
- **Capstone “Team Leader”** – To be counted as a “Team Lead” the Paramedic student must conduct a comprehensive assessment, establish a field impression, determine patient acuity,

formulate a treatment plan, direct the treatment, direct, and participate in the transport of the patient to the medical facility and transfer care to a higher level or terminate the call in the field, all with minimal to no assistance.