WEST LOS ANGELES COLLEGE
DEPARTMENT OF ALLIED HEALTH

<u>DO NOT PUBLISH ONLINE</u>

I.   <u>AH 44</u>:   INTRODUCTION TO EMERGENCY MEDICAL SERVICES SYSTEMS

II.   <u>PREPARED BY</u>:   PARAMEDIC FACULTY

III.   <u>REVISED FOR</u>:   WINTER 2016

IV.   <u>PREREQUISITES</u>:   Open only to students admitted through the UCLA Center for Prehospital
Care and currently certified as an Emergency Medical Technician (Allied Health 52) in the State of
California.

V.   <u>UNITS</u>:   2 UNITS

VI.   <u>OFFICE HOURS</u>:   WED. 8:00AM – 5:00PM

VII.   <u>COURSE INSTRUCTOR</u>:   HEATHER DAVIS
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VIII.   <u>COURSE DESCRIPTION</u>:

Overview of Emergency Medical Service Systems including: the role of Emergency Medical Technicians,
Paramedics, Medical Directors and the Local EMS Agency; licensure and certification; ethics; well being of the EMT
and Paramedic; the relationship between the emergency care provider and other health care professionals. Verbal
and nonverbal behavior and communications related to the delivery of emergency medical services.

IX.   <u>SPECIAL ACCOMMODATIONS</u>:

If there are special accommodations that you require to be successful in this course, please discuss your situation
with the professor. To receive accommodations for a special need or disability, students must register with the
Office of Disabled Student Program and Services at West Los Angeles College or the UCLA Center for Prehospital
Care Office for Students with Disabilities. Tape recording of lectures and discussions will not be permitted without
the consent of the instructor.

X.   <u>TEXTS</u>:

Nancy Caroline's Emergency Care in the Streets, 7th edition by the American Academy of Orthopaedic
Surgeons, 2012.

XI.   <u>COURSE SLO ADDRESSED IN THIS COURSE</u>:

Course SLO	Assessment Method	Criterion Level
One sentence that describes a major piece of knowledge, skill, or ability that students can demonstrate by the end of the course *Finish the sentence, "At end of the course, the successful student will be able to… "*	**Major assignment, project or test used to demonstrate or apply outcome** *Remember to have a mix of qualitative and quantitative assessment methods.*	**Reflects satisfactory performance on the SLO** • *At least X percent of students achieve this course SLO.* • *All students achieve at least the Y level on this SLO.* • *At least X percent of students achieve the Y level on this course SLO.*
1. Understand the difference between medical guidelines and protocols from the Local EMS Agency.	Students will be evaluated by answering questions on a written exam that will be evaluated using a scantron scanner.	All students will correctly answer at least 80% of the exam questions.
2. Analyze emergency cases and write summaries on the treatment to be rendered.	Students complete writing assignments that will be graded according to a grading guideline.	At least 75% of students will achieve 75% of the points available on the writing assignment.

XI.　　COURSE OBJECTIVES:

Define the following terms:
EMS Systems
Licensure
Certification
Registration
Profession
Professionalism
Health care professional
Ethics
Peer review
Medical direction
Protocols
Describe key historical events that influenced the development of national Emergency Medical Services (EMS) systems.
Identify national groups important to the development, education, and implementation of EMS.
Differentiate among the four nationally recognized levels of EMS training/ education, leading to licensure/ certification/ registration.
Describe the attributes of a paramedic as a health care professional.
Describe the recognized levels of EMS training/ education, leading to licensure/ certification in his or her state.
Explain paramedic licensure/ certification, recertification, and reciprocity requirements in his or her state.
Evaluate the importance of maintaining one's paramedic license/ certification.
Describe the benefits of paramedic continuing education.
List current state requirements for paramedic education in his/ her state.
Discuss the role of national associations and of a national registry agency.
Discuss current issues in his/ her state impacting EMS.
Discuss the roles of various EMS standard setting agencies.
Identify the standards (components) of an EMS System as defined by the National Highway Traffic Safety Administration.
Describe how professionalism applies to the paramedic while on and off duty.
Describe examples of professional behaviors in the following areas: integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service.
Provide examples of activities that constitute appropriate professional behavior for a paramedic.

Describe the importance of quality EMS research to the future of EMS.
Identify the benefits of paramedics teaching in their community.
Describe what is meant by "citizen involvement in the EMS system."
Analyze how the paramedic can benefit the health care system by supporting primary care to patients in the out-of-hospital setting.
List the primary and additional responsibilities of paramedics.
Describe the role of the EMS physician in providing medical direction.
Describe the benefits of medical direction, both on-line and off-line.
Describe the process for the development of local policies and protocols.
Provide examples of local protocols.
Discuss prehospital and out-of-hospital care as an extension of the physician.
Describe the relationship between a physician on the scene, the paramedic on the scene, and the EMS physician providing on-line medical direction.
Describe the components of continuous quality improvement.
Analyze the role of continuous quality improvement with respect to continuing medical education and research.
Define the role of the paramedic relative to the safety of the crew, the patient, and bystanders.
Identify local health care agencies and transportation resources for patients with special needs.
Describe the role of the paramedic in health education activities related to illness and injury prevention.
Describe the importance and benefits of research.
Explain the EMS providers role in data collection.
Explain the basic principles of research.
Describe a process of evaluating and interpreting research.
Assess personal practices relative to the responsibility for personal safety, the safety of the crew, the patient, and bystanders.
Serve as a role model for others relative to professionalism in EMS.
Value the need to serve as the patient advocate inclusive of those with special needs, alternate life styles and cultural diversity.
Defend the importance of continuing medical education and skills retention.
Advocate the need for supporting and participating in research efforts aimed at improving EMS systems.
Assess personal attitudes and demeanor that may distract from professionalism.
Value the role that family dynamics plays in the total care of patients.
Advocate the need for injury prevention, including abusive situations.
Exhibit professional behaviors in the following areas: integrity, empathy, self-motivation, appearance and personal hygiene, self-confidence, communications, time management, teamwork and diplomacy, respect, patient advocacy, and careful delivery of service.

Wellness

Discuss the concept of wellness and its benefits. (C-1)
Define the components of wellness. (C-1)
Describe the role of the paramedic in promoting wellness. (C-1)
Discuss the components of wellness associated with proper nutrition. (C-1)
List principles of weight control. (C-1)
Discuss how cardiovascular endurance, muscle strength, and flexibility contribute to physical fitness. (C-2)
Describe the impact of shift work on circadian rhythms. (C-1)
Discuss how periodic risk assessments and knowledge of warning signs contribute to cancer and cardiovascular disease prevention. (C-1)
Differentiate proper from improper body mechanics for lifting and moving patients in emergency and non-emergency situations. (C-3)
Describe the problems that a paramedic might encounter in a hostile situation and the techniques used to manage the situation. (C-1)
Given a scenario involving arrival at the scene of a motor vehicle collision, assess the safety of the scene and propose ways to make the scene safer. (C-3)
List factors that contribute to safe vehicle operations. (C-1)
Describe the considerations that should be given to: (C-1)
Using escorts
Adverse environmental conditions
Using lights and siren
Proceeding through intersections
Parking at an emergency scene
Discuss the concept of "due regard for the safety of all others" while operating an emergency vehicle. (C-1)
Describe the equipment available for self-protection when confronted with a variety of adverse situations. (C-1)

Describe the benefits and methods of smoking cessation. (C-1)
Describe the three phases of the stress response. (C-1)
List factors that trigger the stress response. (C-1)
Differentiate between normal/ healthy and detrimental reactions to anxiety and stress. (C-3)
Describe the common physiological and psychological effects of stress. (C-1)
Identify causes of stress in EMS. (C-1)
Describe behavior that is a manifestation of stress in patients and those close to them and how these relate to paramedic stress. (C-1)
Identify and describe the defense mechanisms and management techniques commonly used to deal with stress.
Describe the components of critical incident stress management (CISM). (C-1)
Provide examples of situations in which CISM would likely be beneficial to paramedics. (C-
Given a scenario involving a stressful situation, formulate a strategy to help cope with the stress. (C-3)
Describe the stages of the grieving process (Kubler-Ross). (C-1)
Describe the needs of the paramedic when dealing with death and dying. Describe the unique challenges for paramedics in dealing with the needs of children and other special populations related to their understanding or experience of death and dying. (C-1)
Discuss the importance of universal precautions and body substance isolation practices. (C-1)
Describe the steps to take for personal protection from airborne and bloodborne pathogens.
Given a scenario in which equipment and supplies have been exposed to body substances, plan for the proper cleaning, disinfection, and disposal of the items.
(C-3)
Explain what is meant by an exposure and describe principles for management.
Advocate the benefits of working toward the goal of total personal wellness. (A-2)
Serve as a role model for other EMS providers in regard to a total wellness lifestyle. (A-3)
Value the need to assess his/ her own lifestyle. (A-2)
Challenge his/ herself to each wellness concept in his/ her role as a paramedic. (A-3)
Defend the need to treat each patient as an individual, with respect and dignity.
(A-2)
Assess his/ her own prejudices related to the various aspects of cultural diversity. (A-3)
Improve personal physical well-being through achieving and maintaining proper body weight, regular exercise and proper nutrition. (A-3)
Promote and practice stress management techniques. (A-3)
Defend the need to respect the emotional needs of dying patients and their families. (A-3)
Advocate and practice the use of personal safety precautions in all scene situations. (A-3)
Advocate and serve as a role model for other EMS providers relative to body substance isolation practices.
Demonstrate safe methods for lifting and moving patients in emergency and non-emergency situations. (P-2)
Demonstrate the proper procedures to take for personal protection from disease. (P-2)

Legal Issues

Differentiate between legal and ethical responsibilities. (C-2)
Describe the basic structure of the legal system in the United States. (C-1)
Differentiate between civil and criminal law as it pertains to the paramedic. (C-1)
Identify and explain the importance of laws pertinent to the paramedic. (C-1)
Differentiate between licensure and certification as they apply to the paramedic. (C-1)
List the specific problems or conditions encountered while providing care that a paramedic is required to report, and identify in each instance to whom the report is to be made. (C-1)
Define the following terms: (C-1)
Abandonment
Advance directives
Assault
Battery
Breach of duty
Confidentiality
Consent (expressed, implied, informed, involuntary)
Do not resuscitate (DNR) orders
Duty to act
Emancipated minor
False imprisonment
Immunity
Liability
Libel

Minor

Negligence

Proximate cause

Scope of practice

Slander

Standard of care

Tort

Differentiate between the scope of practice and the standard of care for paramedic practice.

Discuss the concept of medical direction, including off-line medical direction and on-line medical direction, and its relationship to the standard of care of a paramedic.

(C-1)

Describe the four elements that must be present in order to prove negligence. (C-1)

Given a scenario in which a patient is injured while a paramedic is providing care, determine whether the four components of negligence are present. (C-2)

Given a scenario, demonstrate patient care behaviors that would protect the paramedic from claims of negligence. (C-3)

Explain the concept of liability as it might apply to paramedic practice, including physicians providing medical direction and paramedic supervision of other care providers. (C-2)

Discuss the legal concept of immunity, including Good Samaritan statutes and governmental immunity, as it applies to the paramedic. (C-1)

Explain the importance and necessity of patient confidentiality and the standards for maintaining patient confidentiality that apply to the paramedic. Differentiate among expressed, informed, implied, and involuntary consent. (C-2)

Given a scenario in which a paramedic is presented with a conscious patient in need of care, describe the process used to obtain consent. (C-2)

Identify the steps to take if a patient refuses care. (C-1)

Given a scenario, demonstrate appropriate patient management and care techniques in a refusal of care situation. (C-3)

Describe what constitutes abandonment. (C-1)

Identify the legal issues involved in the decision not to transport a patient, or to reduce the level of care being provided during transportation. (C-1)

Describe how hospitals are selected to receive patients based on patient need and hospital capability and the role of the paramedic in such selection. (C-1)

Differentiate between assault and battery and describe how to avoid each. (C-2)

Describe the conditions under which the use of force, including restraint, is acceptable. (C-1)

Explain the purpose of advance directives relative to patient care and how the paramedic should care for a patient who is covered by an advance directive. (C-1)

Discuss the responsibilities of the paramedic relative to resuscitation efforts for patients who are potential organ donors. (C-1)

Describe the actions that the paramedic should take to preserve evidence at a crime or accident scene. (C-1)

Describe the importance of providing accurate documentation (oral and written) in substantiating an incident.

Describe the characteristics of a patient care report required to make it an effective legal document. (C-1)

Given a scenario, prepare a patient care report, including an appropriately detailed narrative.

Advocate the need to show respect for the rights and feelings of patients. (A-3)

Assess his/ her personal commitment to protecting patient confidentiality. (A-3)

Given a scenario involving a new employee, explain the importance of obtaining consent for adults and minors.

Defend personal beliefs about withholding or stopping patient care. (A-3)

Defend the value of advance medical directives. (A-3)

Ethics

Define ethics. (C-1)

Distinguish between ethical and moral decisions. (C-3)

Identify the premise that should underlie the paramedic's ethical decisions in out-of hospital care. (C-1)

Analyze the relationship between the law and ethics in EMS. (C-3)

Compare and contrast the criteria that may be used in allocating scarce EMS resources. (C-3)

Identify the issues surrounding the use of advance directives, in making a prehospital resuscitation decision.

Describe the criteria necessary to honor an advance directive in your state. (C-1)

Value the patient's autonomy in the decision-making process. (A-2)

Defend the following ethical positions:

(A-3)

The paramedic is accountable to the patient.

The paramedic is accountable to the medical director.
The paramedic is accountable to the EMS system.
The paramedic is accountable for fulfilling the standard of care.
Given a scenario, defend or challenge a paramedic's actions concerning a patient who is treated against his/ her wishes.
(A-3)
Given a scenario, defend a paramedic's actions in a situation where a physician orders therapy the paramedic feels to be detrimental to the patient's best interests. (A-3)

Patient Communication

Define communication. (C-1)
Identify internal and external factors that affect a patient/ bystander interview conducted by a paramedic. (C-1)
Restate the strategies for developing patient rapport. (C-1)
Provide examples of open-ended and closed or direct questions. (C-1)
Discuss common errors made by paramedics when interviewing patients. (C-1)
Identify the nonverbal skills that are used in patient interviewing. (C-1)
Restate the strategies to obtain information from the patient. (C-1)
Summarize the methods to assess mental status based on interview techniques. (C-1)
Discuss the strategies for interviewing a patient who is unmotivated to talk. (C-1)
Differentiate the strategies a paramedic uses when interviewing a patient who is hostile compared to one who is cooperative. (C-3)
Summarize developmental considerations of various age groups that influence patient interviewing. (C-1)
Restate unique interviewing techniques necessary to employ with patients who have special needs. (C-1)
Discuss interviewing considerations used by paramedics in cross-cultural communications.
Serve as a model for an effective communication process. (A-3)
Advocate the importance of external factors of communication. (A-2)
Promote proper responses to patient communication. (A-2)
Exhibit professional non-verbal behaviors. (A-2)
Advocate development of proper patient rapport. (A-2)
Value strategies to obtain patient information. (A-2)
Exhibit professional behaviors in communicating with patients in special situations. (A-3)
Exhibit professional behaviors in communication with patient form different cultures. (A-3)

Documentation

Identify the general principles regarding the importance of EMS documentation and ways in which documents are used. (C-1)
Identify and use medical terminology correctly. (C-1)
Recite appropriate and accurate medical abbreviations and acronyms. (C-1)
Record all pertinent administrative information. (C-1)
Explain the role of documentation in agency reimbursement. (C-1)
Analyze the documentation for accuracy and completeness, including spelling.
(C-3)
Identify and eliminate extraneous or nonprofessional information. (C-1)
Describe the differences between subjective and objective elements of documentation. (C-1)
Evaluate a finished document for errors and omissions. (C-3)
Evaluate a finished document for proper use and spelling of abbreviations and acronyms. (C-3)
Evaluate the confidential nature of an EMS report. (C-3)
Describe the potential consequences of illegible, incomplete, or inaccurate documentation. Describe the special considerations concerning patient refusal of transport. (C-3)
Record pertinent information using a consistent narrative format. (C-3)
Explain how to properly record direct patient or bystander comments. (C-1)
Describe the special considerations concerning mass casualty incident documentation. (C-1)
Apply the principles of documentation to computer charting, as access to this technology becomes available.
Identify and record the pertinent, reportable clinical data of each patient interaction. (C-1)
Note and record â€œpertinent negativeâ€• clinical findings. (C-1)
Correct errors and omissions, using proper procedures as defined under local protocol. (C-1)
Revise documents, when necessary, using locally-approved procedures. (C-1)
Assume responsibility for self-assessment of all documentation. (C-3)
Demonstrate proper completion of an EMS event record used locally. (C-3)
Advocate among peers the relevance and importance of properly completed documentation.

Resolve the common negative attitudes toward the task of documentation. (A-3)

Communication

Identify the importance of communications when providing EMS.
(C-1)
Identify the role of verbal, written, and electronic communications in the provision of EMS.
Describe the phases of communications necessary to complete a typical EMS event. (C-1)
Identify the importance of proper terminology when communicating during an EMS event.
Identify the importance of proper verbal communications during an EMS event.
(C-1)
List factors that impede effective verbal communications. (C-1)
List factors which enhance verbal communications. (C-1)
Identify the importance of proper written communications during an EMS event.
(C-1)
List factors which impede effective written communications. (C-1)
List factors which enhance written communications. (C-1)
Recognize the legal status of written communications related to an EMS event. (C-1)
State the importance of data collection during an EMS event. (C-1)
Identify technology used to collect and exchange patient and/ or scene information electronically. (C-1)
Recognize the legal status of patient medical information exchanged electronically. (C-1)
Identify the components of the local EMS communications system and describe their function and use. (C-1)
Identify and differentiate among the following communications systems: (C-3)
Simplex
Multiplex
Duplex
Trunked
Digital communications
Cellular telephone
Facsimile
Computer
Identify the components of the local dispatch communications system and describe their function and use. (C-1)
Describe the functions and responsibilities of the Federal Communications Commission. (C-
Describe how an EMS dispatcher functions as an integral part of the EMS team. (C-1)
List appropriate information to be gathered by the Emergency Medical Dispatcher. (C-1)
Identify the role of Emergency Medical Dispatch in a typical EMS event. (C-1)
Identify the importance of pre-arrival instructions in a typical EMS event. (C-1)
Describe the purpose of verbal communication of patient information to the hospital. (C-1)
Describe information that should be included in patient assessment information verbally reported to medical direction. (C-1)
Diagram a basic model of communications. (C-3)
Organize a list of patient assessment information in the correct order for electronic transmission to medical direction according to the format used locally.
Show appreciation for proper terminology when describing a patient or patient condition. (A-
Demonstrate the ability to use the local dispatch communications system. (P-1)
Demonstrate the ability to use a radio.
(P-1)
Demonstrate the ability to use the biotelemetry equipment used locally. (P-1)

Exit Skills

Upon completion of this course the student will have the following skills:
At the completion of this course, the student will be able to:
Understand his or her roles and responsibilities within an EMS system and how these roles and responsibilities differ from other levels of providers.
Understand and value the importance of personal wellness in EMS and serve as a healthy role model for peers.
Integrate the implementation of primary injury prevention activities as an effective way to reduce death, disabilities and health care costs.
Understand the legal issues that impact decisions made in the out-of-hospital environment.
Understand the role that ethics plays in decision making in the out-of-hospital environment.

X.   METHODS OF INSTRUCTION:

- Lecture
- Discussion
- Video Presentations
- Review of Articles and Informative Web Based Resources

XI.   METHODS OF EVALUATION:

30%   Quizzes
40%   Block Exams
20%   Homework Assignments
10%   Participation (including skills labs)
P/F   Nationally Accredited Exams (BCLS, ACLS, PALS, PHTLS)
P/F   Skills Exams

The grading policy is as follows:
- 93-100%   A
- 85-92%   B
- 80-84%   C

A minimum score of 80% is required to remain in the program. A score of 79% or less will be recorded as an "F".

XII.   ETHICS AND STANDARDS OF CONDUCT:

Due to the high standards of the Program and the paramedic profession, student conduct must reflect professionalism, integrity and responsibility at all times. The following section sets forth ethical standards, standards of conduct, and examples of misconduct subject to disciplinary action (including probation or termination from the Program).

Ethical Standards

Students are expected to meet the following ethical standards while in the Program:

- Paramedics are health care professionals regardless of whether or not they receive monetary compensation for their work. Thus, a paramedic is bound by the highest standards of professional conduct and ethics. The program will not tolerate a breach of these standards by its students. **Certain acts may be so serious that they subject the student to immediate dismissal without progressive discipline.**

- Students must conduct themselves in an ethical manner throughout the classroom, clinical, and field internship phases of the program. Failure to adhere to these standards may result in immediate termination from the program. Violation of these standards includes, but is not limited to, physical violence, stealing, lying, cheating, or breach of patient confidentiality.

Professional Behavior

The conduct of the paramedic student reflects upon the individual, his or her agency, the program, and the EMS profession. Therefore, the student must conduct him/herself in a professional and responsible manner at all times as described below. **Failure to demonstrate professional behavior may result in termination.**

Professional Behavior/Attributes include:

- **Leadership.** Self-confidence, established credibility, ability to remain in control, ability to communicate, willingness to make a decision, willingness to accept responsibility for the consequences of the team's action.
- **Integrity.** Consistent honesty; being able to be trusted with the property of others or with confidential information; complete and accurate documentation of patient care and learning activities.

- **Empathy.** Showing compassion for others; responding appropriately to the emotional response of patients and family members; demonstrating respect for others; demonstrating a calm, compassionate, and helpful demeanor toward those in need; being supportive and reassuring to others.
- **Self-motivation.** Taking initiative to complete assignments; taking initiative to improve and/or correct behavior; taking on and following through on tasks without constant supervision; showing enthusiasm for learning and improvement; consistently striving for excellence in all aspects of patient care and professional activities; accepting constructive feedback in a positive manner; taking advantage of learning opportunities; participating in tutoring sessions; and completing prescribed remediation.
- **Appearance & Personal Hygiene.** Appropriate, neat, clean and well-maintained clothing and uniform; good personal hygiene and grooming.
- **Self-confidence.** Demonstrating the ability to trust personal judgment; demonstrating an awareness of strengths and limitations; exercising good personal judgment.
- **Communication Skills.** Speaking clearly; writing legibly; listening actively; adjusting communication strategies to various situations
- **Time Management Skills.** Consistent punctuality; completing tasks and assignments on time.
- **Diplomacy in Teamwork.** Placing the success of the team above self interest; not undermining the team; helping and supporting other team members; showing respect for all team members; remaining flexible and open to change; communicating with others to resolve problems.
- **Respect.** Being polite to others; not using derogatory or demeaning terms; behaving in a manner that brings credit to the profession.
- **Patient Advocacy.** Not allowing personal bias to or feelings to interfere with patient care; placing the needs of patients above self interest; protecting and respecting patient confidentiality and dignity.
- **Careful Delivery of Service.** Mastering and refreshing skills; performing complete equipment checks; demonstrating careful and safe ambulance operations; following policies, procedures, and protocols; following orders.

Misconduct

Students are subject to disciplinary action up to and including termination from the Program for misconduct, including but not limited to:

- **Academic Dishonesty**. All forms of academic misconduct, including but not limited to cheating, fabrication, plagiarism, multiple submissions, or facilitating academic dishonesty. For the purposes of this policy, the following definitions apply:

  Cheating. Cheating includes, but is not limited to, the use of or appearance of use of unauthorized materials, information, or study aids in any academic exercise; or helping another student commit an act of academic fraud; or the failure to observe the expressed procedures or instructions of an academic exercise (e.g., examination instructions regarding alternate seating or conversation during an examination).

  Fabrication. Fabrication includes, but is not limited to, falsification or invention of any information or citation in an academic exercise.

  Plagiarism. Plagiarism includes, but is not limited to, the use of another's words or ideas as if they were one's own; including but not limited to representing, either with the intent to deceive or by the omission of the true source, part of or an entire work produced by someone other than the student, obtained by purchase or otherwise, as the student's original work; or representing the identifiable but altered ideas, data, or writing of another person as if those ideas, data, or writing were the student's original work.

  Multiple Submissions. Multiple submissions includes, but is not limited to, the resubmission by a student of any work which has been previously submitted for credit in identical or similar form in one course to fulfill the requirements of a second course, without the informed permission/consent of the instructor of the second course; or the submission by a student of any work submitted for credit in identical or similar form in one course to fulfill the requirements of a concurrent course, without the permission/consent of the instructors of both courses.

  Other Forms of Dishonesty. Other forms of dishonesty, including but not limited to fabricating information or knowingly furnishing false information or reporting a false emergency to the program or to program officials acting in the performance of their duties.

- **Forgery**. Forgery, alteration, or misuse of any program document, record, key, electronic device, or identification. This policy applies to any individual for whom the program maintains records, regardless of

current student status. Signing an attendance roster for another student or signing a clinical evaluation for a nurse are examples of forgery.

- **Theft**. Theft of, conversion of, misappropriation of, or damage to or destruction of any property of the program or University or property of others while on program or University premises or at official program functions; or possession of any property of the program or others stolen while on program premises or at official program functions.

- **Computers**. Theft or other abuse of computing facilities or computer time, including but not limited to unauthorized entry into a file to use, read, or change the contents or for any other purpose; unauthorized transfer of a file; unauthorized use of another individual's identification or password; use of computing facilities to interfere with the work of another student, faculty member, or program official; use of computing facilities to interfere with a program computing system.

- **Unauthorized Conduct**. Unauthorized possession of, receipt of, duplication of, or use of the program's name, insignia, or seal. Unauthorized entry to, possession of, receipt of, or use of any program properties, equipment, resources, or services. Selling or distributing course lecture notes, handouts, readers, or other information provided by an instructor, or using them for any commercial purpose, without the express permission of the instructor.

- **Physical Abuse**. Physical abuse, including but not limited to rape, sexual assault, sex offenses, and other physical assault; threats of violence; or conduct that threatens the health or safety of any person.

- **Rape**. Rape refers to "rape" as defined by the California Penal Code (as it may be amended from time to time). Among other acts, the Penal Code prohibits the following acts:
  Sexual intercourse against a person's will accomplished by force or threats of bodily injury.
  Sexual intercourse against a person's will where the person has reasonable fear that she (or he) or another will be injured if she (or he) does not submit to the intercourse.
  Sexual intercourse where the person is incapable of giving consent, or is prevented from resisting, due to alcohol or drugs, and this condition was known, or reasonably should have been known by the accused.
  Sexual intercourse where the person is incapable of resisting because she (or he), at the time, is unconscious or asleep, and this is known to the accused.

- **Sexual Assault**. The act of sexual assault includes forced sodomy (anal intercourse); forced oral copulation (oral-genital contact); rape by foreign object (forced penetration by a foreign object, including a finger); and sexual battery (the unwanted touching of an intimate part of another person for the purpose of sexual arousal). These also include situations when the accused sexually assaults a complainant incapable of giving consent, including where the complainant is prevented from resisting due to alcohol or drugs and this condition was known, or reasonably should have been known by the accused. <u>Note</u>: For the purpose of this regulation, students should understand that:
  Forced intercourse or other unwanted sexual contact is defined as rape or sexual assault whether the assailant is a stranger or an acquaintance of the complainant.
  Intoxication of the assailant shall not diminish the assailant's responsibility for sexual assault.

- **Sexual Harassment**. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:
  Submission to such conduct is made either explicitly or implicitly a term or condition of instruction, employment, or participation in other Program activity;
  Submission to or rejection of such conduct by an individual is used as a basis for evaluation in making academic or personnel decisions affecting an individual; or
  Such conduct has the purpose or effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive Program environment.
  In determining whether the alleged conduct constitutes sexual harassment, consideration shall be given to the record of the incident as a whole and to the totality of the circumstances, including the context in which the alleged incidents occurred.

- **Stalking**. Stalking is behavior in which an individual willfully, maliciously, and repeatedly engages in a knowing course of conduct directed at a specific person which reasonably and seriously alarms, torments, or terrorizes the person, and which serves no legitimate purpose.

- **"Fighting Words."** The use of "fighting words" by students to harass any person(s) on Program property, on other property to which these policies apply, or in connection with official Program functions or program-sponsored programs. "Fighting words" are those personally abusive epithets which, when directly addressed to any ordinary person are, in the context used and as a matter of common knowledge, inherently likely to provoke a violent reaction whether or not they actually do so. Such words include, but are not limited to, those terms widely recognized to be derogatory references to race, ethnicity, religion, sex, sexual orientation, disability, and other personal characteristics. "Fighting words" constitute "harassment" when the circumstances of their utterance create a hostile and intimidating environment which the student uttering them should reasonably know will interfere with the victim's ability to pursue effectively his or her education or otherwise to participate fully in Program programs and activities.

- **Hazing**. Hazing or any method of initiation or pre-initiation activity which causes, or is likely to cause, bodily danger, physical harm, or personal degradation or disgrace resulting in physical or mental harm to any student or other person.

- **Obstruction or Disruption**. Obstruction or disruption of teaching, research, administration, disciplinary procedures, or other program activities.

- **Disorderly Conduct**. Disorderly or lewd conduct.

- **Disturbing the Peace**. Participation in a disturbance of the peace or unlawful assembly.

- **Failure to Comply**. Failure to identify oneself to, or comply with directions of, a program official or other public official acting in the performance of their duties while on program property or at official program functions, or resisting or obstructing such program or other public officials in the performance of or the attempt to perform their duties.

- **Controlled Substances**. Unlawful manufacture, distribution, dispensing, possession, use, or sale of, or the attempted manufacture, distribution, dispensing, or sale of controlled substances, identified in Federal and State laws or regulations.

- **Alcohol**. Manufacture, distribution, dispensing, possession, use, or sale of, or the attempted manufacture, distribution, dispensing, or sale of alcohol which is unlawful or otherwise prohibited by, or not in compliance with, Program policy or campus regulations.

- **Destructive Devices**. Possession, use, storage, or manufacture of explosives, firebombs, or other destructive devices.

- **Weapons**. Except as expressly permitted by law, possession, use, storage, or manufacture of a firearm or other weapon capable of causing bodily injury.

- **Program Properties**. Using Program properties for the purpose of organizing or carrying out unlawful activity.

- **Violations of Law**. Violation of Federal, State, or local laws.

Classroom Decorum

- Pagers must be turned to silent alert mode or turned off during class.

- Cellular phones and wireless devices must be turned off and stowed away during class and skills labs. Calls and text messages are not to be answered and students are not to leave the classroom during lecture or skills to receive or return calls.

- Student audio, but not video, recording devices are permitted during lectures. No recording devices (cell phones, PDA, personal recording devices, etc.) are allowed out or on your person during quiz reviews or testing, including skills testing. Any phone call to be made during an exam will be done from the front office phone.

- Emergency phone calls may be received by the front office during class and this must be told to anyone wishing to contact you.

- Students must be prepared for class each day. Students should have appropriate learning tools and implements such as: texts, pen, pencil, paper, notebooks, policy manuals, skills manuals, etc. On skills days, students should always wear a watch with second hand, have a stethoscope, and have their skills manuals with them.

- Regularly scheduled breaks will be given throughout the class period. These breaks should be used for returning pages or phone calls, using the restrooms, obtaining snacks or beverages, or smoking. Disrupting the class for any reason other than an emergency will not be tolerated. Special circumstances must be prearranged with the instructor.

- Smoking and use of tobacco products of any kind is not permitted in the building or near its entrances. Smoking is only permitted in assigned areas; proper disposal of cigarette butts is required.

- Reasonable food and **covered drinks** are allowed in the classroom so long as their consumption does not interfere with the instructor's lesson or other students' ability to concentrate. Food that is noisy or smelly may not be consumed in the classroom. Sunflower seeds will be banned if shells are found on the floor.

- Students are not permitted to use facility equipment, including phones, fax machines, staff or faculty computers, or copiers. Students must not enter any faculty office or area without faculty permission. Designated areas of the facility as defined by the faculty are off limits.

- The designated computer lab must only be used for academic work.

- While on breaks, students must respect other students, faculty, and staff with their activities. The facility is used for many other classes and activities. Please be respectful.

- Students must respect the physical property of the facility and its cleanliness. All student areas should be neat and clean prior to leaving the facility at the end of class. Students must wipe down their work surface and put their chair up at the end of class each day.

- Faculty or staff should be notified of any facility issues so that timely maintenance or repair can occur. Housecleaning responsibilities will be shared by the students and explained further during the first week of class.

- After all breaks, students must return to the classroom or skills group on time or be subject to the tardiness policy.

- Students must not sleep in class. Students may stand (not sit) in the back of the classroom if needed to remain attentive.

- Personal computers may not be allowed in the classroom except when specifically requested or allowed by the Instructor for an academic purpose on a given day.

- The Program is committed to reduce, reuse, and recycle. Recycle bins for glass, plastic and aluminum cans exist throughout the building and should be used by students and faculty. Students must not throw recyclables into regular trash bins.

- Students may not contact Clinical Instructors (skills instructors) with questions, comments or concerns without express permission from a full-time faculty member. It is a violation of the Standards of Conduct of the Program to engage in a social or physical relationship with any faculty or staff member, skills or clinical instructor or preceptor.

XIII.   ATTENDANCE:

Attendance during all phases of the program is extremely important because of the nature of the material to be presented and the required commitment of outside professionals (clinical faculty and field preceptors) in the program. Following are the attendance requirements for each portion of the program.

General Attendance Rules

Attendance at all classroom, clinical, and field sessions is required. Attendance is verified by signing the attendance roster before the start of each class session (0800 for am sessions and 1330 for pm sessions unless otherwise indicated by the instructor). Students who are not signed in by 0800 or 1330 respectively will be determined to be late or absent.

Any absence requires *prior* notification of the Program Director, either personally, by phone or by e-mail. **A student's failure to make appropriate notification will result in administrative probation after the first occurrence and termination after the second occurrence, cumulatively throughout the entire course** to include classroom, clinical and field internship. Absences will be excused only in the event of severe illness requiring hospitalization, family emergency, jury duty or comparable occurrence. **Documentation of the emergency will be required**. These strict attendance rules are necessary due to the limited duration of the program and the large number of hours that must be completed for accreditation by the State.

Tardiness is defined as arrival after the start of class (morning or afternoon session) or clinical or field shift. A student who is more than two hours late for the start of class will be marked absent. In the clinical and field internship phases, any tardiness or absence must be reported both to the clinical or field site and to the Paramedic School. Tardiness beyond 30 minutes will result in the shift needing to be rescheduled and repeated at a later date.

Departure prior to the end of class or shift is also prohibited. Students leaving early must notify the instructor/preceptor prior to leaving. Students leaving more than 2 hours before the end of class or shift will be charged with an absence. Early departure between 30 minutes and two hours will result in the shift needing to be rescheduled and necessitate repeating the entire shift. Students leaving up to 30 minutes before the end of the shift will be charged with early departure.

Any combination of three tardies or early departures will be equivalent to one absence. Students will be placed on probation after the equivalent of three absences and terminated upon the tardy, early departure or absence that would exceed five absences for any reason, including withholding of services for nonpayment of installments on the tuition payment plan. Students will be allowed two additional occurrences in each of the clinical and field phases of the program, although the shifts will be required to be rescheduled and completed.

Classroom Phase

During the classroom phase, attendance is critical. All lectures and skills sessions build on material from prior lectures and skills sessions. Without a strong foundation in this prior material, it is extremely difficult to attain and master the new material or skill.
It is the student's responsibility to obtain the information from any lecture or practical session missed. The Program may require the student to perform additional assignments to make up information missed.

If a quiz is missed due to tardiness, early departure, or absence for *any reason* **including withholding of services for nonpayment of installments on the tuition payment plan, the quiz grade will be a zero.** The zero grade will be recorded and figured into the grade average, but not count against the total number of failed quizzes allowed. Students who miss the quiz shall not participate in any quiz review.

In an emergency, a class may be cancelled by the Program Director. Confirmation of classes can be made by calling (310) 680-1100, or checking the website.

XIV.   <u>COURSE DATES</u>:

This course is offered through the UCLA Center for Prehospital Care and is conducted in an accelerated format designed to meet the needs of students and employers. Class normally meets Monday – Friday, from 8:00am – 5:00pm. Please see the class schedule for specific dates.

XV.   <u>COURSE OUTLINE (SUBJECT TO CHANGES)</u>:

SESSION	LECTURE TOPIC	LECTURER
1	History of EMS	Paramedic Faculty
2	EMS systems	Paramedic Faculty
3	EMS Roles and Responsibilities	Paramedic Faculty
4	Medicolegal Issues	Paramedic Faculty
5	The Adult Learner	Paramedic Faculty
6	Wellness & Injury Prevention	Paramedic Faculty
7	EMS Research	Paramedic Faculty
	FINAL BLOCK EXAM	Paramedic Faculty