

STUDENT HANDBOOK

Emergency Medical Technician - Basic



UTAH DEPARTMENT OF HEALTH
DIVISION OF HEALTH SYSTEMS IMPROVEMENT
BUREAU OF EMERGENCY MEDICAL SERVICES

January 2009

Table of Contents

INTRODUCTION.....	4
THE IMPORTANCE OF LIFELONG LEARNING.....	4
JOB DESCRIPTION SUMMARY OF THE EMT-BASIC.....	4
BUREAU OF EMERGENCY MEDICAL SERVICES FUNCTIONAL POSITION DESCRIPTIONS	6
INTRODUCTION	6
QUALIFICATIONS:.....	6
EMS PROVIDER COMPETENCY AREAS.....	7
EMT-B	7
EMT-I.....	7
EMT-IA.....	7
PARAMEDIC	8
EMT-B TRAINING COURSE.....	9
COURSE GOALS	9
UTAH SPECIFIC OBJECTIVES (USO).....	9
PREREQUISITES FOR ADMITANCE INTO EMT-B COURSE	9
STUDENT EXPECTATIONS	10
CLINICAL EXPERIENCE	11
EMT-BASIC RECERTIFICATION REQUIREMENTS.....	12
TABLE 1: EMT-B CME.....	13
SPECIFIED SKILLS	13
EMT-BASIC COURSE OUTLINE	14
EMT-BASIC: COURSE CONTENT.....	16
COLLEGE CREDIT	20
EMERGENCY MEDICAL TECHNICIAN – BASIC PRACTICAL TRAINING RECORD	21
PATIENT ASSESSMENT FORM.....	23
NEED-TO-KNOW ABBREVIATIONS.....	24
EMT-B NATIONAL STANDARD CURRICULUM OBJECTIVES.....	25
INTRO TO EMERGENCY CARE.....	25
WELL BEING OF THE EMT	25
MEDICAL/LEGAL ISSUES.....	26
HUMAN BODY.....	26
VITALS AND SAMPLE.....	26
LIFTING AND MOVING.....	27
AIRWAY	28
SCENE SIZE UP	29
INITIAL ASSESSMENT	30
FOCUSED HISTORY/EXAMINATION TRAUMA.....	31
FOCUSED HISTORY/EXAM MEDICAL	31
DETAILED EXAM.....	32
ON GOING ASSESSMENT	32
COMMUNICATIONS	32
DOCUMENTATION	33
PHARMACOLOGY	33
RESPIRATORY.....	34
CARDIAC EMERGENCIES	34
DIABETES/ALTERED MENTAL STATUS.....	36
ALLERGIES	36

POISONING/OVERDOSE	37
ENVIRONMENTAL	37
BEHAVIORAL	38
OB/GYN	38
BLEEDING AND SHOCK	39
SOFT TISSUE INJURIES	40
MUSCULOSKELETAL	41
INJURIES TO HEAD SPINE	41
INFANTS & CHILDREN	42
AMBULANCE OPERATIONS	43
GAINING ACCESS	44
OVERVIEWS	44
EMT-B CME HOURS TRACKING FORM	46
YOUR COURSE INFORMATION.....	47
UTAH BUREAU OF EMERGENCY MEDICAL SERVICES CONTACT INFORMATION:	47

INTRODUCTION

The Utah Department of Health, Bureau of Emergency Medical Services (BEMS) is charged with ensuring the quality of prehospital emergency medical care. This is accomplished by establishing training standards for Emergency Medical Service (EMS) personnel with input from the medical community and advisory committees. As an Emergency Medical Technician Basic (EMT-B) student, you are responsible for conducting yourself in this course in accordance with these training standards and, ultimately, preparing yourself for certification.

This handbook is designed to acquaint you, as a student, with the requirements that must be met in order for you to be approved and certified by BEMS. A thorough knowledge of the material contained herein will help ensure highly trained and qualified EMT-Bs in Utah. Please contact BEMS if you have any questions.

THE IMPORTANCE OF LIFELONG LEARNING

This curriculum is designed to provide the student with the essentials to serve as an EMT-B. The 120-hour minimum time length of this program, as adopted by BEMS from the Department of Transportation (DOT) National Standard Curriculum (NSC) EMT-B, necessitates enrichment and continuing education in order to bring the student to full competency. This initial program will provide the basics to perform the duties as an EMT-B, but continuing education, experience, and growth is needed to become a competent EMT-B. Continuing education is critical to ensure competency is maintained throughout a person's career in Emergency Medical Services and in the medical profession. Change is a constant process in all professions, especially in the medical professions, and to keep up with the changes professionals need to incorporate continued learning as a permanent part of their lives.

JOB DESCRIPTION SUMMARY OF THE EMT-BASIC

- Responds to emergency calls.
- Provides efficient and immediate care to the critically ill and injured.
- Transports the patient to a medical facility.
- After receiving the call from the dispatcher, drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions.
- Observes traffic ordinances and regulations concerning emergency vehicle operation.
- Upon arrival at the scene of crash or illness, parks the ambulance in a safe location to avoid additional injury.
- Prior to initiating patient care:
 - Completes a size-up of the scene to determine that the scene is safe.
 - Determines the mechanism of injury or nature of illness.
 - Determines the total number of patients.
 - Requests additional help, if necessary.
- In the absence of law enforcement, creates a safe traffic environment, such as:
 - The placement of road flares.
 - Removal of debris.
 - Re-direction of traffic for the protection of the injured and those assisting in the care of injured patients.
- Determines the nature and extent of illness or injury and establishes priority for required emergency care.
- Based on assessment findings, renders emergency medical care to adult, infant and child, medical, and trauma patients. Duties include but not limited to:
 - Opening and maintaining an airway.
 - Ventilating patients.
 - Cardiopulmonary resuscitation, including use of automated external defibrillators.
- Provide prehospital emergency medical care of simple and multiple system trauma such as:
 - Controlling hemorrhage.
 - Treatment of shock (hypoperfusion).
 - Bandaging wounds.
 - Immobilization of painful, swollen, and deformed extremities.
- Provide prehospital emergency care for the medical patient including:
 - Assisting in childbirth.
 - Management of respiratory.
 - Cardiac, diabetic, allergic, behavioral and environmental emergencies.
 - Suspected poisonings.

- Searches for medical identification emblem as a clue in providing emergency care.
- Additional care and/or interventions are provided based upon assessment of the patient and obtaining historical information. These interventions include assisting patients with prescribed medications including:
 - Sublingual nitroglycerin.
 - Epinephrine auto-injectors.
 - Hand-held aerosol inhalers.
- Responsible for administration of other medications such as:
 - Oxygen.
 - Oral glucose.
 - Activated charcoal.
- Upon affiliation with a prehospital agency, recognizing and learning that agency's protocol for all medication administration and interventions.
- Reassures patients and bystanders by working in a confident, efficient manner.
- Avoids mishandling and undue haste while working expeditiously to accomplish the task.
- Where a patient must be extricated from entrapment:
 - Assesses the extent of injury.
 - Gives all possible emergency care and protection to the entrapped patient.
 - Uses the prescribed techniques and appliances for safely removing the patient.
 - When needed, radios the dispatcher for additional help or special rescue and/or utility services.
 - Provides simple rescue service if the ambulance has not been accompanied by a specialized unit.
- After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures.
- Complies with regulations on the handling of the deceased:
 - Notifies authorities.
 - Arranges for protection of property and evidence at the scene.
- Lifts stretcher, placing in ambulance and secures the patient and stretcher, continues emergency medical care.
- From the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction.
- Reports directly to the emergency department or communications center:
 - The nature and extent of injuries.
 - The number being transported.
 - The destination to assure prompt medical care upon arrival at the facility.
- Identifies assessment findings which may require communications with medical direction for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.
- Constantly assesses patient(s) en-route to emergency facility.
- Administers additional care as indicated or directed by medical direction.
- Assists in lifting and carrying the patient out of the ambulance and into the receiving facility.
- Reports verbally and in writing, observation and emergency medical care of the patient at the emergency scene and in transit to the receiving facility staff for purposes of records and diagnostics.
- Upon request, provides assistance to the receiving facility staff.
- After each call:
 - Restocks and replaces used linens, blankets and other supplies.
 - Cleans all equipment following appropriate disinfecting procedures.
 - Makes careful check of all equipment so that the ambulance is ready for the next run.
- Maintains ambulance in efficient operating condition.
- In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.
- Determines that vehicle is in proper mechanical condition by checking items required by service management.
- Maintains familiarity with specialized equipment used by the service.
- Attends continuing education and refresher training programs as required by employers, medical direction, licensing or certifying agencies.
- Meets qualifications within the Functional Position Description.

BUREAU OF EMERGENCY MEDICAL SERVICES FUNCTIONAL POSITION DESCRIPTIONS

Introduction

The following is a general position description for the EMT-B, Emergency Medical Technician - Intermediate (EMT-I), Emergency Medical Technician-Intermediate Advanced (EMT-IA), and Paramedic. This will help anyone understand what qualifications, competencies and tasks are required of the EMT-B, EMT-I, EMT-IA, or Paramedic. It is the ultimate responsibility of an employer to define specific job descriptions within each EMS entity.

Qualifications:

To be certified as an EMT-B, EMT-I, EMT-IA, or Paramedic, an individual shall:

1. Submit a completed application form to BEMS.
2. Be 18 years of age or older.
3. Complete a BEMS approved EMT-B, EMT-I, EMT-IA, or Paramedic course.
4. Display technical competence during field and clinical training.
5. Successfully complete the BEMS written and practical examinations for the applicable certification level.

Generally, the knowledge and skills required show the need for:

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

EMS Provider Competency Areas

The following are summaries of the prehospital certification competencies. This is intended to serve as quick reference for the EMT-B student interesting in advancing their EMS career not a complete reference. See the applicable DOT NSC for all competency areas.

EMT-B

The EMT-B must demonstrate competency handling medical emergencies utilizing Basic Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT-B 1994 curriculum. These objectives include but are not limited to assessment of a patient, handling emergencies, using Basic Life Support equipment and techniques, CPR, bleeding control, provide non-invasive treatment of hypoperfusion, stabilize / immobilize injured bones and the spine, manage environmental emergencies, emergency childbirth, and use of a semi-automatic defibrillator. The EMT-B training requires at least 120 hours of training and 10 hours clinical.

Patient assisted medication administration competency includes:

- Nitroglycerin,
- Aspirin,
- Prescribed Inhaler,
- Epinephrine by Auto-Injector,
- Oral Glucose
- Activated Charcoal

EMT-I

The EMT-I must demonstrate competency handling emergencies utilizing Basic and Advanced Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT-B 1994 and EMT-I 1998 NSC Utah subset. These objectives include but are not limited to key advanced-care skills, patient assessment skills, advanced airway adjuncts, intravenous therapy, defibrillation, and interpretation of basic cardiac dysrhythmias. The EMT-I course requires at least 54 hours of training to complete.

Medication administration competency includes:

- Activated Charcoal,
- Albuterol Sulfate or equivalent,
- Aspirin,
- Dextrose 50%,
- Epinephrine 1:1,000,
- Epinephrine 1:10,000,
- Irrigation solution,
- Lidocaine, (ONLY for pulseless v-tach/v-fib after administration of epinephrine)
- Lidocaine IV Drip,
- Morphine Sulfate,
- Naloxone, (Narcan)
- Nitroglycerine (tablets or spray),
- Normal Saline
- Ringers Lactate

EMT-IA

The EMT-IA must demonstrate competency handling emergencies utilizing Basic and Advanced Life support equipment and skills in accordance with all behavioral objectives in the DOT/EMT-B and EMT-I 1998 NSC. They demonstrate competency in all EMT-B skills and equipment usage. Must be able to provide Advanced Life Support using intravenous therapy, defibrillator and advanced airway adjuncts to control the airway in cases of respiratory and cardiac arrest. The EMT-IA is competency based and usually takes around 200 hours of training and 300-600 hours clinical and field time.

Medication administration competency includes:

- Activated Charcoal,
- Adenosine,
- Albuterol Sulfate or equivalent,
- Aspirin,
- Atropine Sulfate,
- Dextrose 50%,
- Glucagon
- Diazepam,
- Epinephrine 1:1,000,
- Epinephrine 1:10,000,
- Furosemide,
- Irrigation solution,
- Lidocaine,
- Lidocaine IV Drip,
- Morphine Sulfate,
- Naloxone,
- Nitroglycerine (tablets or spray),
- Normal Saline
- Ringers Lactate

PARAMEDIC

The Paramedic must demonstrate competency handling emergencies utilizing all Basic and Advanced Life Support equipment and skills in accordance with all behavioral objectives in the DOT/EMT-B 1994 and Paramedic 1998 NSC. They must demonstrate competency in all EMT-B skills and equipment usage. They will be able to provide Advanced Life Support using intravenous therapy, defibrillator and advanced airway adjuncts to control the airway in cases of respiratory and cardiac arrest.

Medication administration competency includes:

- Activated Charcoal,
- Albuterol Sulfate,
- Ammonia capsules,
- Atropine Sulfate,
- Aspirin,
- Dextrose 50%,
- Diazepam,
- Diphenhydramine,
- Dopamine,
- Epinephrine 1:1,000,
- Epinephrine 1:10,000,
- Furosemide,
- Irrigation solution,
- Lidocaine,
- Lidocaine IV drip,
- Meperidine,
- Morphine Sulfate,
- Naloxone,
- Nitroglycerine,
- Normal Saline,
- Oxytocin,
- Promethazine,
- Ringers Lactate
- Sodium Bicarbonate

EMT-B TRAINING COURSE

COURSE GOALS

After successful completion of the program, the student will be capable of performing the following functions at the minimum entry level:

1. Recognize the nature and seriousness of a patient's condition or extent of injuries to assess requirements for emergency medical care;
2. Administer appropriate emergency medical care based on assessment findings of the patient's condition;
3. Lift, move, position and otherwise handle the patient to minimize discomfort and prevent further injury;
4. In a mass casualty incident, perform triage; and,
5. Perform safely and effectively the expectations of the job description.

The basic course is a minimum of 120 hours in length. There are 46 lessons in the NSC. In addition to the required 120 hours of instruction, this course requires that the student have a minimum of 10 hours in a clinical or field setting with an emphasis on patient interactions.

The EMT-B student should acquire an appreciation on ongoing education. Two concepts should be focused on to achieve this goal:

1. During the initial EMT-B training, additional education in related content may be studied.
2. Ongoing education is an integral component of any educational process and the EMT-B should be committed to a process of life-long learning.

UTAH SPECIFIC OBJECTIVES (USO)

10 hours of training have been added to the Utah EMT-B course content since the original adoption of the 1994 NSC, EMT-B. In addition to the 46 NSC lessons, 6 lessons with content that was identified as being deficient in the core NSC were added as a requirement for all EMT-B courses in Utah. These are called the Utah Specific Objectives. These additional hours were implemented to enhance areas of needed training outside of the original scope of the NSC. Objectives as well as supplemental training information on these subjects have been compiled in the document Utah Specific Objectives for the Emergency Medical Technician – Basic 2007 (USOB). The USOB is available on the BEMS web site in the Training section.

PREREQUISITES FOR ADMITANCE INTO EMT-B COURSE

CPR Certification:

The prospective EMT-B student must have a current CPR card prior to entering the program.

Acceptable certifications include:

American Heart Association - Health Care Provider

American Red Cross - Professional Rescuer

National Safety Council Certification

A course that the applicant can demonstrate to BEMS to be equivalent or greater

Although CPR training is a prerequisite, it should be routinely practiced and integrated throughout the entire instruction of the EMT-B Course. (Several EMT-B courses offer CPR instruction courses before the start of the EMT-B course).

Age Restriction:

The prospective EMT-B must be at least 18 years old within 120 days at the completion of the course to be eligible for enrollment.

STUDENT EXPECTATIONS

This training program is detailed and exacting. The EMT-B is an important, recognized part of the medical team. The standards are high and will remain high in order to maintain the respected position on the medical team and in the community. To become a fully certified EMT-B, it will be necessary for the student to comply with certain requirements. These requirements are as follows:

1. **Attendance** - Students will be required to attend all scheduled classes. If for some reason the student is unable to attend a class (illness, etc.), they must make arrangements with the Course Coordinator to make up the material missed. Each student will be responsible to have at least 120 hours of documented class time.
2. **Class Participation** - Students will be evaluated by the Instructors, Course Coordinator, and Medical Director during the entire course in such areas as dependability, attitude, maturity, and the ability to relate well with others as well as the students ability to achieve acceptable performance levels. Remediation will be provided by the Course Coordinator or Instructors for students having difficulties in any area of the course.
3. **Documentation** – BEMS requires the following documents be submitted for each student prior to the student being allowed to take the state written or practical testing:
 - a. **Application Form** - The application form must be completed, signed and notarized before sending it to BEMS. Incomplete applications will be returned and may delay the certification process. The application must be **completely** filled out, especially criminal histories. BEMS will conduct a thorough background investigation through the Utah Bureau of Criminal Investigations. If the student has a questionable criminal history, he/she should contact BEMS PRIOR to beginning the course. If a student has not lived in Utah for the past five years, fingerprint must be submitted to BEMS for an FBI check
 - b. **Declaration of Understanding.** - Each student must read, understand, notarize, and sign a Declaration of Understanding. The student is also responsible to submit to BEMS, with the application, pages seven and eight of the document.
 - c. **Student Acknowledgement of Bureau of Emergency Medical Services Policies and Procedures.** – Each student must read, understand and sign Student Acknowledgement of Bureau Policies and Procedures. The Course Coordinator will make a copy, file one in your records, and return the second one to you.
 - d. **Letter of Recommendation for Certification.** - The Course Coordinator and Medical Director will sign a document that states the student has attended at least 120 hours of the course, successfully completed all written and practical training, and meets BEMS requirements for initial certification. If the Course Coordinator or Medical Director feels a student has not met the appropriate requirements he/she may elect not to recommend a student for certification.
4. **Fees** - BEMS requires specific fees for testing, certification, and background investigations. These fees may be paid by the Course Coordinator as part of the course fees or the individual students may be required to pay them. Students will not be allowed to take the BEMS written and practical examinations until all fees are paid. In the event a student does not show for the practical test or fails a test and a retest is necessary, retest fees must be paid to BEMS prior to the desired retest date. All certification fees are non-refundable.
5. **Identification** - Students will be provided with an identification badge. Students should wear it at all times, especially during the clinical portion of the course.
6. **Practical Training Record** - At the beginning of the course the students will be given a Practical Training Record, which must be signed off by the Instructors and clinical personnel during each phase of the training. This completed report will be signed by the Course Coordinator and Medical Director attesting to the skills and abilities of the student.
7. **Clinical Experience** - The student will be required to spend 10 hours in a clinical environment which should include at least five patient assessments, complete with Incident Report Forms filled out as if they were practicing in the field. This is accomplished in a hospital and/or ambulance setting. Please make every possible attempt to

appear at the scheduled times. If for some reason the student is unable to attend, they should contact the Course Coordinator as soon as possible.

8. **Written Test** - At the conclusion of the course, the students must successfully complete a state administered computer based written test. This test consists of 100 multiple choice questions and is graded on a pass-fail basis (percentage scores are not available). The student will be allowed only three attempts to pass this test. In the event a student fails the test three times, the student will be required to complete another EMT-B course in order to certify. Do not schedule a retest until you receive the results letter from BEMS and have studied the materials.
9. **Practical Examination** - A practical examination consisting of a scenario and a skills test will be administered by the state Test Team. This examination is also administered on a pass-fail basis. If the student fails any part of the practical exam, it may be necessary for the student to retest the entire practical exam. The student will be allowed only three attempts to pass this test. In the event a student fails three times, the student will be required to complete another EMT-B course in order to certify.

Students should attend the practical test at the time they are scheduled. If the student cannot attend the date they are scheduled they must cancel 72 hours prior to the test date or they will be charged for the test and will have to pay a retest fee. If a student arrives too early for a test, they will not be allowed to sign in until the appropriate time. The testing process may take the entire day. Students are encouraged not to make plans for the day of the test. The student must bring a watch with a second hand to the test. The student may bring a personal stethoscope and blood pressure cuff if they prefer to use their own equipment.

The student must be appropriately dressed for the test. Inappropriate clothing includes shorts above the knees, revealing attire, dresses or skirts above the knees, torn or worn out clothes, clothing that exposes the midriff area or undergarments, gang related apparel, and any kind of distracting or offensive attire. The test team reserves the right to exclude from testing anyone inappropriately dressed.

10. **Test Results** - A test result letter will be sent after the test. The results letter will refer the student to the NSC\EMT-B Curriculum for items missed that should be studied again. The test results letter is not a certification document and does not imply certification by BEMS. Test results are not given over the telephone. If a student does not receive their results letter within one month, the student may call the EMS office and inquire about the status of their testing process. In the event a student needs to retest they must bring the first test results letter sent by BEMS.
11. **State Certification** - State certification will be issued upon successful completion of all the above listed requirements. These requirements must be met within 120 days of the completion of the course. It takes approximately three weeks following testing for the information to be processed and the student to receive their certification in the mail. Students will receive a state certificate, identification badge, patch, and decal. If you do not receive your certification within one month after you have completed all requirements, please call BEMS.

CLINICAL EXPERIENCE

BEMS has been requested by the hospital and ambulance services to advise you of their requirements and standards. BEMS has in turn advised all agencies to send students home if they do not meet the agency standards or are not properly cleaned and dressed.

The students must wear clothing appropriate to working in a health care environment. This means clean, odor free, intact (not ripped or torn), and comfortable clothing. They should not wear dirty or worn jeans, shorts, tennis shoes, sandals, T-shirts, revealing clothing, or clothing of a potentially offensive nature.

The students should also be clean shaven or if they have facial hair it should be neatly trimmed. Students with long hair may have to fasten it back. The Course Coordinator will contact the facilities where the students will be working and find out the particulars of their dress code and forward that information to the students.

The student is responsible to gain adequate understanding in blood borne pathogens to assure safety in the clinical environment. The Course Coordinator will have a written plan for students to follow in the event of contamination or exposure. This may also be accomplished through an agreement with the clinical agency.

The students must wear an identification badge, have a pen and a watch, and bring their Training Report to be signed by the clinic personnel.

EMT-BASIC RECERTIFICATION REQUIREMENTS

- (1) BEMS may recertify an EMT-B for a four-year period or for a shorter period as modified by BEMS to standardize recertification cycles.
- (2) An individual seeking recertification must:
 - (a) Submit the applicable fees and a completed application, including social security number and signature, to the Department;
 - (b) Submit to a background investigation, including an FBI background investigation if the individual has not been a Utah resident for the past consecutive five years; however a Utah resident who has been out-of-state on a religious mission, in the military, or serving as a foreign exchange student for any of the five years, need not submit to the FBI background investigation;
 - (c) Maintain and submit documentation of having completed a course in cardiopulmonary resuscitation within the prior two years, offered by the National Safety Council, the American Red Cross, or the American Heart Association or a course that the applicant can demonstrate to the Department to be equivalent;
 - (d) Successfully complete the Department applicable written and practical recertification examinations, or reexaminations if necessary, within one year prior to expiration of the certification to be renewed;
 - (e) Submit a statement from the applicant's EMS provider organization or a physician, confirming the applicant's results of a TB examination; and
 - (f) Provide documentation of completion of 100 hours of Department-approved continuing medical education distributed throughout the prior four years. (See table 1, below, for the required hours by subject)

Table 1: EMT-B CME

EMT-B	Required Hours	2	Well Being of the EMT
		2	Infection Control
		4	Airway (to include skill 7 in table 2)
		10	Patient Assessment
		4	Communications and Documentation
		8	Pharmacology and Patient Assisted Medications (to include skill 5 from table 2)
		6	Medical Emergencies: Cardiac and Automatic External Defibrillation (AED) (to include skill 8 in table 2)
		7	Medical Emergencies: Including but not limited to respiratory, allergic reactions, environmental abdominal, diabetes, behavioral, poisoning, drugs, and alcohol
		12	Trauma: including but not limited to: bleeding, shock, soft tissue, burns, kinetics, musculoskeletal, head and spine, eyes, face, chest, splinting and bandaging. (to include skills 1, 2, 3, 4 in table 2)
		8	Pediatric patients (to include skill 6 in table 2)
		4	Obstetrics and Gynecology
		4	Operations: including but not limited to: lifting and moving, ambulance operations, extrication, triage
	4	HAZMAT Awareness	
Electives	25		
	100	Total	

SPECIFIED SKILLS

The specified skills are those that an EMT must be able to perform at anytime, even though some of the skills may not be routinely performed. These skills are incorporated into the CME hour requirements and are not additional requirements

EMT-B, EMT-I and EMT-IA.	Each EMT should complete the following skills at least two times throughout their certification. These skills should be proficiently demonstrated to a Utah state certified EMS Instructor. Document the accomplishment of the skills. The skills will be accomplished as per the Teaching and Testing Guidelines (TTGs).	Skill 1:	Bandaging of the arm, elbow, shoulder, neck, top of head, cheek, protruding eye, ear, and open chest wound.
		Skill 2:	Splinting using hare traction or sager splint (choice based upon availability of equipment).
		Skill 3:	Splinting of at least one upper and lower extremity.
		Skill 4:	Cervical and spinal immobilization using c-collar, long board, head stabilization equipment (utilize available equipment) and straps.
		Skill 5:	Patient assisted medications: nitroglycerin, pre-loaded epinephrine, inhaler, and glucose.
		Skill 6:	Pediatric immobilization: in a car seat and backboard.
		Skill 7:	Insertion of nasopharyngeal and oropharyngeal airways.
		Skill 8:	Defibrillation of a patient in cardiac arrest using an AED.

Included in this student handbook is a simple CME tracking form to help you keep track of the CME you have completed. Each line represents one hour of a specific required topic. This is located on page 46.

EMT-BASIC COURSE OUTLINE		
Module and Topic		Required Hours
Module 1 Preparatory		
1-1	Introduction to Emergency Medical Care	1.5
1-2	Well-being of the EMT	1.5
1-3	Medical/Legal-Ethical Issues	1.5
USO*	DNR Regulations	1
1-4	Human Body	2.5
1-5	Baseline Vital Signs and Sample History	2
1-6	Lifting and Moving Patients	3
1-7	Evaluation: Preparatory Module	1
Module 2 Airway		
2-1	Airway	4
2-2	Practical Skills Lab: Airway	2
2-3	Evaluation: Airway Module	1
Module 3 Patient Assessment		
3-1	Scene Size-Up	.5
3-2	Initial Assessment	1
3-3	Focused History and Physical Exam--Trauma	4
3-4	Focused History and Physical Exam--Medical	2
3-5	Detailed Physical Exam	1
3-6	Ongoing Assessment	1
3-7	Communications	1
USO*	Critical Incident Stress Management	1
3-8	Documentation and Pre-hospital Care Report	1.5
3-9	Practical Skills Lab: Patient Assessment	8
3-10	Evaluation: Patient Assessment Module	1
Module 4 Medical/Behavioral Emergencies and Obstetrics/Gynecology		
4-1	General Pharmacology	1
4-2	Respiratory Emergencies	2.5
4-3	Cardiovascular Emergencies	7
4-4	Diabetic Emergencies	2
4-5	Allergies	2
4-6	Poisoning/Overdose	2
4-7	Environmental Emergencies	2
4-8	Behavioral Emergencies	1.5
USO*	Geriatrics	1
4-9	Obstetrics	2
4-10	Practical Skills: Medical/Behavioral/Obstetrics	8
4-11	Evaluation: Medical/Behavioral/Obstetrics	1

Module 5 Trauma		
5-1	Bleeding and Shock	2
5-2	Soft Tissue Injuries	2
5-3	Musculoskeletal Injuries	4
5-4	Injuries to the Head and Spine	4
5-5	Practical Skills Lab: Trauma	6
5-6	Evaluation: Trauma	1
Module 6 Infants and Children		
6-1	Infants and Children	3
6-2	Practical Skills Lab: Infants and Children	3
USO*	Pediatric Immobilization Practice	1
6-3	Evaluation: Infants and Children	1
Module 7 Operations		
7-1	Ambulance Operations	1
7-2	Gaining Access	1
7-3	Overviews	2
7-4	Evaluation: Operations	1
USO*	Hazardous Materials	4
USO*	Triage	2
Final Written Evaluation		2
Final Practical Evaluation		5
TOTAL COURSE HOURS		120
Clinical and Field		10
TOTAL MINIMUM HOURS		130

*These lessons are in addition to the NSC objectives and are mandatory for Utah classes.

EMT-BASIC: COURSE CONTENT

MODULE 1 – PREPARATORY

Lesson 1-1 Introduction to Emergency Medical Care

Familiarizes the EMT-B candidate with the introductory aspects of emergency medical care. Topics addressed include the Emergency Medical Services system, roles and responsibilities of the EMT-B, quality improvement, and medical direction.

Lesson 1-2 Well-Being of the EMT-Basic

Addresses the emotional aspects of emergency care, stress management, introduction to Critical Incident Stress Debriefing (CISD), scene safety, body substance isolation (BSI), personal protective equipment (PPE), and safety precautions that can be taken prior to performing the role of an EMT-B.

Lesson 1-3 Medical/Legal and Ethical Issues

Explores the scope of practice, ethical responsibilities, advanced directives, consent, refusals, abandonment, negligence, duty to act, confidentiality, and special situations such as organ donors and crime scenes. Medical/legal and ethical issues are vital elements of the EMT-Bs daily life.

Lesson * Do-not-resuscitate (DNR)

This lesson should be designed to address the Utah EMS/DNR Implementation Protocol for Health Care Providers.

Lesson 1-4 The Human Body

Enhances the EMT-Bs knowledge of the human body. A brief overview of body systems, anatomy, and physiology will be addressed in this session.

Lesson 1-5 Baseline Vital Signs and SAMPLE History

Teaches assessment and recording of patient vital signs and SAMPLE history.

Lesson 1-6 Lifting and Moving Patients

Provides students with knowledge of body mechanics, lifting and carrying techniques, principles of moving patients, and an overview of equipment. Practical skills of lifting and moving will also be developed during this lesson.

Lesson 1-7 Evaluation: Preparatory Module

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor, and affective objectives from this module of instruction.

MODULE 2- AIRWAY

Lesson 2-1 Airway

Teaches airway anatomy and physiology, how to maintain an open airway, pulmonary resuscitation, variations for infants, children, and patients with laryngectomies. The use of airways, suction equipment, oxygen equipment, delivery systems, and resuscitation devices will be discussed in this lesson.

Lesson 2-2 Practical Skills Lab: Airway

Provides supervised practice for students to develop the psychomotor skills for airway care. The practical use of airways, suction equipment, oxygen equipment and delivery systems, and resuscitation devices will be practiced in this lesson.

Lesson 2-3 Evaluation: Airway Module

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

MODULE 3 - PATIENT ASSESSMENT

Lesson 3-1 Scene Size-Up

Enhance the EMT-Bs ability to evaluate a scene for potential hazards, determine the number of patients, determine if additional help is necessary, and evaluate mechanism of injury or nature of illness. This lesson draws on the knowledge of Lesson 1-2.

Lesson 3-2 Initial Assessment

Provides the knowledge and skills to properly perform the initial assessment. In this session, the student will learn about forming a general impression, determining responsiveness, assessment of the airway, breathing, and circulation. Students will also discuss how to determine priorities of patient care.

Lesson 3-3 Focused History and Physical Exam - Trauma Patients

Describes and demonstrates the method of assessing traumatic injuries. A rapid approach to the trauma patient will be the focus of this lesson.

Lesson 3-4 Focused History and Physical Exam - Medical Patients

Describes and demonstrates the method of assessing patients with medical complaints or signs and symptoms of distress. This lesson will also serve as an introduction to the care of the medical patient.

Lesson 3-5 Detailed Physical Exam

Teaches the knowledge and skills required to continue the assessment and treatment of the patient.

Lesson 3-6 On-Going Assessment

Stresses the importance of trending, recording changes in the patient's condition, and reassessment of interventions to assure appropriate care.

Lesson 3-7 Communications

Discusses the components of a communication system, radio communications, communication with medical direction, verbal communication, interpersonal communication, and quality improvement.

Lesson * Communication: CISM

This lesson is intended to ensure an understanding and role of the Utah Critical Incident Stress Management (CISM) program. (See USOB)

Lesson 3-8 Documentation

Assists the EMT-B in understanding the components of the written report, special considerations regarding patient refusal, the legal implications of the report, and special reporting situations. Reports are an important aspect of prehospital care. This skill will be integrated into all student practices.

Lesson 3-9 Practical Skills Lab: Patient Assessment

Integrates the knowledge and skills learned thus far to assure that the student has the knowledge and skills of assessment necessary to continue with the management of patients with medical complaints and traumatic injuries.

Lesson 3-10 Evaluation: Patient Assessment Module

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

MODULE 4 - MEDICAL/BEHAVIORAL EMERGENCIES AND OBSTETRICS/GYNECOLOGY

Lesson 4-1 General Pharmacology

Provides the student with a basic knowledge of pharmacology and provides a foundation for the administration of medications that the EMT-B would be assisting with.

Lesson 4-2 Respiratory Emergencies

Reviews components of the lesson on respiratory anatomy and physiology. It will also provide instruction on assessment of respiratory difficulty and emergency medical care of respiratory problems, and the patient

assisted administration of prescribed inhalers.

Lesson 4-3 Cardiovascular Emergencies

Review of the cardiovascular system, an introduction to the signs and symptoms of cardiovascular disease, administration of a patient's prescribed nitroglycerin, and use of the automated external defibrillator.

Lesson 4-4 Diabetes/Altered Mental Status

Review of the signs and symptoms of altered level of consciousness, the emergency medical care of a patient with signs and symptoms of altered mental status with a history of diabetes, and the administration of oral glucose.

Lesson 4-5 Allergies

Teaches the student to recognize the signs and symptoms of an allergic reaction and how to assist the patient with a prescribed epinephrine auto-injector.

Lesson 4-6 Poisoning/Overdose

Teaches the student to recognize the signs and symptoms of poisoning and overdose. Information on the administration of activated charcoal is also included in this section.

Lesson 4-7 Environmental Emergencies

Addresses recognition of the signs and symptoms of heat and cold exposure, as well as the emergency medical care of these conditions. Information on aquatic emergencies and bites and stings will also be included in this lesson.

Lesson * Geriatrics

Develops the student's awareness of the special needs and management of geriatric patients. (see USOB).

Lesson 4-8 Behavioral Emergencies

Develops the student's awareness of behavioral emergencies and the management of the disturbed patient.

Lesson 4-9 Obstetrics/Gynecology

Reviews the anatomical and physiological changes that occur during pregnancy, demonstrate normal and abnormal deliveries, summarize signs and symptoms of common gynecological emergencies, and neonatal resuscitation.

Lesson 4-10 Practical Skills Lab: Med/Behavioral/Emergencies and Obstetrics/Gynecology

Draws on the student's knowledge and skills learned thus far in the didactic portion of this module and applies them to a practical setting. Students will be given the opportunity to assess and treat a variety of patients with various medical complaints.

Lesson 4-11 Evaluation: Medical/Behavioral Emergencies and Obstetrics/Gynecology

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

MODULE 5 – TRAUMA

Lesson 5-1 Bleeding and Shock

Reviews the cardiovascular system, describes the care of the patient with internal and external bleeding, signs and symptoms of shock (hypoperfusion), and the emergency medical care of shock.

Lesson 5-2 Soft Tissue Injuries

Continues with the information taught in Bleeding and Shock, discussing the anatomy of the skin and management of soft tissue injuries and burns. Techniques of dressing and bandaging wounds will also be taught in this lesson.

Lesson 5-3 Musculoskeletal Care

Reviews the anatomy and physiology of the musculoskeletal system, prior to teaching the students recognition of signs and symptoms of a painful, swollen, deformed extremity and splinting of the extremities.

Lesson 5-4 Injuries to the Head and Spine

Reviews the anatomy of the nervous system and the skeletal system and injuries to the spine and head, including mechanism of injury, signs and symptoms of injury, and assessment. Emergency medical care, including the use of cervical immobilization devices and short and long backboards will also be discussed and demonstrated by the instructor and students. Other topics include helmet removal and infant and child considerations.

Lesson 5-5 Practical Skills Lab: Trauma

Provides practice for the assessment and management of patients with traumatic injuries.

Lesson 5-6 Evaluation: Trauma Module

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

MODULE 6 - INFANTS AND CHILDREN

Lesson 6-1 Infants and Children

Presents information concerning the developmental and anatomical differences in infants and children; discuss common medical and trauma situations, and address infants and children that are dependent on special technology.

Lesson 6-2 Practical Skills Lab: Infants and Children

Provides the EMT-B student the opportunity to interact with infants and children, and practice the knowledge and skills learned thus far concerning this special population.

Lesson * Pediatric Immobilization

Provides specific practice on immobilizing pediatric patients. (See USOB)

Lesson 6-3 Evaluation: Infants and Children

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

MODULE 7 – OPERATIONS

Lesson 7-1 Ambulance Operations

Presents an overview of the knowledge needed to function in the pre-hospital environment. Topics addressed include responding to a call, emergency vehicle operations, transferring patients, and the phases of an ambulance call.

Lesson 7-2 Gaining Access

Provides the EMT-B student with an overview of rescue operations. Topics addressed include roles and responsibilities at a crash scene, equipment, gaining access, and removing the patient.

Lesson 7-3 Overviews

Provides the EMT-B student with information on hazardous materials, incident management systems, mass casualty situations, and basic triage.

Lesson 7-4 Evaluation: Operations

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

Lesson * Haz-Mat

Includes sufficient information of hazardous materials to comply with worker protection standards. (USOB)

Lesson***Triage**

Provides the opportunity for the EMT-B student to practice the skills needed to deal with a triage situation. (USOB)

Final Written Evaluation

Complete a written evaluation to determine the level of achievement of the cognitive and affective objectives from this course of instruction.

Final Practical Evaluation

Complete a skills evaluation to determine the level of achievement of the cognitive, psychomotor and affective objectives from this course of instruction.

COLLEGE CREDIT

The following colleges and universities have agreed to allow EMT-B students to receive college credit for taking the EMT class. Each institution has a unique policy, therefore, if any students would like college credit, it would be wise for the student to contact the appropriate college or university and confirm the procedures.

UNIVERSITY OF UTAH*, Salt Lake City Contact: Les Chatelain # 801-581-4512

SALT LAKE COMMUNITY COLLEGE*, Salt Lake City Contact: Beth Hanson # 801-957-3930

SNOW COLLEGE*, Ephraim Contact: Ernie Williams # 435-283-7085

*EMT-B classes are offered at each of the above listed higher education facilities for credit. However, in order to receive credit you must take the class at the college.

DIXIE STATE COLLEGE*, St. George Contact: Shanna Alger # 435-652-7876

EMT-Basic= 9.0 credits

EMT-Intermediate= 4.5 credits

EMT-IA= 6.0 credits

EMT-Paramedic= 30 credits.

We also invite certified EMT's to attend for CME hours.

UTAH VALLEY STATE COLLEGE, Orem Contact Bonnie Fehr or Yudi Lewis # 801-863-7734

6 semester credit hours - \$45

The student must be registered for at least one class at the college. Bring a copy of state certification documents, proving course completion.

WEBER STATE UNIVERSITY, Ogden Contact: Kay Van Kapen # 801-626-6521

6 semester credit hours - \$60

After the class is completed and the student has passed the state written and practical, the student must present state certification documents to the Weber Emergency Care and Rescue Program. Credits for the course will not show up on the student's transcript unless they have taken at least one course from Weber State. A student must call and make an appointment to submit these documents to the university.

If information about your college or university is inaccurate or not included please send an e-mail to tscoresby@utah.gov

Emergency Medical Technician – Basic Practical Training Record				
Student Name:		SS#		
Skill	Objective(s)	TTG(s)	Date	Inst. EMT # & Initials
Module 1 – Preparatory				
BSI/Disposal	1-2.12	01		
Disinfecting Procedures	1-2.13			
Baseline Vital Signs	1-5.32-36	07		
SAMPLE History	1-5.37	05		
Lifting and Loading Patient	1-6.14	54-57		
Wheeled stretcher	1-6.14			
Portable stretcher	1-6.14			
Stair chair	1-6.14			
Scoop stretcher	1-6.14			
Long spine board	1-6.14	50		
Basket stretcher	1-6.14			
Flexible stretcher	1-6.14			
Unload Patient	1-6.15			
Module 2 – Airway				
Head-tilt, chin lift	2-1.25			
Jaw Thrust	2-1.26			
Suctioning	2-1.27	16		
Mouth-to-mouth w/shields	2-1.28			
Pocket mask	2-1.29	14		
Ventilate w/BVM, 1&2 man	2-1.31	14		
Ventilate w/BVM & jaw thrust	2-1.32			
Flow-restricted oxygen-powered ventilation device	2-1.33	14		
Ventilate patient w/stoma	2-1.34			
Insert oral & nasal airways	2-1.35-36	15		
Operate and assembly of oxygen tanks and regulator	2-1.37	12		
Pulse Oximetry		13		
Nonrebreather face mask w/flow rate	2-1.38	12		
Nasal cannula w/flow rate	2-1.39	12		
Module 3 – Patient Assessment				
Identify Hazards	3-1.9	01		
Initial Assessment	3-2.22-28	02		
Focused history/physical exam – Trauma	3-3.8	03, 05, 06, 07		
Focused history/physical exam – Medical	3-4.6-7	04, 05, 06, 07		
Detailed physical exam	3-5.6	08		
On-going assessment	3-6.7	09		
Radio transmission of patient assessment	3-7.11	10		
Prehospital care report (PCR)	3-8.11	11		

Emergency Medical Technician – Basic Practical Training Record				
Student Name:		SS#		
Skill	Objective(s)	TTG(s)	Date	Inst. EMT # & Initials
Module 4 – Medical/Behavioral/OB/Gyn				
Aspirin	4-1.7-8	21		
Assist w/ inhaler	4-1.7-8, 2.13-14	22		
AED	4-3.47-51	18		
Nitroglycerin	4-1.7-8, 3.52-53	20		
Glucometer		19		
Oral glucose	4-1.7-8, 4.7-10	24		
Epinephrine auto-injector	4-1.7-8, 5.9-13	23		
Activated charcoal	4-1.7-8, 6.10-15	25		
Treatment of contact poisons	4-6.11	26		
Hyperthermia	4-7.10-11	27		
Hypothermia	4-7.9,11	28		
Frostbite and cold injuries	4-7.9,11	29		
Restraints	4-8.10-11			
Infant delivery and care	4-9.20-29	30, 31		
Module 5 – Trauma				
Hypoperfusion treatment	5-1.16-17	17		
PASG/MAST	5-1.16	41		
Closed & open soft tissue injuries	5-2.29-30	33-38, 40		
Open chest wound	5-2.31	39		
Open abdominal wounds	5-2.32			
Impaled object	5-2.33			
Amputation & amputated part	5-2.34-35			
Burns	5-2.36-39	32		
Musculoskeletal injuries	5-3.11-12	42-48		
Spine	5-4.33-39	49-51		
Rapid extrication	5-4.40	52, 56		
Helmet	5-4.41-43	53		
Module 6 – Infants and Children				
Assessment of infant/child	6-1.23			
Removal of foreign body – infant/child				
BVM ventilation for infant/child	2-1.40, 6-1.24-25	14		
Oxygen delivery for infant/child	2-1.41, 6-1.26	14		
Module 7 – Operations				
Triage	7-3.16			

Patient Assessment Form

Student Name:		SS#		Patient Signature	Pulse	Resp.	B/P
Adult Assessments				51			
Patient Signature	Pulse	Resp.	B/P	52			
1				53			
2				54			
3				55			
4				56			
5				57			
6				58			
7				59			
8				60			
9				61			
10				62			
11				63			
12				64			
13				65			
14				66			
15				67			
16				68			
17				69			
18				70			
19				71			
20				72			
21				73			
22				74			
23				75			
24				76			
25				77			
26				78			
27				79			
28				80			
				Child Assessments			
29				81			
30				82			
31				83			
32				84			
33				85			
34				86			
35				87			
36				88			
37				89			
38				90			
				Infant Assessments			
39				91			
40				92			
41				93			
42				94			
43				95			
44				96			
45				97			
46				98			
47				99			
48				100			
49							
50							

NEED-TO-KNOW ABBREVIATIONS

AED	A utomatic E xternal D efibrillator
ALS	A dvanced L ife S upport
APGAR	A ppearance, P ulse, G rimace, A ctivity, and R espiration
AVPU	A lert, V erbal, P ain, U nresponsive
BLS	B asic L ife S upport
BSI	B ody S ubstance I solation
CAD	C omputer A ided D ispatch
CPR	C ardiopulmonary R esuscitation
CSF	C erebrospinal F luid
CTC	C olor, T emperature, C ondition
DCAP-BTLS	D eformity, C ontusions, A brasion, P uncture/Penetration, B urns, T enderness, L aceration, S welling
DNR	D o N ot R esuscitate
DPR	D isposable P articulate R espirator
FROP-VD	F low R estricted O xygen P owered – V entilation D evice
ICS	I ncident C ommand S ystem
JVD	J ugular V ein D istention
MCI	M ass C asualty I ncident
MOI	M echanism o f I njury
NOI	N ature o f I llness
NRB	N on- R ebreather oxygen mask
NSC	N ational S tandard C urriculum
O2	O xygen
OPQRST	O nsset, P rovocation, Q uality, R adiation, S everity, T ime
PERRL	P upils E qual, R ound, and R eactive to L ight
PMS	P ulse, M otor, S ensory
POLARIS	P rehospital O n- L ine A ctive R eporting I nformation S ystem
Pt.	P atient
SAMPLE	S igns/Symptoms, A llergies, M edications, P ertinent History, L ast oral intake, E vents leading to the emergency
SIFDO	S cene S ize-Up, I nitial A ssessment, F ocused History & P hysical E xam, D etailed A ssessment, O ngoing A ssessment
USO	U tah S pecific O bjectives

EMT-B DOT National Standard Curriculum Objectives

We have included a complete listing of the DOT, NSC objectives for you to use as a reference. These objectives should be covered in your EMT-B course. These are also the foundation for the certification tests. Use these as a guide to insure that you know all of the material needed to pass the tests and to be a competent EMT-B.

INTRO TO EMERGENCY CARE

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 1-1.1 Define Emergency Medical Services (EMS) systems.(C-1)
- 1-1.2 Differentiate the roles and responsibilities of the EMT-Basic from other prehospital care providers.(C-3)
- 1-1.3 Describe the roles and responsibilities related to personal safety.(C-1)
- 1-1.4 Discuss the roles and responsibilities of the EMT-Basic towards the safety of the crew, the patient and bystanders.(C-1)
- 1-1.5 Define quality improvement and discuss the EMT-Basic's role in the process.(C-1)
- 1-1.6 Define medical direction and discuss the EMT-Basic's role in the process.(C-1)
- 1-1.7 State the specific statutes and regulations in your state regarding the EMS system.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 1-1.8 Assess areas of personal attitude and conduct of the EMT-Basic.(A-3)
- 1-1.9 Characterize the various methods used to access the EMS system in your community.(A-3)

PSYCHOMOTOR OBJECTIVES No psychomotor objectives identified.

WELL BEING OF THE EMT

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 1-2.1 List possible emotional reactions that the EMT-Basic may experience when faced with trauma, illness, death and dying. (C-1)
- 1-2.2 Discuss the possible reactions that a family member may exhibit when confronted with death and dying.(C-1)
- 1-2.3 State the steps in the EMT-Basic's approach to the family confronted with death and dying.(C-1)
- 1-2.4 State the possible reactions that the family of the EMT-Basic may exhibit due to their outside involvement in EMS.(C-1)
- 1-2.5 Recognize the signs and symptoms of critical incident stress.(C-1)
- 1-2.6 State possible steps that the EMT-Basic may take to help reduce/alleviate stress.(C-1)
- 1-2.7 Explain the need to determine scene safety. (C-2)
- 1-2.8 Discuss the importance of body substance isolation (BSI).(C-1)
- 1-2.9 Describe the steps the EMT-Basic should take for personal protection from airborne and bloodborne pathogens.(C-1)
- 1-2.10 List the personal protective equipment necessary for each of the following situations:(C-1)
 - Hazardous materials
 - Rescue operations
 - Violent scenes
 - Crime scenes
 - Exposure to bloodborne pathogens
 - Exposure to airborne pathogens

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

1-2.11 Explain the rationale for serving as an advocate for the use of appropriate protective equipment. (A-3)

PSYCHOMOTOR OBJECTIVES

1-2.12 Given a scenario with potential infectious exposure, the EMT-Basic will use appropriate personal protective equipment. At the completion of the scenario, the EMT-Basic will properly remove and discard the protective garments. (P-1,2)

1-2.13 Given the above scenario, the EMT-Basic will complete disinfection/cleaning and all reporting documentation.(P-1,2)

MEDICAL/LEGAL ISSUES

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

1-3.1 Define the EMT-Basic scope of practice. (C-1)

1-3.2 Discuss the importance of Do Not Resuscitate [DNR] (advance directives) and local or state provisions regarding EMS application.(C-1)

1-3.3 Define consent and discuss the methods of obtaining consent.(C-1)

1-3.4 Differentiate between expressed and implied consent. (C-3)

1-3.5 Explain the role of consent of minors in providing care.(C-1)

1-3.6 Discuss the implications for the EMT-Basic in patient refusal of transport.(C-1)

1-3.7 Discuss the issues of abandonment, negligence, and battery and their implications to the EMT-Basic.(C-1)

1-3.8 State the conditions necessary for the EMT-Basic to have a duty to act.(C-1)

1-3.9 Explain the importance, necessity and legality of patient confidentiality.(C-1)

1-3.10 Discuss the considerations of the EMT-Basic in issues of organ retrieval.(C-1)

1-3.11 Differentiate the actions that an EMT-Basic should take to assist in the preservation of a crime scene. (C-3)

1-3.12 State the conditions that require an EMT-Basic to notify local law enforcement officials.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

1-3.13 Explain the role of EMS and the EMT-Basic regarding patients with DNR orders. (A-3)

1-3.14 Explain the rationale for the needs, benefits and usage of advance directives.(A-3)

1-3.15 Explain the rationale for the concept of varying degrees of DNR.(A-3)

PSYCHOMOTOR OBJECTIVES No psychomotor objectives identified.

HUMAN BODY

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

1-4.1 Identify the following topographic terms: Medial, lateral, proximal, distal, superior, inferior, anterior, posterior, midline, right and left, mid-clavicular, bilateral, mid-axillary. (C-1)

1-4.2 Describe the anatomy and function of the following major body systems: Respiratory, circulatory, musculoskeletal, nervous and endocrine. (C-1)

AFFECTIVE OBJECTIVES No affective objectives identified.

PSYCHOMOTOR OBJECTIVES No psychomotor objectives identified.

VITALS AND SAMPLE

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 1-5.1 Identify the components of vital signs.(C-1)
- 1-5.2 Describe the methods to obtain a breathing rate.(C-1)
- 1-5.3 Identify the attributes that should be obtained when assessing breathing.(C-1)
- 1-5.4 Differentiate between shallow, labored and noisy breathing.(C-3)
- 1-5.5 Describe the methods to obtain a pulse rate.(C-1)
- 1-5.6 Identify the information obtained when assessing a patient's pulse.(C-1)
- 1-5.7 Differentiate between a strong, weak, regular and irregular pulse.(C-3)
- 1-5.8 Describe the methods to assess the skin color, temperature, condition (capillary refill in infants and children).(C-1)
- 1-5.9 Identify the normal and abnormal skin colors.(C-1)
- 1-5.10 Differentiate between pale, blue, red and yellow skin color. (C-3)
- 1-5.11 Identify the normal and abnormal skin temperature.(C-1)
- 1-5.12 Differentiate between hot, cool and cold skin temperature. (C-3)
- 1-5.13 Identify normal and abnormal skin conditions.(C-1)
- 1-5.14 Identify normal and abnormal capillary refill in infants and children.(C-1)
- 1-5.15 Describe the methods to assess the pupils.(C-1)
- 1-5.16 Identify normal and abnormal pupil size.(C-1)
- 1-5.17 Differentiate between dilated (big) and constricted (small) pupil size. (C-3)
- 1-5.18 Differentiate between reactive and non-reactive pupils and equal and unequal pupils. (C-3)
- 1-5.19 Describe the methods to assess blood pressure.(C-1)
- 1-5.20 Define systolic pressure.(C-1)
- 1-5.21 Define diastolic pressure.(C-1)
- 1-5.22 Explain the difference between auscultation and palpation for obtaining a blood pressure.(C-1)
- 1-5.23 Identify the components of the SAMPLE history.(C-1)
- 1-5.24 Differentiate between a sign and a symptom. (C-3)
- 1-5.25 State the importance of accurately reporting and recording the baseline vital signs.(C-1)
- 1-5.26 Discuss the need to search for additional medical identification.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 1-5.27 Explain the value of performing the baseline vital signs.(A-2)
- 1-5.28 Recognize and respond to the feelings patients experience during assessment.(A-1)
- 1-5.29 Defend the need for obtaining and recording an accurate set of vital signs.(A-3)
- 1-5.30 Explain the rationale of recording additional sets of vital signs.(A-1)
- 1-5.31 Explain the importance of obtaining a SAMPLE history.(A-1)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 1-5.32 Demonstrate the skills involved in assessment of breathing.(P-1,2)
- 1-5.33 Demonstrate the skills associated with obtaining a pulse. (P-1,2)
- 1-5.34 Demonstrate the skills associated with assessing the skin color, temperature, condition, and capillary refill in infants and children.(P-1,2)
- 1-5.35 Demonstrate the skills associated with assessing the pupils. (P-1,2)
- 1-5.36 Demonstrate the skills associated with obtaining blood pressure.(P-1,2)
- 1-5.37 Demonstrate the skills that should be used to obtain information from the patient, family, or bystanders at the scene. (P-1,2)

LIFTING AND MOVING

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 1-6.1 Define body mechanics. (C-1)

- 1-6.2 Discuss the guidelines and safety precautions that need to be followed when lifting a patient.(C-1)
- 1-6.3 Describe the safe lifting of cots and stretchers.(C-1)
- 1-6.4 Describe the guidelines and safety precautions for carrying patients and/or equipment.(C-1)
- 1-6.5 Discuss one-handed carrying techniques.(C-1)
- 1-6.6 Describe correct and safe carrying procedures on stairs.(C-1)
- 1-6.7 State the guidelines for reaching and their application. (C-1)
- 1-6.8 Describe correct reaching for log rolls.(C-1)
- 1-6.9 State the guidelines for pushing and pulling.(C-1)
- 1-6.10 Discuss the general considerations of moving patients.(C-1)
- 1-6.11 State three situations that may require the use of an emergency move.(C-1)
- 1-6.12 Identify the following patient carrying devices:
 - . Wheeled ambulance stretcher
 - . Portable ambulance stretcher
 - . Stair chair
 - . Scoop stretcher
 - . Long spine board
 - . Basket stretcher
 - . Flexible stretcher (C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 1-6.13 Explain the rationale for properly lifting and moving patients.(A-3)

PSYCHOMOTOR OBJECTIVES

1-6.14 Working with a partner, prepare each of the following devices for use, transfer a patient to the device, properly position the patient on the device, move the device to the ambulance and load the patient into the ambulance:

- . Wheeled ambulance stretcher
- . Portable ambulance stretcher
- . Stair chair
- . Scoop stretcher
- . Long spine board
- . Basket stretcher
- . Flexible stretcher (P-1,2)

1-6.15 Working with a partner, the EMT-Basic will demonstrate techniques for the transfer of a patient from an ambulance stretcher to a hospital stretcher.(P-1,2)

AIRWAY

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 2-1.1 Name and label the major structures of the respiratory system on a diagram. (C-1)
- 2-1.2 List the signs of adequate breathing.(C-1)
- 2-1.3 List the signs of inadequate breathing.(C-1)
- 2-1.4 Describe the steps in performing the head-tilt chin-lift.(C-1)
- 2-1.5 Relate mechanism of injury to opening the airway. (C-3)
- 2-1.6 Describe the steps in performing the jaw thrust.(C-1)
- 2-1.7 State the importance of having a suction unit ready for immediate use when providing emergency care.(C-1)
- 2-1.8 Describe the techniques of suctioning.(C-1)
- 2-1.9 Describe how to artificially ventilate a patient with a pocket mask.(C-1)
- 2-1.10 Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask

while using the jaw thrust.(C-1)

2-1.11 List the parts of a bag-valve-mask system.(C-1)

2-1.12 Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers.(C-1)

2-1.13 Describe the signs of adequate artificial ventilation using the bag-valve-mask.(C-1)

2-1.14 Describe the signs of inadequate artificial ventilation using the bag-valve-mask.(C-1)

2-1.15 Describe the steps in artificially ventilating a patient with a flow restricted, oxygen-powered ventilation device.(C-1)

2-1.16 List the steps in performing the actions taken when providing mouth-to-mouth and mouth-to-stoma artificial ventilation.(C-1)

2-1.17 Describe how to measure and insert an oropharyngeal (oral) airway. (C-1)

2-1.18 Describe how to measure and insert a nasopharyngeal (nasal) airway. (C-1)

2-1.19 Define the components of an oxygen delivery system.(C-1)

2-1.20 Identify a nonrebreather face mask and state the oxygen flow requirements needed for its use.(C-1)

2-1.21 Describe the indications for using a nasal cannula versus a nonrebreather face mask. (C-1)

2-1.22 Identify a nasal cannula and state the flow requirements needed for its use.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

2-1.23 Explain the rationale for basic life support artificial ventilation and airway protective skills taking priority over most other basic life support skills.(A-3)

2-1.24 Explain the rationale for providing adequate oxygenation through high inspired oxygen concentrations to patients who, in the past, may have received low concentrations.(A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

2-1.25 Demonstrate the steps in performing the head-tilt chin-lift. (P-1,2)

2-1.26 Demonstrate the steps in performing the jaw thrust.(P-1,2)

2-1.27 Demonstrate the techniques of suctioning.(P-1,2)

2-1.28 Demonstrate the steps in providing mouth-to-mouth artificial ventilation with body substance isolation (barrier shields).(P-1,2)

2-1.29 Demonstrate how to use a pocket mask to artificially ventilate a patient.(P-1,2)

2-1.30 Demonstrate the assembly of a bag-valve-mask unit.(P-1,2)

2-1.31 Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers.(P-1,2)

2-1.32 Demonstrate the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask while using the jaw thrust.(P-1,2)

2-1.33 Demonstrate artificial ventilation of a patient with a flow restricted, oxygen-powered ventilation device.(P-1,2)

2-1.34 Demonstrate how to artificially ventilate a patient with a stoma.(P-1,2)

2-1.35 Demonstrate how to insert an oropharyngeal (oral) airway.(P-1,2)

2-1.36 Demonstrate how to insert a nasopharyngeal (nasal) airway.(P-1,2)

2-1.37 Demonstrate the correct operation of oxygen tanks and regulators.(P-1,2)

2-1.38 Demonstrate the use of a nonrebreather face mask and state the oxygen flow requirements needed for its use.(P-1,2)

2-1.39 Demonstrate the use of a nasal cannula and state the flow requirements needed for its use.(P-1,2)

2-1.40 Demonstrate how to artificially ventilate the infant and child patient.(P-1,2)

2-1.41 Demonstrate oxygen administration for the infant and child patient.(P-1,2)

SCENE SIZE UP

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-1.1 Recognize hazards/potential hazards.(C-1)
- 3-1.2 Describe common hazards found at the scene of a trauma and a medical patient. (C-1)
- 3-1.3 Determine if the scene is safe to enter.(C-2)
- 3-1.4 Discuss common mechanisms of injury/nature of illness.(C-1)
- 3-1.5 Discuss the reason for identifying the total number of patients at the scene.(C-1)
- 3-1.6 Explain the reason for identifying the need for additional help or assistance.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-1.7 Explain the rationale for crew members to evaluate scene safety prior to entering.(A-2)
- 3-1.8 Serve as a model for others explaining how patient situations affect your evaluation of mechanism of injury or illness.(A-2)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-1.9 Observe various scenarios and identify potential hazards. (P-1)

INITIAL ASSESSMENT

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-2.1 Summarize the reasons for forming a general impression of the patient.(C-1)
- 3-2.2 Discuss methods of assessing altered mental status.(C-1)
- 3-2.3 Differentiate between assessing the altered mental status in the adult, child and infant patient.(C-3)
- 3-2.4 Discuss methods of assessing the airway in the adult, child and infant patient.(C-1)
- 3-2.5 State reasons for management of the cervical spine once the patient has been determined to be a trauma patient.(C-1)
- 3-2.6 Describe methods used for assessing if a patient is breathing.(C-1)
- 3-2.7 State what care should be provided to the adult, child and infant patient with adequate breathing.(C-1)
- 3-2.8 State what care should be provided to the adult, child and infant patient without adequate breathing.(C-1)
- 3-2.9 Differentiate between a patient with adequate and inadequate breathing.(C-3)
- 3-2.10 Distinguish between methods of assessing breathing in the adult, child and infant patient.(C-3)
- 3-2.11 Compare the methods of providing airway care to the adult, child and infant patient.(C-3)
- 3-2.12 Describe the methods used to obtain a pulse.(C-1)
- 3-2.13 Differentiate between obtaining a pulse in an adult, child and infant patient.(C-3)
- 3-2.14 Discuss the need for assessing the patient for external bleeding.(C-1)
- 3-2.15 Describe normal and abnormal findings when assessing skin color.(C-1)
- 3-2.16 Describe normal and abnormal findings when assessing skin temperature.(C-1)
- 3-2.17 Describe normal and abnormal findings when assessing skin condition.(C-1)
- 3-2.18 Describe normal and abnormal findings when assessing skin capillary refill in the infant and child patient.(C-1)
- 3-2.19 Explain the reason for prioritizing a patient for care and transport.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-2.20 Explain the importance of forming a general impression of the patient.(A-1)
- 3-2.21 Explain the value of performing an initial assessment.(A-2)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-2.22 Demonstrate the techniques for assessing mental status.(P-1,2)
- 3-2.23 Demonstrate the techniques for assessing the airway.(P-1,2)
- 3-2.24 Demonstrate the techniques for assessing if the patient is breathing.(P-1,2)
- 3-2.25 Demonstrate the techniques for assessing if the patient has a pulse.(P-1,2)
- 3-2.26 Demonstrate the techniques for assessing the patient for external bleeding.(P-1,2)
- 3-2.27 Demonstrate the techniques for assessing the patient's skin color, temperature, condition and capillary refill (infants and children only).(P-1,2)
- 3-2.28 Demonstrate the ability to prioritize patients.(P-1,2)

FOCUSED HISTORY/EXAMINATION TRAUMA

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-3.1 Discuss the reasons for reconsideration concerning the mechanism of injury.(C-1)
- 3-3.2 State the reasons for performing a rapid trauma assessment.(C-1)
- 3-3.3 Recite examples and explain why patients should receive a rapid trauma assessment.(C-1)
- 3-3.4 Describe the areas included in the rapid trauma assessment and discuss what should be evaluated.(C-1)
- 3-3.5 Differentiate when the rapid assessment may be altered in order to provide patient care. (C-3)
- 3-3.6 Discuss the reason for performing a focused history and physical exam.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-3.7 Recognize and respect the feelings that patients might experience during assessment.(A-1)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-3.8 Demonstrate the rapid trauma assessment that should be used to assess a patient based on mechanism of injury.(P-1,2)

FOCUSED HISTORY/EXAM MEDICAL

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-4.1 Describe the unique needs for assessing an individual with a specific chief complaint with no known prior history.(C-1)
- 3-4.2 Differentiate between the history and physical exam that are performed for responsive patients with no known prior history and responsive patients with a known prior history.(C-3)
- 3-4.3 Describe the needs for assessing an individual who is unresponsive.(C-1)
- 3-4.4 Differentiate between the assessment that is performed for a patient who is unresponsive or has an altered mental status and other medical patients requiring assessment.(C-3)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-4.5 Attend to the feelings that these patients might be experiencing.(A-1)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-4.6 Demonstrate the patient assessment skills that should be used to assist a patient who is responsive with no known history.(P-1,2)
- 3-4.7 Demonstrate the patient assessment skills that should be used to assist a patient who is unresponsive or has an altered mental status.(P-1,2)

DETAILED EXAM

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-5.1 Discuss the components of the detailed physical exam.(C-1)
- 3-5.2 State the areas of the body that are evaluated during the detailed physical exam.(C-1)
- 3-5.3 Explain what additional care should be provided while performing the detailed physical exam.(C-1)
- 3-5.4 Distinguish between the detailed physical exam that is performed on a trauma patient and that of the medical patient.(C-3)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-5.5 Explain the rationale for the feelings that these patients might be experiencing.(A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-5.6 Demonstrate the skills involved in performing the detailed physical exam.(P-1,2)

ON GOING ASSESSMENT

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-6.1 Discuss the reasons for repeating the initial assessment as part of the on-going assessment.(C-1)
- 3-6.2 Describe the components of the on-going assessment.(C-1)
- 3-6.3 Describe trending of assessment components.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-6.4 Explain the value of performing an on-going assessment.(A-2)
- 3-6.5 Recognize and respect the feelings that patients might experience during assessment.(A-1)
- 3-6.6 Explain the value of trending assessment components to other health professionals who assume care of the patient.(A-2)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-6.7 Demonstrate the skills involved in performing the on-going assessment.(P-1,2)

COMMUNICATIONS

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-7.1 List the proper methods of initiating and terminating a radio call.(C-1)
- 3-7.2 State the proper sequence for delivery of patient information.(C-1)
- 3-7.3 Explain the importance of effective communication of patient information in the verbal report.(C-1)
- 3-7.4 Identify the essential components of the verbal report.(C-1)
- 3-7.5 Describe the attributes for increasing effectiveness and efficiency of verbal communications.(C-1)
- 3-7.6 State legal aspects to consider in verbal communication.(C-1)
- 3-7.7 Discuss the communication skills that should be used to interact with the patient.(C-1)
- 3-7.8 Discuss the communication skills that should be used to interact with the family, bystanders, individuals from other agencies while providing patient care and the difference between skills used to interact with the patient and those used to interact with others.(C-1)
- 3-7.9 List the correct radio procedures in the following phases of a typical call:(C-1)
 - . To the scene.
 - . At the scene.

- . To the facility.
- . At the facility.
- . To the station.
- . At the station.

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-7.10 Explain the rationale for providing efficient and effective radio communications and patient reports.(A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-7.11 Perform a simulated, organized, concise radio transmission.(P-2)
 3-7.12 Perform an organized, concise patient report that would be given to the staff at a receiving facility.(P-2)
 3-7.13 Perform a brief, organized report that would be given to an ALS provider arriving at an incident scene at which the EMT-Basic was already providing care.(P-2)

DOCUMENTATION

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-8.1 Explain the components of the written report and list the information that should be included in the written report.(C-1)
 3-8.2 Identify the various sections of the written report.(C-1)
 3-8.3 Describe what information is required in each section of the prehospital care report and how it should be entered.(C-1)
 3-8.4 Define the special considerations concerning patient refusal. (C-1)
 3-8.5 Describe the legal implications associated with the written report.(C-1)
 3-8.6 Discuss all state and/or local record and reporting requirements.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-8.7 Explain the rationale for patient care documentation.(A-3)
 3-8.8 Explain the rationale for the EMS system gathering data.(A-3)
 3-8.9 Explain the rationale for using medical terminology correctly.(A-3)
 3-8.10 Explain the rationale for using an accurate and synchronous clock so that information can be used in trending.(A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 3-8.11 Complete a prehospital care report.(P-2)

PHARMACOLOGY

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-1.1 Identify which medications will be carried on the unit.(C-1)
 4-1.2 State the medications carried on the unit by the generic name. (C-1)
 4-1.3 Identify the medications with which the EMT-Basic may assist the patient with administering. (C-1)
 4-1.4 State the medications the EMT-Basic can assist the patient with by the generic name.(C-1)
 4-1.5 Discuss the forms in which the medications may be found. (C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-1.6 Explain the rationale for the administration of medications.(A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-1.7 Demonstrate general steps for assisting patient with self-administration of medications.(P-2)

4-1.8 Read the labels and inspect each type of medication.(P-2)

RESPIRATORY

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-2.1 List the structure and function of the respiratory system.(C-1)

4-2.2 State the signs and symptoms of a patient with breathing difficulty.(C-1)

4-2.3 Describe the emergency medical care of the patient with breathing difficulty.(C-1)

4-2.4 Recognize the need for medical direction to assist in the emergency medical care of the patient with breathing difficulty.(C-3)

4-2.5 Describe the emergency medical care of the patient with breathing distress.(C-1)

4-2.6 Establish the relationship between airway management and the patient with breathing difficulty.(C-3)

4-2.7 List signs of adequate air exchange.(C-1)

4-2.8 State the generic name, medication forms, dose, administration, action, indications and contraindications for the prescribed inhaler.(C-1)

4-2.9 Distinguish between the emergency medical care of the infant, child and adult patient with breathing difficulty.(C-3)

4-2.10 Differentiate between upper airway obstruction and lower airway disease in the infant and child patient.(C-3)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-2.11 Defend EMT-Basic treatment regimens for various respiratory emergencies.(A-1)

4-2.12 Explain the rationale for administering an inhaler.(A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-2.13 Demonstrate the emergency medical care for breathing difficulty.(P-1,2)

4-2.14 Perform the steps in facilitating the use of an inhaler.(P-2)

CARDIAC EMERGENCIES

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-3.1 Describe the structure and function of the cardiovascular system.(C-1)

4-3.2 Describe the emergency medical care of the patient experiencing chest pain/discomfort.(C-1)

4-3.3 List the indications for automated external defibrillation (AED).(C-1)

4-3.4 List the contraindications for automated external defibrillation.(C-1)

4-3.5 Define the role of EMT-B in the emergency cardiac care system.(C-1)

4-3.6 Explain the impact of age and weight on defibrillation.(C-1)

4-3.7 Discuss the position of comfort for patients with various cardiac emergencies.(C-1)

4-3.8 Establish the relationship between airway management and the patient with cardiovascular compromise.(C-3)

4-3.9 Predict the relationship between the patient experiencing cardiovascular compromise and basic life support.(C-2)

4-3.10 Discuss the fundamentals of early defibrillation. (C-1)

- 4-3.11 Explain the rationale for early defibrillation.(C-1)
- 4-3.12 Explain that not all chest pain patients result in cardiac arrest and do not need to be attached to an automated external defibrillator.(C-1)
- 4-3.13 Explain the importance of prehospital ACLS intervention if it is available.(C-1)
- 4-3.14 Explain the importance of urgent transport to a facility with Advanced Cardiac Life Support if it is not available in the prehospital setting.(C-1)
- 4-3.15 Discuss the various types of automated external defibrillators.(C-1)
- 4-3.16 Differentiate between the fully automated and the semiautomated defibrillator.(C-3)
- 4-3.17 Discuss the procedures that must be taken into consideration for standard operations of the various types of automated external defibrillators.(C-1)
- 4-3.18 State the reasons for assuring that the patient is pulseless and apneic when using the automated external defibrillator.(C-1)
- 4-3.19 Discuss the circumstances which may result in inappropriate shocks.(C-1)
- 4-3.20 Explain the considerations for interruption of CPR, when using the automated external defibrillator.(C-1)
- 4-3.21 Discuss the advantages and disadvantages of automated external defibrillators.(C-1)
- 4-3.22 Summarize the speed of operation of automated external defibrillation.(C-1)
- 4-3.23 Discuss the use of remote defibrillation through adhesive pads.(C-1)
- 4-3.24 Discuss the special considerations for rhythm monitoring.(C-1)
- 4-3.25 List the steps in the operation of the automated external defibrillator. (C-1)
- 4-3.26 Discuss the standard of care that should be used to provide care to a patient with persistent ventricular fibrillation and no available ACLS.(C-1)
- 4-3.27 Discuss the standard of care that should be used to provide care to a patient with recurrent ventricular fibrillation and no available ACLS.(C-1)
- 4-3.28 Differentiate between the single rescuer and multi-rescuer care with an automated external defibrillator.(C-3)
- 4-3.29 Explain the reason for pulses not being checked between shocks with an automated external defibrillator.(C-1)
- 4-3.30 Discuss the importance of coordinating ACLS trained providers with personnel using automated external defibrillators.(C-1)
- 4-3.31 Discuss the importance of post-resuscitation care.(C-1)
- 4-3.32 List the components of post-resuscitation care.(C-1)
- 4-3.33 Explain the importance of frequent practice with the automated external defibrillator.(C-1)
- 4-3.34 Discuss the need to complete the Automated Defibrillator: Operator's Shift Checklist.(C-1)
- 4-3.35 Discuss the role of the American Heart Association (AHA) in the use of automated external defibrillation.(C-1)
- 4-3.36 Explain the role medical direction plays in the use of automated external defibrillation.(C-1)
- 4-3.37 State the reasons why a case review should be completed following the use of the automated external defibrillator.(C-1)
- 4-3.38 Discuss the components that should be included in a case review.(C-1)
- 4-3.39 Discuss the goal of quality improvement in automated external defibrillation.(C-1)
- 4-3.40 Recognize the need for medical direction of protocols to assist in the emergency medical care of the patient with chest pain.(C-3)
- 4-3.41 List the indications for the use of nitroglycerin.(C-1)
- 4-3.42 State the contraindications and side effects for the use of nitroglycerin.(C-1)
- 4-3.43 Define the function of all controls on an automated external defibrillator, and describe event documentation and battery defibrillator maintenance.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-3.44 Defend the reasons for obtaining initial training in automated external defibrillation and the importance

of continuing education.(A-3)

4-3.45 Defend the reason for maintenance of automated external defibrillators.(A-3)

4-3.46 Explain the rationale for administering nitroglycerin to a patient with chest pain or discomfort.(A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-3.47 Demonstrate the assessment and emergency medical care of a patient experiencing chest pain/discomfort.(P-1,2)

4-3.48 Demonstrate the application and operation of the automated external defibrillator.(P-1,2)

4-3.49 Demonstrate the maintenance of an automated external defibrillator.(P-1,2)

4-3.50 Demonstrate the assessment and documentation of patient response to the automated external defibrillator.(P-1,2)

4-3.51 Demonstrate the skills necessary to complete the Automated Defibrillator: Operator's Shift Checklist.(P-1,2)

4-3.52 Perform the steps in facilitating the use of nitroglycerin for chest pain or discomfort.(P-2)

4-3.53 Demonstrate the assessment and documentation of patient response to nitroglycerin.(P-1,2)

4-3.54 Practice completing a prehospital care report for patients with cardiac emergencies.(P-2)

DIABETES/ALTERED MENTAL STATUS

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-4.1 Identify the patient taking diabetic medications with altered mental status and the implications of a diabetes history.(C-1)

4-4.2 State the steps in the emergency medical care of the patient taking diabetic medicine with an altered mental status and a history of diabetes.(C-1)

4-4.3 Establish the relationship between airway management and the patient with altered mental status.(C-3)

4-4.4 State the generic and trade names, medication forms, dose, administration, action, and contraindications for oral glucose.(C-1)

4-4.5 Evaluate the need for medical direction in the emergency medical care of the diabetic patient.(C-3)

AFFECTIVE OBJECTIVES

4-4.6 Explain the rationale for administering oral glucose.(A-3)

PSYCHOMOTOR OBJECTIVES

4-4.7 Demonstrate the steps in the emergency medical care for the patient taking diabetic medicine with an altered mental status and a history of diabetes.(P-1,2)

4-4.8 Demonstrate the steps in the administration of oral glucose.(P-1,2)

4-4.9 Demonstrate the assessment and documentation of patient response to oral glucose.(P-1,2)

4-4.10 Demonstrate how to complete a prehospital care report for patients with diabetic emergencies.(P-2)

ALLERGIES

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-5.1 Recognize the patient experiencing an allergic reaction.(C-1)

4-5.2 Describe the emergency medical care of the patient with an allergic reaction.(C-1)

4-5.3 Establish the relationship between the patient with an allergic reaction and airway management.(C-3)

4-5.4 Describe the mechanisms of allergic response and the implications for airway management.(C-1)

4-5.5 State the generic and trade names, medication forms, dose, administration, action, and contraindications for the epinephrine auto-injector.(C-1)

4-5.6 Evaluate the need for medical direction in the emergency medical care of the patient with an allergic reaction.(C-3)

4-5.7 Differentiate between the general category of those patients having an allergic reaction and those patients having an allergic reaction and requiring immediate medical care, including immediate use of epinephrine auto-injector.(C-3)

AFFECTIVE OBJECTIVES

4-5.8 Explain the rationale for administering epinephrine using an auto-injector.(A-3)

PSYCHOMOTOR OBJECTIVES

4-5.9 Demonstrate the emergency medical care of the patient experiencing an allergic reaction.(P-1,2)

4-5.10 Demonstrate the use of epinephrine auto-injector.(P-1,2)

4-5.11 Demonstrate the assessment and documentation of patient response to an epinephrine injection.(P-1,2)

4-5.12 Demonstrate proper disposal of equipment.(P-1,2)

4-5.13 Demonstrate completing a prehospital care report for patients with allergic emergencies.(P-2)

POISONING/OVERDOSE

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-6.1 List various ways that poisons enter the body.(C-1)

4-6.2 List signs/symptoms associated with poisoning.(C-1)

4-6.3 Discuss the emergency medical care for the patient with possible overdose.(C-1)

4-6.4 Describe the steps in the emergency medical care for the patient with suspected poisoning.(C-1)

4-6.5 Establish the relationship between the patient suffering from poisoning or overdose and airway management.(C-3)

4-6.6 State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal.(C-1)

4-6.7 Recognize the need for medical direction in caring for the patient with poisoning or overdose.(C-3)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-6.8 Explain the rationale for administering activated charcoal.(A-3)

4-6.9 Explain the rationale for contacting medical direction early in the prehospital management of the poisoning or overdose patient.(A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-6.10 Demonstrate the steps in the emergency medical care for the patient with possible overdose.(P-1,2)

4-6.11 Demonstrate the steps in the emergency medical care for the patient with suspected poisoning.(P-1,2)

4-6.12 Perform the necessary steps required to provide a patient with activated charcoal.(P-2)

4-6.13 Demonstrate the assessment and documentation of patient response.(P-1,2)

4-6.14 Demonstrate proper disposal of the equipment for the administration of activated charcoal.(P-1,2)

4-6.15 Demonstrate completing a prehospital care report for patients with a poisoning/overdose emergency.(P-1,2)

ENVIRONMENTAL

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-7.1 Describe the various ways that the body loses heat.(C-1)

4-7.2 List the signs and symptoms of exposure to cold.(C-1)

4-7.3 Explain the steps in providing emergency medical care to a patient exposed to cold.(C-1)

4-7.4 List the signs and symptoms of exposure to heat.(C-1)

4-7.5 Explain the steps in providing emergency care to a patient exposed to heat.(C-1)

4-7.6 Recognize the signs and symptoms of water-related emergencies.(C-1)

4-7.7 Describe the complications of near drowning.(C-1)

4-7.8 Discuss the emergency medical care of bites and stings.(C-1)

AFFECTIVE OBJECTIVES No affective objectives identified.

PSYCHOMOTOR OBJECTIVES

4-7.9 Demonstrate the assessment and emergency medical care of a patient with exposure to cold.(P-1,2)

4-7.10 Demonstrate the assessment and emergency medical care of a patient with exposure to heat.(P-1,2)

4-7.11 Demonstrate the assessment and emergency medical care of a near drowning patient.(P-1,2)

4-7.12 Demonstrate completing a prehospital care report for patients with environmental emergencies.(P-2)

BEHAVIORAL

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-8.1 Define behavioral emergencies.(C-1)

4-8.2 Discuss the general factors that may cause an alteration in a patient's behavior.(C-1)

4-8.3 State the various reasons for psychological crises.(C-1)

4-8.4 Discuss the characteristics of an individual's behavior which suggests that the patient is at risk for suicide.(C-1)

4-8.5 Discuss special medical/legal considerations for managing behavioral emergencies.(C-1)

4-8.6 Discuss the special considerations for assessing a patient with behavioral problems. (C-1)

4-8.7 Discuss the general principles of an individual's behavior which suggests that he is at risk for violence.(C-1)

4-8.8 Discuss methods to calm behavioral emergency patients.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-8.9 Explain the rationale for learning how to modify your behavior toward the patient with a behavioral emergency.(A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-8.10 Demonstrate the assessment and emergency medical care of the patient experiencing a behavioral emergency.(P-1,2)

4-8.11 Demonstrate various techniques to safely restrain a patient with a behavioral problem.(P-1,2)

OB/GYN

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

4-9.1 Identify the following structures: Uterus, vagina, fetus, placenta, umbilical cord, amniotic sac, perineum.(C-1)

4-9.2 Identify and explain the use of the contents of an obstetrics kit.(C-1)

4-9.3 Identify predelivery emergencies.(C-1)

4-9.4 State indications of an imminent delivery.(C-1)

4-9.5 Differentiate the emergency medical care provided to a patient with predelivery emergencies from a normal delivery.(C-3)

4-9.6 State the steps in the predelivery preparation of the mother.(C-1)

4-9.7 Establish the relationship between body substance isolation and childbirth.(C-3)

4-9.8 State the steps to assist in the delivery.(C-1)

4-9.9 Describe care of the baby as the head appears.(C-1)

- 4-9.10 Describe how and when to cut the umbilical cord.(C-1)
- 4-9.11 Discuss the steps in the delivery of the placenta.(C-1)
- 4-9.12 List the steps in the emergency medical care of the mother post-delivery.(C-3)
- 4-9.13 Summarize neonatal resuscitation procedures.(C-1)
- 4-9.14 Describe the procedures for the following abnormal deliveries: Breech birth, prolapsed cord, limb presentation.(C-1)
- 4-9.15 Differentiate the special considerations for multiple births.(C-3)
- 4-9.16 Describe special considerations of meconium.(C-1)
- 4-9.17 Describe special considerations of a premature baby.(C-1)
- 4-9.18 Discuss the emergency medical care of a patient with a gynecological emergency.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-9.19 Explain the rationale for understanding the implications of treating two patients (mother and baby).(A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 4-9.20 Demonstrate the steps to assist in the normal cephalic delivery.(P-1,2)
- 4-9.21 Demonstrate necessary care procedures of the fetus as the head appears.(P-1,2)
- 4-9.22 Demonstrate infant neonatal procedures.(P-1,2)
- 4-9.23 Demonstrate post delivery care of infant.(P-1,2)
- 4-9.24 Demonstrate how and when to cut the umbilical cord.(P-1,2)
- 4-9.25 Attend to the steps in the delivery of the placenta.(P-1,2)
- 4-9.26 Demonstrate the post-delivery care of the mother.(P-1,2)
- 4-9.27 Demonstrate the procedures for the following abnormal deliveries: vaginal bleeding, breech birth, prolapsed cord, limb presentation.(P-1,2)
- 4-9.28 Demonstrate the steps in the emergency medical care of the mother with excessive bleeding.(P-1,2)
- 4-9.29 Demonstrate completing a prehospital care report for patients with obstetrical/gynecological emergencies.(P-2)

BLEEDING AND SHOCK

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-1.1 List the structure and function of the circulatory system.(C-1)
- 5-1.2 Differentiate between arterial, venous and capillary bleeding.(C-3)
- 5-1.3 State methods of emergency medical care of external bleeding.(C-1)
- 5-1.4 Establish the relationship between body substance isolation and bleeding.(C-3)
- 5-1.5 Establish the relationship between airway management and the trauma patient.(C-3)
- 5-1.6 Establish the relationship between mechanism of injury and internal bleeding.(C-3)
- 5-1.7 List the signs of internal bleeding.(C-1)
- 5-1.8 List the steps in the emergency medical care of the patient with signs and symptoms of internal bleeding.(C-1)
- 5-1.9 List signs and symptoms of shock (hypoperfusion).(C-1)
- 5-1.10 State the steps in the emergency medical care of the patient with signs and symptoms of shock (hypoperfusion).(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-1.11 Explain the sense of urgency to transport patients that are bleeding and show signs of shock (hypoperfusion).(A-1)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-1.12 Demonstrate direct pressure as a method of emergency medical care of external bleeding. (P-1,2)
- 5-1.13 Demonstrate the use of diffuse pressure as a method of emergency medical care of external bleeding.(P-1,2)
- 5-1.14 Demonstrate the use of pressure points and tourniquets as a method of emergency medical care of external bleeding.(P-1,2)
- 5-1.15 Demonstrate the care of the patient exhibiting signs and symptoms of internal bleeding.(P-1,2)
- 5-1.16 Demonstrate the care of the patient exhibiting signs and symptoms of shock (hypoperfusion).(P-1,2)
- 5-1.17 Demonstrate completing a prehospital care report for patient with bleeding and/or shock (hypoperfusion).(P-2)

SOFT TISSUE INJURIES

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-2.1 State the major functions of the skin.(C-1)
- 5-2.2 List the layers of the skin. (C-1)
- 5-2.3 Establish the relationship between body substance isolation (BSI) and soft tissue injuries.(C-3)
- 5-2.4 List the types of closed soft tissue injuries.(C-1)
- 5-2.5 Describe the emergency medical care of the patient with a closed soft tissue injury.(C-1)
- 5-2.6 State the types of open soft tissue injuries.(C-1)
- 5-2.7 Describe the emergency medical care of the patient with an open soft tissue injury.(C-1)
- 5-2.8 Discuss the emergency medical care considerations for a patient with a penetrating chest injury.(C-1)
- 5-2.9 State the emergency medical care considerations for a patient with an open wound to the abdomen.(C-1)
- 5-2.10 Differentiate the care of an open wound to the chest from an open wound to the abdomen.(C-3)
- 5-2.11 List the classifications of burns.(C-1)
- 5-2.12 Define superficial burn.(C-1)
- 5-2.13 List the characteristics of a superficial burn.(C-1)
- 5-2.14 Define partial thickness burn. (C-1)
- 5-2.15 List the characteristics of a partial thickness burn.(C-1)
- 5-2.16 Define full thickness burn. (C-1)
- 5-2.17 List the characteristics of a full thickness burn.(C-1)
- 5-2.18 Describe the emergency medical care of the patient with a superficial burn.(C-1)
- 5-2.19 Describe the emergency medical care of the patient with a partial thickness burn.(C-1)
- 5-2.20 Describe the emergency medical care of the patient with a full thickness burn.(C-1)
- 5-2.21 List the functions of dressing and bandaging.(C-1)
- 5-2.22 Describe the purpose of a bandage.(C-1)
- 5-2.23 Describe the steps in applying a pressure dressing.(C-1)
- 5-2.24 Establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries.(C-1)
- 5-2.25 Describe the effects of improperly applied dressings, splints and tourniquets.(C-1)
- 5-2.26 Describe the emergency medical care of a patient with an impaled object.(C-1)
- 5-2.27 Describe the emergency medical care of a patient with an amputation.(C-1)
- 5-2.28 Describe the emergency care for a chemical burn.(C-1)
- 5-2.29 Describe the emergency care for an electrical burn.(C-1)

AFFECTIVE OBJECTIVES No affective objectives identified.

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-2.29 Demonstrate the steps in the emergency medical care of closed soft tissue injuries.(P-1,2)

- 5-2.30 Demonstrate the steps in the emergency medical care of open soft tissue injuries.(P-1,2)
- 5-2.31 Demonstrate the steps in the emergency medical care of a patient with an open chest wound.(P-1,2)
- 5-2.32 Demonstrate the steps in the emergency medical care of a patient with open abdominal wounds.(P-1,2)
- 5-2.33 Demonstrate the steps in the emergency medical care of a patient with an impaled object.(P-1,2)
- 5-2.34 Demonstrate the steps in the emergency medical care of a patient with an amputation.(P-1,2)
- 5-2.35 Demonstrate the steps in the emergency medical care of an amputated part.(P-1,2)
- 5-2.36 Demonstrate the steps in the emergency medical care of a patient with superficial burns.(P-1,2)
- 5-2.37 Demonstrate the steps in the emergency medical care of a patient with partial thickness burns.(P-1,2)
- 5-2.38 Demonstrate the steps in the emergency medical care of a patient with full thickness burns.(P-1,2)
- 5-2.39 Demonstrate the steps in the emergency medical care of a patient with a chemical burn.(P-1,2)
- 5-2.40 Demonstrate completing a prehospital care report for patients with soft tissue injuries.(P-2)

MUSCULOSKELETAL

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-3.1 Describe the function of the muscular system.(C-1)
- 5-3.2 Describe the function of the skeletal system.(C-1)
- 5-3.3 List the major bones or bone groupings of the spinal column; the thorax; the upper extremities; the lower extremities.(C-1)
- 5-3.4 Differentiate between an open and a closed painful, swollen, deformed extremity.(C-1)
- 5-3.5 State the reasons for splinting.(C-1)
- 5-3.6 List the general rules of splinting.(C-1)
- 5-3.7 List the complications of splinting.(C-1)
- 5-3.8 List the emergency medical care for a patient with a painful, swollen, deformed extremity. (C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-3.9 Explain the rationale for splinting at the scene versus load and go.(A-3)
- 5-3.10 Explain the rationale for immobilization of the painful, swollen, deformed extremity.(A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-3.11 Demonstrate the emergency medical care of a patient with a painful, swollen, deformed extremity.(P-1,2)
- 5-3.12 Demonstrate completing a prehospital care report for patients with musculoskeletal injuries.(P-2)

INJURIES TO HEAD SPINE

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-4.1 State the components of the nervous system.(C-1)
- 5-4.2 List the functions of the central nervous system.(C-1)
- 5-4.3 Define the structure of the skeletal system as it relates to the nervous system.(C-1)
- 5-4.4 Relate mechanism of injury to potential injuries of the head and spine.(C-3)
- 5-4.5 Describe the implications of not properly caring for potential spine injuries.(C-1)
- 5-4.6 State the signs and symptoms of a potential spine injury.(C-1)
- 5-4.7 Describe the method of determining if a responsive patient may have a spine injury.(C-1)
- 5-4.8 Relate the airway emergency medical care techniques to the patient with a suspected spine injury.(C-3)
- 5-4.9 Describe how to stabilize the cervical spine.(C-1)
- 5-4.10 Discuss indications for sizing and using a cervical spine immobilization device.(C-1)
- 5-4.11 Establish the relationship between airway management and the patient with head and spine injuries.(C-1)

- 5-4.12 Describe a method for sizing a cervical spine immobilization device.(C-1)
- 5-4.13 Describe how to log roll a patient with a suspected spine injury.(C-1)
- 5-4.14 Describe how to secure a patient to a long spine board.(C-1)
- 5-4.15 List instances when a short spine board should be used.(C-1)
- 5-4.16 Describe how to immobilize a patient using a short spine board.(C-1)
- 5-4.17 Describe the indications for the use of rapid extrication.(C-1)
- 5-4.18 List steps in performing rapid extrication.(C-1)
- 5-4.19 State the circumstances when a helmet should be left on the patient.(C-1)
- 5-4.20 Discuss the circumstances when a helmet should be removed.(C-1)
- 5-4.21 Identify different types of helmets.(C-1)
- 5-4.22 Describe the unique characteristics of sports helmets.(C-1)
- 5-4.23 Explain the preferred methods to remove a helmet.(C-1)
- 5-4.24 Discuss alternative methods for removal of a helmet.(C-1)
- 5-4.25 Describe how the patient's head is stabilized to remove the helmet.(C-1)
- 5-4.26 Differentiate how the head is stabilized with a helmet compared to without a helmet.(C-3)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-4.27 Explain the rationale for immobilization of the entire spine when a cervical spine injury is suspected.(A-3)
- 5-4.28 Explain the rationale for utilizing immobilization methods apart from the straps on the cots.(A-3)
- 5-4.29 Explain the rationale for utilizing a short spine immobilization device when moving a patient from the sitting to the supine position.(A-3)
- 5-4.30 Explain the rationale for utilizing rapid extrication approaches only when they indeed will make the difference between life and death.(A-3)
- 5-4.31 Defend the reasons for leaving a helmet in place for transport of a patient.(A-3)
- 5-4.32 Defend the reasons for removal of a helmet prior to transport of a patient.(A-3)

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 5-4.33 Demonstrate opening the airway in a patient with suspected spinal cord injury.(P-1,2)
- 5-4.34 Demonstrate evaluating a responsive patient with a suspected spinal cord injury.(P-1,2)
- 5-4.35 Demonstrate stabilization of the cervical spine.(P-1,2)
- 5-4.36 Demonstrate the four person log roll for a patient with a suspected spinal cord injury.(P-1,2)
- 5-4.37 Demonstrate how to log roll a patient with a suspected spinal cord injury using two people.(P-1,2)
- 5-4.38 Demonstrate securing a patient to a long spine board.(P-1,2)
- 5-4.39 Demonstrate using the short board immobilization technique.(P-1,2)
- 5-4.40 Demonstrate procedure for rapid extrication.(P-1,2)
- 5-4.41 Demonstrate preferred methods for stabilization of a helmet. (P-1,2)
- 5-4.42 Demonstrate helmet removal techniques.(P-1,2)
- 5-4.43 Demonstrate alternative methods for stabilization of a helmet.(P-1,2)
- 5-4.44 Demonstrate completing a prehospital care report for patients with head and spinal injuries.(P-2)

INFANTS & CHILDREN

COGNITIVE OBJECTIVES

- 6-1.1 Identify the developmental considerations for the following age groups:(C-1)
 - . infants
 - . toddlers
 - . pre-school
 - . school age
 - . adolescent

- 6-1.2 Describe differences in anatomy and physiology of the infant, child and adult patient.(C-1)
- 6-1.3 Differentiate the response of the ill or injured infant or child (age specific) from that of an adult.(C-3)
- 6-1.4 Indicate various causes of respiratory emergencies.(C-1)
- 6-1.5 Differentiate between respiratory distress and respiratory failure.(C-3)
- 6-1.6 List the steps in the management of foreign body airway obstruction.(C-1)
- 6-1.7 Summarize emergency medical care strategies for respiratory distress and respiratory failure.(C-1)
- 6-1.8 Identify the signs and symptoms of shock (hypoperfusion) in the infant and child patient.(C-1)
- 6-1.9 Describe the methods of determining end organ perfusion in the infant and child patient.(C-1)
- 6-1.10 State the usual cause of cardiac arrest in infants and children versus adults.(C-1)
- 6-1.11 List the common causes of seizures in the infant and child patient.(C-1)
- 6-1.12 Describe the management of seizures in the infant and child patient.(C-1)
- 6-1.13 Differentiate between the injury patterns in adults, infants, and children.(C-3)
- 6-1.14 Discuss the field management of the infant and child trauma patient.(C-1)
- 6-1.15 Summarize the indicators of possible child abuse and neglect.(C-1)
- 6-1.16 Describe the medical legal responsibilities in suspected child abuse.(C-1)
- 6-1.17 Recognize need for EMT-Basic debriefing following a difficult infant or child transport.(C-1)

AFFECTIVE OBJECTIVES

- 6-1.18 Explain the rationale for having knowledge and skills appropriate for dealing with the infant and child patient.(A-3)
- 6-1.19 Attend to the feelings of the family when dealing with an ill or injured infant or child.(A-1)
- 6-1.20 Understand the provider's own response (emotional) to caring for infants or children.(A-1)

PSYCHOMOTOR OBJECTIVES

- 6-1.21 Demonstrate the techniques of foreign body airway obstruction removal in the infant.(P-1,2)
- 6-1.22 Demonstrate the techniques of foreign body airway obstruction removal in the child.(P-1,2)
- 6-1.23 Demonstrate the assessment of the infant and child.(P-1,2)
- 6-1.24 Demonstrate bag-valve-mask artificial ventilations for the infant.(P-1,2)
- 6-1.25 Demonstrate bag-valve-mask artificial ventilations for the child.(P-1,2)
- 6-1.26 Demonstrate oxygen delivery for the infant and child.(P-1,2)

AMBULANCE OPERATIONS

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 7-1.1 Discuss the medical and non-medical equipment needed to respond to a call.(C-1)
- 7-1.2 List the phases of an ambulance call.(C-1)
- 7-1.3 Describe the general provisions of state laws relating to the operation of the ambulance and privileges in any or all of the following categories:(C-1)
 - . Speed
 - . Warning lights
 - . Sirens
 - . Right-of-way
 - . Parking
 - . Turning
- 7-1.4 List contributing factors to unsafe driving conditions.(C-1)
- 7-1.5 Describe the considerations that should be given to:
 - . Request for escorts.
 - . Following an escort vehicle
 - . Intersections(C-1)
- 7-1.6 Discuss "Due Regard For Safety of All Others" while operating an emergency vehicle.(C-1)
- 7-1.7 State what information is essential in order to respond to a call. (C-1)

- 7-1.8 Discuss various situations that may affect response to a call.(C-1)
- 7-1.9 Differentiate between the various methods of moving a patient to the unit based upon injury or illness.(C-3)
- 7-1.10 Apply the components of the essential patient information in a written report.(C-2)
- 7-1.11 Summarize the importance of preparing the unit for the next response.(C-1)
- 7-1.12 Identify what is essential for completion of a call.(C-1)
- 7-1.13 Distinguish among the terms cleaning, disinfection, high-level disinfection, and sterilization.(C-3)
- 7-1.14 Describe how to clean or disinfect items following patient care.(C-1)

AFFECTIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 7-1.15 Explain the rationale for appropriate report of patient information.(A-3)
- 7-1.16 Explain the rationale for having the unit prepared to respond.(A-3)

PSYCHOMOTOR OBJECTIVES No psychomotor objectives identified.

GAINING ACCESS

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 7-2.1 Describe the purpose of extrication.(C-1)
- 7-2.2 Discuss the role of the EMT-Basic in extrication.(C-1)
- 7-2.3 Identify what equipment for personal safety is required for the EMT-Basic.(C-1)
- 7-2.4 Define the fundamental components of extrication.(C-1)
- 7-2.5 State the steps that should be taken to protect the patient during extrication.(C-1)
- 7-2.6 Evaluate various methods of gaining access to the patient.(C-3)
- 7-2.7 Distinguish between simple and complex access.(C-3)

AFFECTIVE OBJECTIVES No affective objectives identified.

PSYCHOMOTOR OBJECTIVE No psychomotor objectives identified.

OVERVIEWS

COGNITIVE OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

- 7-3.1 Explain the EMT-Basic's role during a call involving hazardous materials.(C-1)
- 7-3.2 Describe what the EMT-Basic should do if there is reason to believe that there is a hazard at the scene.(C-1)
- 7-3.3 Describe the actions that an EMT-Basic should take to ensure bystander safety.(C-1)
- 7-3.4 State the role the EMT-Basic should perform until appropriately trained personnel arrive at the scene of a hazardous materials situation.(C-1)
- 7-3.5 Break down the steps to approaching a hazardous situation.(C-1)
- 7-3.6 Discuss the various environmental hazards that affect EMS.(C-1)
- 7-3.7 Describe the criteria for a multiple-casualty situation.(C-1)
- 7-3.8 Evaluate the role of the EMT-Basic in the multiple-casualty situation.(C-3)
- 7-3.9 Summarize the components of basic triage.(C-1)
- 7-3.10 Define the role of the EMT-Basic in a disaster operation.(C-1)
- 7-3.11 Describe basic concepts of incident management.(C-1)
- 7-3.12 Explain the methods for preventing contamination of self, equipment and facilities.(C-1)
- 7-3.13 Review the local mass casualty incident plan.(C-1)

AFFECTIVE OBJECTIVES No affective objectives identified.

PSYCHOMOTOR OBJECTIVES

At the completion of this lesson, the EMT-Basic student will be able to:

7-3.16 Given a scenario of a mass casualty incident, perform triage.(P-2)

EMT-B CME Hours Tracking Form

Please attach supporting documents to verify attendance or training completion.

1 Line = 1 hour of required CME

1hour	Subject
1	Well being of the EMT-B
2	
1	Infection Control
2	
1	Airway
2	
3	
4	
1	Patient Assessment
2	
3	
4	
5	
6	
7	
8	
9	
10	
1	Communications and Documentation
2	
3	
4	
1	Pharmacology and Patient Assisted Medications (to include skill 5 from table 2)
2	
3	
4	
5	
6	
7	
8	
1	Medical Emergencies: Cardiac and Automatic External Defibrillation (AED) (to include skill 8 in table 2)
2	
3	
4	
5	
6	
1	Medical Emergencies: Including but not limited to respiratory, allergic reactions, environmental abdominal, diabetes, behavioral, poisoning, drugs, and alcohol
2	
3	
4	
5	
6	
7	
1	Trauma: including but not limited to: bleeding, shock, soft tissue, burns, kinetics, musculoskeletal, head and spine, eyes, face, chest, splinting and bandaging. (to include skills 1, 2, 3, 4 in table 2)
2	
3	
4	
5	
6	
7	

1hour	Subject
8	Trauma (Continued)
9	
10	
11	
12	Pediatric patients (to include skill 6 in table 2)
1	
2	
3	
4	
5	
6	
7	
8	Obstetrics and Gynecology
1	
2	
3	
4	Operations: including but not limited to: lifting and moving, ambulance operations, extrication, triage
1	
2	
3	
4	HAZMAT Awareness
1	
2	
3	
4	Elective
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	

YOUR COURSE INFORMATION:

Course Name _____ Course Number _____

Location/Agency _____

Address _____

Course Coordinator _____ Phone Number _____

Co-Coordinator _____ Phone Number _____

Medical Director _____ Phone Number _____

Primary Instructor _____ Phone Number _____

Assistant Instructor _____ Phone Number _____

Assistant Instructor _____ Phone Number _____

Practical Test Date _____ Time _____ Location _____

Address _____

Written Test Date _____ Time _____ Location _____

Address _____

Utah Bureau of Emergency Medical Services contact information:

Physical Address:
3760 S Highland Dr.
Salt Lake City, Ut
84106

Mailing Address:
P.O. Box 142004
Salt Lake City, Utah 84114-2004

Phone:
(801) 273-6623