

Student Policy Manual 2025



Program Leadership

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Admission Procedures

Application Process

Applications for the following academies will be made available approximately four (4) months prior to the academy's start date. These applications will be due approximately three (3) months prior to the start date.

Applications to attend the winter session (track "A") beginning in January will be made available as of the first week of June on the paramedic home page and will only be accepted electronically. Applications and attachments are due by: **Last week of July**

Applications to attend the summer session (track "B") beginning in June will be made available as of the first week of January on the paramedic home page and will only be accepted electronically. Applications and attachments are due by: **Last week of February**

Applications must include the following information:

- 6-months full-time or 1000 hours part-time experience that is documented working as an Emergency Medical Technician (EMT).
- Copy of your state or national EMT Certification.
- Copy of a valid Cardiopulmonary Resuscitation (CPR) Certification from one of the following providers:
 - American Heart Association (AHA)
 - American Red Cross (ARC)
 - American Safety and Health Institution (ASHI)
- Copy of a High School Diploma or GED
- Transcripts of all completed, or in-progress, college coursework.
- Two (2) Letters of Recommendations (LORs) addressed to Victor Valley College Paramedic Academy

Entrance Examination / Oral Panel Interview

Upon the successful completion of the application period all applications will be screened for completeness and accuracy. The applicant will then be emailed an appointment date, time, and procedure for the EMT examination process. The EMT examination will cover the current EMT National Education Standards which may consist of multiple-choice questions, equipment recognition, or any other examination type determined by the Program Leadership. Applicants will then proceed to the Oral Interview panel immediately following the written exam. The Academy will select the top 30-35 new applicants based upon scoring for both the written and panel interviews. Any indications of unethical behavior observed during the testing process may result in immediate removal from the examination, including the termination of the test in real time.

- March / April for Traditional Cohort
- October / November for Traditional and Hybrid Cohorts

Admission Notification

Admission will be granted based on a cumulative scoring system. A point system will be utilized for objective screening of all applicants. Admission acceptance or denial will be sent electronically approximately one (1) week after completion of the Oral/Practical Interviews.

Notification will be sent:

- April for Traditional Cohort
- November for Traditional and Hybrid Cohorts

Advanced Placement, Transfer of Credits and Credit for Experiential Learning

Presently, the Victor Valley College Paramedic Program does not offer a mechanism for accepting advanced placement paramedic students, transfer of credits, or credit for experiential learning. Institutional information on Transfer of Credits, Credit for Experiential Learning and Advanced Placement are available in the Victor Valley College Catalog.

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:

Attendance Policy

Students are expected to attend classes regularly. Failure to attend the first-class session will result in the student being dropped.

Failure to attend class jeopardizes not only a student's grades but also the learning potential of the other students who were unable to gain access to the class due to enrollment limits.

The class instructor has the right to terminate a student's enrollment when a student is absent for more than one hour for each unit of class credit.

For every 3 tardies accumulated (1) 8-hour absence will be charged to the student.

In the event absences exceed the difference in the academy hours versus CA Title 22 minimums the student will be dropped from the academy.

Academy Specificity

The Victor Valley Community College Paramedic Academy is a California Emergency Medical Services Authority and Commission on Accreditation of Allied Health Educational Programs (CAAHEP) / Committee on Accreditation of Educational Programs for the

Emergency Medical Services Professions (CoAEMSP) accredited paramedic program. The program consists of the following hours:

CA Title 22, Division 9, Chapter 4, Article 1, Section 100159 reference 100159

Required Course Hours

The total training program shall consist of not less than 1090 hours. These training hours shall be divided into:

- A minimum of 450 hours of didactic instruction and skills laboratories.
- The hospital clinical training shall consist of no less than 212 hours, and the field internship shall consist of no less than 552 hours.
- The student shall have a minimum of forty (50) advanced life support (ALS) patient contacts during the field experience/capstone field internship as specified in Section 100152. An ALS patient contact shall be defined as the student performance of one or more ALS skills, except cardiac monitoring and basic cardiopulmonary resuscitation (CPR), on a patient.

The minimum hours shall not include the following:

- Course material designed to teach or test exclusively EMT-I knowledge or skills including CPR.
- Examination for student eligibility.
- The teaching of any material not prescribed in section 100160 of this Chapter.
- Examination for paramedic licensure.

NOTE: Authority cited: Sections 1797.107 and 1797.172, Health and Safety Code. Reference section 1797.172, Health, and Safety Code.

Hygiene

All Paramedic Academy students are required to be in uniform daily; the uniform must be clean and pressed with boots polished. Hair must be of natural color and off the collar, beards, goatees, or long mustaches are not allowed and the student must be clean-shaven. The use of heavy colognes and perfumes will not be allowed; facial jewelry and tongue rings will not be allowed. Earrings / ear jewelry of any type is not permitted for males. Females are permitted to wear a single, stud-type earring per ear. Visible tattoos must always be covered when in uniform.

Dress Code

Didactic

Paramedic Academy Uniform to consist of the following:

- VVC Paramedic Academy Navy-Blue Class B uniform with Academy patch sewn on Left shoulder & name embroidered – first initial and last name (VVC issued)
- VVC Paramedic Academy Navy-Blue T-shirt (VVC issued)
- Navy-Blue professional EMS pants (uniform store)
- Black boots (uniform store)
- Black Belt (uniform store)

- VVC Paramedic Academy ball cap (VVC issued)
- VVC Paramedic Academy Work shirt (VVC issued)
- VVC Student ID (issued from VVC Auxiliary Services with registration printout)

Field

Approved Victor Valley College Paramedic Academy uniform, which includes:

- VVC Paramedic Academy Navy-Blue Class B uniform with Academy patch sewn on Right shoulder (VVC issued)
- VVC Paramedic Academy Navy-Blue T-shirt (VVC issued)
- Navy-Blue EMS work pants, polishable black boots
- Victor Valley College Paramedic Academy Work shirt (VVC issued)
- VVC Student ID (issued for VVC Auxiliary Services with registration printout)
- Trauma shears (VVC issued)
- Penlight (VVC issued)
- Stethoscope (VVC issued)
- Optional Navy-Blue Approved Victor Valley College Paramedic Academy T- Shirt may be worn exclusively before 0800 and after 1700 upon precepting agency's agreement (VVC issued)
- Navy-Blue Approved Victor Valley College Paramedic Academy Ball Cap may be worn as needed and allowed by precepting agency (VVC issued)
- VVC Issued PPE's – Helmet w/ goggles, Nomex brush jacket, OSHA High Visibility traffic safety vest.

Academic Dishonesty

Due to the critical nature of the situations encountered in this course, the responsibility for a patient's life, death, and future quality of care may rest with you. Therefore, any form of academic dishonesty will be strictly prohibited. Individuals found engaging in cheating or falsifying documents will be dismissed from the Paramedic Academy and reported to the Dean for disciplinary action in accordance with the Student Discipline Proscribed Conduct guidelines.

Additionally, any EMS Testing content uploaded to the internet is strictly forbidden. Any attempts to screenshot, print, copy, or otherwise replicate protected materials from any sources used by VVC EMS Programs will also result in removal from the EMS Program.

Bonus Points

During each course in the academy bonus points may be offered to students. Bonus points are also known as extra credit. At no time will extra credit/bonus points exceed more than 4% of the total points offered in each course.

Community Service Hours

During the academy, each student will be required to complete (at a minimum) 50 community service hours for the traditional cohorts or 25 hours for the hybrid cohorts. These hours will not be attached to a specific grade or class but are required for successful completion of the academy. These hours are to be completed during the didactic, clinical, or field portion of the academy.

The intent and spirit of this requirement is to acclimate each academy student with the role of a community leader and patient advocacy. To that end, each hour must be accounted for and verified by a supervisor familiar with your contribution. Additionally, these hours are to be volunteer, unpaid, and uncompensated. Each student is required to obtain faculty approval prior to the start of any community service hours to ensure appropriateness.

Canvas Learning Management System (LMS)

The paramedic academy utilizes the Canvas Learning Management system for the tracking of 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.

Required Book List

A current book list will be provided for each academy at the mandatory orientation. As new editions become available and current editions become obsolete the academy book list will be updated and/or changed. It is the goal of the academy to provide the most current and up to date curriculum available.

Quizzes / Exams

Quizzes and exams will be given as curriculum is covered via multiple methods (i.e., Canvas or Platinum Planner). If a student misses a quiz, he/she will be allowed to make-up that quiz with prior communication. If less than 80% is achieved on two or more quizzes a mandatory meeting must be scheduled with the Academy Director or their designee to address methods of success.

The instructor has the right to give "Pop" quizzes as needed to supplement educational needs. There will be no make-up on "Pop" quizzes. Quiz material will be taken from lecture/discussion and textbook.

Exam material will be taken from lecture/discussion/skills and textbook. A minimum of 80% on all final exams as well as overall must be achieved for progression from EMS 80, 81, 82, 83, 84, 85, and 86.

Written and/or skills exams may be administered and timed as appropriate.

A cumulative final exam will be administered upon the completion of EMS 86, with a minimum passing score of 80%. To assist in preparation, a practice exam will be provided prior to the final exam to help students assess their understanding of the material covered. Successful completion of both the practice and final exams is required to pass EMS 86 and to qualify for program exit.

Lab / Simulation Equipment

Some skills equipment may be checked out as needed to supplement the educational needs of students. Students must check out the equipment allowed prior to leaving the premises. The program director or their designee must process the checkout.

Prior to the beginning of the academy, each student must enroll (purchased through material fee) in Platinum Planner after receiving an add code. This package includes the scheduler & skills tracker features. We will be utilizing this program throughout the entire year – for every course.

Exit Interview Process

All students leaving the academy as failure status must complete an exit interview that clearly addresses the perceived causes of failure and the options available for the student. This form must be completed and received within 30 days of exiting the academy if you wish to be considered for readmission. There will be two signed copies of the exit interview produced: one to go to the student and one placed in the student file.

Program Re-Entry Process

Students may attempt the Victor Valley College Paramedic Academy twice (2).

If a student fails in the didactic session (EMS 80, 81, 82, 83, or 84) the student must repeat the academy starting with EMS 80 and continuing with EMS 81-86. Additionally, the student will be required to do the following PRIOR to being re-admitted:

- Retake and pass the finals for each course previously completed with at least 80%.
- Auditing students are required to attend **all lectures and lab sessions**.
- If an auditing student is unsuccessful in a course that they have previously passed, they will have one additional opportunity to succeed by restarting the program from the beginning. This will allow them to continue their progression in the program.

If a student fails in the clinical or field session (EMS 85 or 86) the student must audit – at a minimum - EMS 80-84 to ensure readiness for a return to EMS 85 and 86 with the next cohort. Additionally, the student will be required to do the following PRIOR to being re-admitted:

- Retake and pass the finals for each course previously completed with at least 80%.
- Auditing students are required to attend **all lectures and lab sessions**.
- If an auditing student is unsuccessful in a course that they have previously passed, they will have one additional opportunity to succeed by restarting the program from the beginning. This will allow them to continue their progression in the program.

Once the above step is completed, then audit all or a portion of the class or classes immediately prior to ensure readiness for forward progression with the next cohort.

You must submit in writing your intent to challenge the process within 30 days of your last clinical or field shift. The challenge process will require the achievement of an 80% or better on all exams.

Voluntary Deferral or Withdraw from the Paramedic Academy:

Academy staff understand that extenuating circumstances may arise prior to / during this program that may necessitate a student to voluntarily withdraw. However, to facilitate the student's success and forward progression in the program, as well as the provision of

adequate enrollment in each academy for new applicants, the academy staff will limit the number of voluntary / non-academic withdraws for each student based upon the following criteria (but not necessarily limited to):

- Early communication by the students to the Program Director or Designee
- Demonstrated need by the student.
- Validity of request (may require documentation by the student upon request)

Requests that are not deemed appropriate or approved by the Program Director or designee may be denied and will require the student to continue current enrollment. If the student still decides to voluntarily withdraw, they may not be allowed to return to the program.

If the student chooses to defer their seat – prior to the start of the academy, that student will be required to reapply and be subject to the competitive process for a future academy.

If the student is removed due to a failure to produce vaccination documentation at the required time, that student may not defer their enrollment to a future academy and the student will be required to reapply and be subject to the competitive process for a future academy.

Code of Conduct

It is expected that all academy students dress and conduct themselves in a professional manner representative of the Emergency Medical Services profession. If classroom dynamics and student behavior cannot be properly maintained by the students as a professional group, then the involvement of the instructor will be required and if necessary, the Academy Director will address the class, and an investigation will be conducted. The students or parties found responsible for the conflict may be dismissed and/or referred to the Department Chairperson for disciplinary action. Law enforcement will be notified if necessary. The complete code of conduct violations is addressed in the Victor Valley College Handbook found on the web at.

The VVC Student Code of Conduct will also extend to students of the Paramedic Academy who are in uniform for any reason (public events, fundraising, community service, etc.) outside of the classroom, Regional Public Safety Training Center, or Victor Valley Community College District Property. Violations of the Student Code of Conduct may result in disciplinary action, including progressive discipline and removal from the program.

Tobacco use of any kind is prohibited while on-campus, off-campus and while in uniform. This includes, but is not limited to, cigarettes, chewing tobacco and e- cigarettes. Violations of this will be cause for progressive discipline, up to and including removal from the program.

Chain of Command and Grievance Process

The academy chain of command will be utilized for the grievance process. All grievances must be received in writing to count as a grievance. Students and faculty are encouraged to maintain the chain of command concepts throughout the entire academy. The following is the current chain of command:

- Person with which the conflict exists.
- Instructor(s)
- Clinical Coordinator (clinical or field Issues)
 - Bradley Reddall, ext. 3310,
- Program Director
 - Dave Oleson, ext. 2738,
- Medical Director
 - John Stroh, MD, (310) 902-2040 – cell,
- Chairperson, Department of Emergency Medical Services
 - Dave Oleson, ext. 2738,
- Dean, Public Safety/Industrial Technology
 - TBD,
- Vice President Instruction
 - Dr. McKenzie Tarango, ext. 2693,
- President/Superintendent
 - Dr. Daniel Walden, ext. 2922,
- Board of Trustees
- State Chancellor

*** Failure to follow the chain of command will result in a loss of validity for your complaint and a need to restart the grievance process.

Technical Standards

Paramedic Characteristics

The Paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The Paramedic must have excellent judgement and be able to prioritize decisions and act quickly in the best interest of the patient, must be self-disciplined, able to develop patient rapport, interview hostile patients, maintain safe distance, and recognize and utilize communication unique to diverse multicultural groups and ages within those groups. Must be able to function independently at optimum level in a non-structured environment that is constantly changing.

Even though the Paramedic is generally part of a two-person team generally working with a lower skill and knowledge level Basic EMT, it is the Paramedic who is held responsible for safe and therapeutic administration of drugs including narcotics. Therefore, the Paramedic must not only have knowledge about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholinergics, cholinergics, muscle relaxants, anti-dysrhythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmics, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, antiinflammatories, serums, vaccines, anti-parasitics, and others. The Paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, observing, and documenting the effects of the drugs administered, keeping one's own pharmacological knowledge base current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of

specific drugs to patients based on their constitutional make-up, and using drug reference literature. The responsibility of the Paramedic includes obtaining a comprehensive drug history from the patient that includes names of drugs, strength, daily usage, and dosage. The Paramedic must take into consideration that many factors, in relation to the history given, can affect the type of medication to be given. For example, some patients may be taking several medications prescribed by several different doctors and some may lose track of what they have or have not taken. Some may be using nonprescription/over the counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and in some instances, food, is imperative. The Paramedic must also take into consideration the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind that drugs may cross the placenta. The Paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies (i.e. proper size of intravenous needles) based on patient's age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal precautions and body substance isolation, disposing of contaminated items and equipment properly. The Paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes and have knowledge of poisons and be able to administer treatment. The Paramedic must be knowledgeable as to the stages drugs/medications go through once they have entered the patient's system and be cognizant that route of administration is critical in relation to patient's needs and the effect that occurs. The Paramedic must also be capable of providing advanced life support emergency medical services to patients including conducting of and interpreting electrocardiograms (EKGs), electrical interventions to support the cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax and administering of appropriate intravenous fluids and drugs under direction of off-site designated physician. The Paramedic is a person who must not only remain calm while working in difficult and stressful circumstances but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Good judgement along with advanced knowledge and technical skills are essential in directing other team members to assist as needed. The Paramedic must be able to provide top quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes not only all legal ramifications for precise documentation, but also the responsibility for using the knowledge and skills acquired in real life-threatening emergency situations. The Paramedic must be able to deal with adverse and often dangerous situations which include responding to calls in districts known to have high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet the physical, intellectual, and cognitive requirements demanded by this position.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance at times, more than 125 pounds. Motor coordination is necessary

because over uneven terrain, the patient's, the Paramedic's, and other workers' well-being must not be jeopardized.

Comments

The Paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments or hospitals. Response times for the nature of work are dependent upon nature of call. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the Paramedic who works primarily with 911 calls in districts known to have high crime rates. Thus, the stresses inherent in the role of the Paramedic can vary, depending on the place and type of employment.

However, in general, in the analyst's opinion, the Paramedic must be flexible to meet the demands of the ever-changing emergency scene. When emergencies exist, the situation can be complex, and care of the patient must be started immediately. In essence, the Paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance. The Paramedic must be able to make accurate independent judgements while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

Use of the telephone or radio dispatch for coordination of prompt emergency services is required, as is a pager, depending on your place of employment. Accurately discerning street names through map reading, and correctly distinguishing house numbers or business addresses are essential to task completion in the most expedient manner. Concisely and accurately describing orally to dispatchers and other concerned staff, one's impression of patient's condition, is critical as the Paramedic works in emergency conditions where there may not be time for deliberation. The Paramedic must also be able to accurately report, orally and in writing, all relevant patient data. At times, reporting may require a detailed narrative on extenuating circumstances or conditions that go beyond what is required on a prescribed form. In some instances, the Paramedic must enter data on computer from a laptop in an ambulance. Verbal skills and reasoning skills are used extensively.

Source: USDOT 1998 National Standard Paramedic Curriculum

Clinical Internship

The clinical internship EMS 85 will be an 8-week session for the Traditional Academy in the summer session and a 6-week session for Traditional Academy in the winter 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 80-84. This may be changed as needed with the agreement of the Clinical Coordinator and Program 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.

Background Checks and Immunizations

Each student will be required to submit proof of immunizations – Health Clearance - according to the clinical site's requirements for attendance. When discrepancies occur between sites (requirements), the higher, more comprehensive requirements will be in effect and required by each student. Prior to scheduling any clinical shifts, you must submit copies for proof of the following vaccinations:

- Titers for MMR, Varicella, and Hepatitis B (THIS MUST BE DONE!!!)
 - If any titer is low or negative, you must receive the vaccinations according to your MD suggestions.
- Hepatitis B must have at least one of the shots completed before scheduling is allowed.
 - You must provide childhood vaccination records showing the initial Hep B series or provide a doctor's note.
 - or provide a declination.
- TB/PPD Must have documentation of one negative test within the last 12 months.
 - Chest x-rays are allowed.
- Tdap within the last ten years or provide a declination.
- COVID Immunization Record (if completed) or provide a declination.
- Influenza (Flu shot) if clinical occurs between October and March or provide a declination.
- Current BLS card that is current the entire program.
- Current EMT card that is current the entire program.
- Background check, urinary analysis

At the orientation and during EMS 80-81 you will be given specific dates to have all of this completed. If the vaccinations are not completed by the specified due date, you will not be allowed to attend EMS 85 and you will be dropped from the academy.

Each student will be required to submit to a criminal background verification and a 11-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.

Field Internship

The field internship (EMS 86) will be a 16-week session scheduled in the Fall for Traditional Cohort/Hybrid Cohort or in Spring for Traditional Cohort. Scheduling field internship placements are coordinated by the Clinical Coordinator in consultation with the Program Director.

Preceptor shopping, soliciting specific preceptors, or contacting agencies independently for placement is strictly prohibited. All field internship placements are assigned by program faculty in collaboration with approved agencies and preceptors.

Student placement is subject to change at any time-based on-site availability, staffing, or programmatic need. There is no guarantee that a student will be placed at a specific agency or with a specific preceptor. Placement decisions are made solely at the discretion of the program faculty.

Violations of this policy, including attempts to circumvent placement procedures, will result in a verbal warning on the first offense. Continued violations may result in a formal Performance Improvement Plan (PIP) or dismissal from the program.

During the Field Internship, students are required to utilize Platinum Planner to track schedules, patient contacts, skill competencies, journaling, and portfolio creation. Use of this platform is mandatory and must be kept up to date by the student.

Mandatory meetings, when announced, are required for all students. Absence from a mandatory meeting without prior approval will be considered a violation of program policy. Students must also obtain liability insurance at the time of EMS 86 registration. The approximate cost is \$13 and is required for participation in the field internship.

Firefighting duties of any kind are strictly prohibited during field internship shifts. Any reported violation of this policy will result in immediate removal from EMS 86 and a failing grade for the course.

The Victor Valley College Paramedic Academy strictly adheres to the State of California Code of Regulations, Title 22, Division 9, Chapter 4. Students are strongly encouraged to review these regulations at <http://www.emsa.ca.gov/legislation/legislation.asp>.

Program Goals

Standard II.C – Minimum Expectations:

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

For the student to be eligible to graduate from the Victor Valley College Paramedic Academy they must meet the following skills requirements:

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.

Class Leadership

Each Paramedic Academy will designate a Class President.

Squad leaders serve at the discretion of the Paramedic Academy Director to facilitate the needs of the academy and or the squad.

Additional Responsibilities

- Participation in assigned squad duties.
- Set-up and maintenance of all skills equipment
- Participation in new student Orientation
- Participation in prior Academy graduation
- Participation in drills and EMS competitions
- Participation in college events
- Participation in fundraising
- Participation in community events
- Participation in room, facilities & equipment clean-up after all class meetings.

Computer Access

It will be essential that all students have full computer access for the successful completion of program assignments. EMS 80, 81, 82, 83, and 84, will require access to Blackboard. Access to the Internet is necessary for student participation in EMS 80-86. Students are encouraged to obtain internet access inside the classroom using a tablet or internet accessible device.

Program Materials Fee's

The Paramedic Academy has implemented an all-inclusive fee structure known as materials fees. These fees will be assessed upon registration of the courses. The materials fees cover the following:

- Platinum Planner tracking program
- AHA ACLS/PALS/PHTLS books and certifications
- Background Check/Urinary analysis
- EMS Testing / Platinum Planner
- Brady Digital Library E-Texts
- MyBrady lab
- (2) Class B Uniform shirts
- (2) T-Shirts
- (1) Work shirt/Pullover

- (1) Uniform Ball Cap
- (2) Paramedic Academy patches (affixed)
- (2) Paramedic Academy patches
- (1) Med Pack

The fee structure is as follows:

EMS 80 - \$646.39 + \$161 unit fee @ \$46/unit (3.5 units)
 EMS 81 - \$646.39 + \$161 unit fee @ \$46/unit (3.5 units)
 EMS 82 - \$173.30 + \$207 unit fee @ \$46/unit (4.5 units)
 EMS 83 - \$173.30 + \$161 unit fee @ \$46/unit (3.5 units)
 EMS 84 - \$336.86 + \$184 unit fee @ \$46/unit (10 units)
 EMS 85 - \$184 unit fee @ \$46/unit (4 units)
 EMS 86 - \$529 unit fee @ \$46/unit (11.5 units)

NOTE: Once the student has committed to attending the paramedic program, items that need to be pre-ordered (uniforms) will be the responsibility of the student once the order has been made - regardless of a change in the student's status.

*****Disclaimer*****

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

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.