

WEST LOS ANGELES COLLEGE
DEPARTMENT OF ALLIED HEALTH

DO NOT PUBLISH ONLINE

- I. AH 47: EMERGENCY RESPONSE TO CRISIS (TRAUMA)
- II. PREPARED BY: PARAMEDIC FACULTY
- III. REVISED FOR: FALL 2015
- IV. PREREQUISITES: 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. UNITS: 4 UNITS
- VI. OFFICE HOURS: WED. 8:00AM – 5:00PM
- VII. COURSE INSTRUCTOR: HEATHER DAVIS
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- VIII. COURSE DESCRIPTION:

This course provides students with the knowledge and skills to assess, stabilize and treat traumatic emergencies of the head, chest, abdomen, and extremities.

- IX. TEXTS:
Nancy Caroline's Emergency Care in the Streets, 7th edition by the American Academy of Orthopaedic Surgeons, 2012.
- X. COURSE SLO ADDRESSED IN THIS COURSE:

<p style="text-align: center;"><u>Course SLO</u></p> <p>One sentence that describes a major piece of knowledge, skill, or ability that students can demonstrate by the end of the course <i>Finish the sentence, "At end of the course, the successful student will be able to... "</i></p>	<p style="text-align: center;"><u>Assessment Method</u></p> <p>Major assignment, project or test used to demonstrate or apply outcome <i>Remember to have a mix of qualitative and quantitative assessment methods.</i></p>	<p style="text-align: center;"><u>Criterion Level</u></p> <p>Reflects satisfactory performance on the SLO</p> <ul style="list-style-type: none"> • <i>At least X percent of students achieve this course SLO.</i> • <i>All students achieve at least the Y level on this SLO.</i> • <i>At least X percent of students achieve the Y level on this course SLO.</i>
<p>1. Evaluate a patient's signs and symptoms to determine the appropriate chief complaint and treatment priority.</p>	<p>Students will be evaluated by answering questions on a written exam that will be evaluated using a scantron scanner.</p>	<p>All students will correctly answer at least 80% of the exam questions.</p>
<p>2. Correctly perform assessment and practical skills for patients</p>	<p>Students will be assessed for communication using student presentations in case scenarios that</p>	<p>At least 75% of students will achieve 75% of the points available on the case scenario.</p>

suffering traumatic injuries.	will be assessed according to skills test grading guidelines/rubrics.	
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XI. COURSE OBJECTIVES:

Trauma Systems/Mechanism of Injury

- List and describe the components of a comprehensive trauma system. (C-1)
- Describe the role of and differences between levels of trauma centers. (C-3)
- Describe the criteria for transport to a trauma center. (C-1)
- Describe the criteria and procedure for air medical transport. (C-1)
- Define energy and force as they relate to trauma. (C-1)
- Define laws of motion and energy and understand the role that increased speed has on injuries. (C-1)
- Describe each type of impact and its effect on unrestrained victims (e.g., "œdown and under," "œup and over, compression, deceleration). (C-1)
- Describe the pathophysiology of the head, spine, thorax, and abdomen that result from the above forces. (C-1)
- List specific injuries and their causes as related to interior and exterior vehicle damage. (C-1)
- Describe the kinematics of penetrating injuries. (C-1)
- List the motion and energy considerations of mechanisms other than motor vehicle crashes. (C-1)
- Define the role of kinematics as an additional tool for patient assessment. (C-1)

Head Trauma

- Describe the incidence, morbidity, and mortality of facial injuries. (C-1)
- Explain facial/cranial anatomy and relate physiology to:
 - Facial injuries
 - Eye injury
 - Ear injury
 - Nose injury
 - Throat injury
 - Mouth injury
- Predict facial injuries based on mechanism of injury. (C-1)
- Predict other injuries commonly associated with the following injury types based on mechanism of injury:
 - Facial injuries
 - Eye injury
 - Ear injury
 - Nose injury
 - Throat injury
 - Mouth injury
- Integrate pathophysiological principles to the assessment of a patient with a(n):
 - Facial injuries
 - Eye injury
 - Ear injury
 - Nose injury
 - Throat injury
 - Mouth injury
- Formulate a field impression for a patient with the following injury types based on the assessment findings:
 - Facial injuries
 - Eye injury
 - Ear injury
 - Nose injury
 - Throat injury

Mouth injury

Develop a patient management plan for a patient with the following injury types based on the field impression:

Facial injuries

Eye injury

Ear injury

Nose injury

Throat injury

Mouth injury

Describe the incidence, morbidity, and mortality of head injuries. (C-1)

Explain anatomy and relate physiology of the CNS to head injuries. (C-1)

Predict head injuries based on mechanism of injury. (C-2)

Distinguish between head injury and brain injury. (C-3)

Explain the pathophysiology of head/ brain injuries. (C-1)

Explain the concept of increasing intracranial pressure (ICP). (C-1)

Explain the effect of increased and decreased carbon dioxide on ICP. (C-1)

Define and explain the process involved with each of the levels of increasing ICP. (C-

Relate assessment findings associated with head/ brain injuries to the pathophysiologic process. (C-3)

Identify the need for rapid intervention and transport of the patient with a head/ brain injury. (C-1)

Describe and explain the general management of the head/ brain injury patient, including pharmacological and non-pharmacological treatment. (C-1)

Analyze the relationship between carbon dioxide concentration in the blood and management of the airway in the head/ brain injured patient. (C-3)

Explain the pathophysiology of skull fracture. (C-1)

Relate assessment findings associated with skull fracture to pathophysiology. (C-3)

Develop a management plan for a patient with a skull fracture. (C-3)

Explain the pathophysiology of cerebral contusion. (C-1)

Relate assessment findings associated with cerebral contusion to pathophysiology.

Develop a management plan for a patient with a cerebral contusion. (C-3)

Explain the pathophysiology of intracranial hemorrhage, including: (C-1)

Epidural

Subdural

Intracerebral

Subarachnoid

Relate assessment findings associated with intracranial hemorrhage to pathophysiology, including: (C-3)

Epidural

Subdural

Intracerebral

Subarachnoid

Develop a management plan for a patient with a intracranial hemorrhage, including:

Epidural

Subdural

Intracerebral

Subarachnoid

Describe the various types of helmets and their purposes. (C-1)

Relate priorities of care to factors determining the need for helmet removal in various field situations including sports related incidents. (C-3)

Develop a management plan for the removal of a helmet for a head injured patient.

Integrate the pathophysiological principles to the assessment of a patient with head/ brain injury. (C-3)

Differentiate between the types of head/ brain injuries based on the assessment and history. (C-3)

Formulate a field impression for a patient with a head/ brain injury based on the assessment findings. (C-3)

Develop a patient management plan for a patient with a head/ brain injury based on the field impression. (C-3)

Spinal Trauma

Describe the incidence, morbidity, and mortality of spinal injuries in the trauma patient. (C-1)

Describe the anatomy and physiology of structures related to spinal injuries. (C-1)

Cervical

Thoracic

Lumbar

Sacrum

Coccyx

Head

Brain

Spinal cord

Nerve tract(s)

Dermatomes

Predict spinal injuries based on mechanism of injury. (C-2)

Describe the pathophysiology of spinal injuries. (C-1)

Explain traumatic and non-traumatic spinal injuries. (C-1)

Describe the assessment findings associated with spinal injuries. (C-1)

Describe the management of spinal injuries. (C-1)

Identify the need for rapid intervention and transport of the patient with spinal injuries. (C-1)

Integrate the pathophysiological principles to the assessment of a patient with a spinal injury. (C-3)

Differentiate between spinal injuries based on the assessment and history. (C-3)

Formulate a field impression based on the assessment findings. (C-3)

Develop a patient management plan based on the field impression. (C-3)

Describe the pathophysiology of traumatic spinal injury related to: (C-1)

Spinal shock

Spinal neurogenic shock

Quadriplegia/ paraplegia

Incomplete cord injury

Describe the assessment findings associated with traumatic spinal injuries. (C-1)

Describe the management of traumatic spinal injuries. (C-1)

Integrate pathophysiological principles to the assessment of a patient with a traumatic spinal injury. (C-3)

Differentiate between traumatic and non-traumatic spinal injuries based on the assessment and history. (C-3)

Formulate a field impression for traumatic spinal injury based on the assessment findings. (C-3)

Develop a patient management plan for traumatic spinal injury based on the field impression. (C-3)

Describe the pathophysiology of non-traumatic spinal injury, including: (C-1)

Low back pain

Herniated intervertebral disk

Spinal cord tumors

Describe the assessment findings associated with non-traumatic spinal injuries. (C-1)

Describe the management of non-traumatic spinal injuries. (C-1)

Integrate pathophysiological principles to the assessment of a patient with non-traumatic spinal injury. (C-3)

Differentiate between traumatic and non-traumatic spinal injuries based on the assessment and history. (C-3)

Formulate a field impression for non-traumatic spinal injury based on the assessment findings. (C-3)

Develop a patient management plan for non-traumatic spinal injury based on the field impression. (C-3)

Advocate the use of a thorough assessment when determining the proper management modality for spine injuries. (A-3)

Value the implications of failing to properly immobilize a spine injured patient. (A-2)

Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury. (P-1)

Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury. (P-1)

Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of spinal injury from the following presentations: (P-1)

Supine

Prone

Semi-prone

Sitting

Standing

Demonstrate documentation of suspected spinal cord injury to include: (P-1)

General area of spinal cord involved

Sensation

Dermatomes

Motor function

Area(s) of weakness

Demonstrate preferred methods for stabilization of a helmet from a potentially spine injured patient. (P-1)

Demonstrate helmet removal techniques. (P-1)

Demonstrate alternative methods for stabilization of a helmet from a potentially spine injured patient. (P-1)

Demonstrate documentation of assessment before spinal immobilization. (P-1)

Demonstrate documentation of assessment during spinal immobilization. (P-1)

Demonstrate documentation of assessment after spinal immobilization. (P-1)

Chest Trauma

Describe the incidence, morbidity, and mortality of thoracic injuries in the trauma patient.

Discuss the anatomy and physiology of the organs and structures related to thoracic injuries.

Predict thoracic injuries based on mechanism of injury.

Discuss the types of thoracic injuries.

Discuss the pathophysiology of thoracic injuries.

Discuss the assessment findings associated with thoracic injuries.

Discuss the management of thoracic injuries.

Identify the need for rapid intervention and transport of the patient with thoracic injuries.

Discuss the pathophysiology of specific chest wall injuries, including:

Rib fracture

Flail segment

Sternal fracture

Discuss the pathophysiology of injury to the lung, including:

Simple pneumothorax

Open pneumothorax

Tension pneumothorax

Hemothorax

Hemopneumothorax

Pulmonary contusion

Discuss the pathophysiology of myocardial injuries, including:

Pericardial tamponade

Myocardial contusion

Myocardial rupture

Discuss the pathophysiology of vascular injuries, including injuries to:

Aorta

Vena cava

Pulmonary arteries/ veins

Discuss the pathophysiology of diaphragmatic injuries.

Discuss the pathophysiology of esophageal injuries.

Discuss the pathophysiology of tracheo-bronchial injuries.

Discuss the pathophysiology of traumatic asphyxia.

Discuss the assessment findings associated with:

chest wall injuries

lung injuries

myocardial injuries

vascular injuries
diaphragmatic injuries
esophageal injuries
tracheo-bronchial injuries
traumatic asphyxia

Identify the need for rapid intervention and transport of the patient with

chest wall injuries
lung injuries

myocardial injuries

vascular injuries
diaphragmatic injuries
esophageal injuries
tracheo-bronchial injuries
traumatic asphyxia

Discuss the management of

chest wall injuries
lung injuries

myocardial injuries

vascular injuries
diaphragmatic injuries
esophageal injuries
tracheo-bronchial injuries
traumatic asphyxia

Integrate the pathophysiological principles to the assessment of a patient with thoracic injury.

Differentiate between thoracic injuries based on the assessment and history.

Formulate a field impression based on the assessment findings.

Develop a patient management plan based on the field impression.

Advocate the use of a thorough assessment to determine a differential diagnosis and treatment plan for thoracic trauma.

Advocate the use of a thorough scene survey to determine the forces involved in thoracic trauma.

Value the implications of failing to properly diagnose thoracic trauma.

Value the implications of failing to initiate timely interventions to patients with thoracic trauma.

Demonstrate a clinical assessment for a patient with suspected thoracic trauma.

Demonstrate the following techniques of management for thoracic injuries:

Needle decompression

Fracture stabilization

Elective trauma intubation

ECG monitoring

Oxygenation and ventilation

Abdominal Trauma

Describe the epidemiology, including the morbidity/mortality and prevention strategies for a patient with abdominal trauma.

Describe the anatomy and physiology of organs and structures related to abdominal injuries.

Predict abdominal injuries based on blunt and penetrating mechanisms of injury.

Describe open and closed abdominal injuries.

Explain the pathophysiology of abdominal injuries.

Describe the assessment findings associated with abdominal injuries.

Identify the need for rapid intervention and transport of the patient with abdominal injuries based on assessment findings.

Describe the management of abdominal injuries. (C-1)

Integrate the pathophysiological principles to the assessment of a patient with abdominal injury.

Differentiate between abdominal injuries based on the assessment and history.

(C-3)

Formulate a field impression for patients with abdominal trauma based on the assessment findings. (C-3)

Develop a patient management plan for patients with abdominal trauma based on the field impression. (C-3)

Describe the epidemiology, including the morbidity/ mortality strategies for:

solid organ injuries.

hollow organ injuries

vascular injuries

pelvic fractures

other related abdominal injuries

Explain the pathophysiology of:

solid organ injuries.

hollow organ injuries

vascular injuries

pelvic fractures

other related abdominal injuries

Describe the assessment findings associated with:

solid organ injuries.

hollow organ injuries

vascular injuries

pelvic fractures

other related abdominal injuries

Describe the treatment plan and management of:

solid organ injuries.

hollow organ injuries

vascular injuries

pelvic fractures

other related abdominal injuries

Integrate the pathophysiological principles to the assessment of a patient with abdominal injuries.

Differentiate between abdominal injuries based on the assessment and history.

(C-3)

Formulate a field impression based upon the assessment findings for a patient with abdominal injuries.

Develop a patient management plan for a patient with abdominal injuries, based upon field impression.

Advocate the use of a thorough assessment to determine a differential diagnosis and treatment plan for abdominal trauma.

Advocate the use of a thorough scene survey to determine the forces involved in abdominal trauma.

Value the implications of failing to properly diagnose abdominal trauma and initiate timely interventions to patients with abdominal trauma.

Demonstrate a clinical assessment to determine the proper treatment plan for a patient with suspected abdominal trauma.

Demonstrate the proper use of PASG in a patient with suspected abdominal trauma.

Demonstrate the proper use of PASG in a patient with suspected pelvic fracture.

Musculoskeletal Trauma

Describe the incidence, morbidity, and mortality of musculoskeletal injuries.

Discuss the anatomy and physiology of the musculoskeletal system.

Predict injuries based on the mechanism of injury, including:

Direct

Indirect

Pathologic

Discuss the types of musculoskeletal injuries:

Fracture (open and closed)

Dislocation/ fracture

Sprain

Strain

Discuss the pathophysiology of musculoskeletal injuries.

Discuss the assessment findings associated with musculoskeletal injuries.

List the six "P"s of musculoskeletal injury assessment

List the primary signs and symptoms of extremity trauma.

List other signs and symptoms that can indicate less obvious extremity injury.

Discuss the need for assessment of pulses, motor and sensation before and after splinting.

Identify the need for rapid intervention and transport when dealing with musculoskeletal injuries.

Discuss the management of musculoskeletal injuries.

Discuss the general guidelines for splinting.

Explain the benefits of cold application for musculoskeletal injury.

Explain the benefits of heat application for musculoskeletal injury.

Describe age associated changes in the bones.

Discuss the pathophysiology of:

open and closed fractures

dislocations

sprains

strains

tendon injury

Discuss the relationship between volume of hemorrhage and open or closed fractures.

Discuss the assessment findings associated with:

open and closed fractures

dislocations

sprains

strains

tendon injury

Discuss the management of:

open and closed fractures

dislocations

sprains

strains

tendon injury

Discuss the usefulness of the pneumatic anti-shock garment (PASG) in the management of fractures.

Describe the special considerations involved in femur fracture management.

Discuss the out-of-hospital management of dislocation/ fractures, including splinting and realignment.

Explain the importance of manipulating a knee dislocation/ fracture with an absent distal pulse.

Describe the procedure for reduction of a shoulder, finger or ankle dislocation/ fracture.

Integrate the pathophysiological principles to the assessment of a patient with a musculoskeletal injury.

Differentiate between musculoskeletal injuries based on the assessment findings and history.

Formulate a field impression of a musculoskeletal injury based on the assessment findings.

Develop a patient management plan for the musculoskeletal injury based on the field impression.

Advocate the use of a thorough assessment to determine a working diagnosis and treatment plan for musculoskeletal injuries.

Advocate for the use of pain management in the treatment of musculoskeletal injuries.

Demonstrate a clinical assessment to determine the proper treatment plan for a patient with a suspected musculoskeletal injury.

Demonstrate the proper use of fixation, soft and traction splints for a patient with a suspected fracture.

Burns

Describe the anatomy and physiology pertinent to burn injuries.

Describe the epidemiology, including incidence, mortality/ morbidity, risk factors, and prevention strategies for the patient with a burn injury.

Describe the pathophysiologic complications and systemic complications of a burn injury.

Identify and describe types of burn injuries, including a thermal burn, an inhalation burn, a chemical burn, an electrical burn, and a radiation exposure.

Identify and describe the depth classifications of burn injuries, including a superficial burn, a partial-thickness burn, a full-thickness burn, and other depth classifications described by local protocol.

Identify and describe methods for determining body surface area percentage of a burn injury including the "rules of nines," the "rules of palms," and other methods described by local protocol.

Identify and describe the severity of a burn including a minor burn, a moderate burn, a severe burn, and other severity classifications described by local protocol.

Differentiate criteria for determining the severity of a burn injury between a pediatric patient and an adult patient.

Describe special considerations for a pediatric patient with a burn injury.

Discuss considerations which impact management and prognosis of the burn injured patient.

Discuss mechanisms of burn injuries.

Discuss conditions associated with burn injuries, including trauma, blast injuries, airway compromise, respiratory compromise, and child abuse.

Describe the management of a burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol.

Describe the epidemiology of:

a thermal burn injury

inhalation burn injury

a chemical burn injury and a chemical burn injury to the eye

an electrical burn injury

a radiation exposure

Describe the specific anatomy and physiology pertinent to:

a thermal burn injury

inhalation burn injury

a chemical burn injury and a chemical burn injury to the eye

an electrical burn injury

a radiation exposure

Describe the pathophysiology of:

a thermal burn injury

inhalation burn injury

a chemical burn injury and a chemical burn injury to the eye

an electrical burn injury

a radiation exposure

Identify and describe the depth classifications of:

a thermal burn injury

inhalation burn injury

a chemical burn injury and a chemical burn injury to the eye

an electrical burn injury

a radiation exposure

Identify and describe the severity of:

a thermal burn injury

inhalation burn injury

a chemical burn injury and a chemical burn injury to the eye

an electrical burn injury

a radiation exposure

Describe considerations which impact management and prognosis of the patient with:

a thermal burn injury

inhalation burn injury

a chemical burn injury and a chemical burn injury to the eye

an electrical burn injury

a radiation exposure

Discuss mechanisms of burn injury and conditions associated with:

a thermal burn injury
inhalation burn injury
a chemical burn injury and a chemical burn injury to the eye
an electrical burn injury
a radiation exposure

Describe the management of a the following burn injuries, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, and psychological support/ communication strategies:

a thermal burn injury
inhalation burn injury
a chemical burn injury and a chemical burn injury to the eye
an electrical burn injury
a radiation exposure

Differentiate between supraglottic and infraglottic inhalation injuries.

Integrate pathophysiological principles to the assessment of a patient with:

a thermal burn injury
inhalation burn injury
a chemical burn injury and a chemical burn injury to the eye
an electrical burn injury
a radiation exposure

Synthesize patient history information and assessment findings to form a field impression for the patient with:

a thermal burn injury
inhalation burn injury
a chemical burn injury and a chemical burn injury to the eye
an electrical burn injury
a radiation exposure

Develop, execute and evaluate a management plan based on the field impression for the patient with:

a thermal burn injury
inhalation burn injury
a chemical burn injury and a chemical burn injury to the eye
an electrical burn injury
a radiation exposure

Value the changes of a patient's self-image associated with a burn injury.

Value the impact of managing a burn injured patient.

Advocate empathy for a burn injured patient.

Assess safety at a burn injury incident.

Characterize mortality and morbidity based on the pathophysiology and assessment findings of a patient with a burn injury.

Value and defend the sense of urgency in burn injuries.

Take body substance isolation procedures during assessment and management of patients with a burn injury.

Perform assessment of a patient with a burn injury.

Perform management of a the following types of burn injuries, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol:

a thermal burn injury
inhalation burn injury
a chemical burn injury and a chemical burn injury to the eye
an electrical burn injury
a radiation exposure

Soft Tissue Trauma

Describe the incidence, morbidity, and mortality of soft tissue injures. (C-1)

Describe the layers of the skin, specifically: (C-1)

Epidermis and dermis (cutaneous)

Superficial fascia (subcutaneous)

Deep fascia

Identify the major functions of the integumentary system. (C-1)

Identify the skin tension lines of the body. (C-1)

Predict soft tissue injuries based on mechanism of injury. (C-1)

Discuss the pathophysiology of wound healing, including: (C-1)

Hemostasis

Inflammation phase

Epithelialization

Neovascularization

Collagen synthesis

Discuss the pathophysiology of soft tissue injuries. (C-2)

Differentiate between the following types of closed soft tissue injuries: (C-3)

Contusion

Hematoma

Crush injuries

Discuss the assessment findings associated with closed soft tissue injuries. (C-1)

Discuss the management of a patient with closed soft tissue injuries. (C-2)

Discuss the pathophysiology of open soft tissue injuries. (C-2)

Differentiate between the following types of open soft tissue injuries: (C-3)

Abrasions

Lacerations

Major arterial lacerations

Avulsions

Impaled objects

Amputations

Incisions

Crush injuries

Blast injuries

Penetrations/ punctures

Discuss the incidence, morbidity, and mortality of blast injuries. (C-1)

Predict blast injuries based on mechanism of injury, including: (C-2)

Primary

Secondary

Tertiary

Discuss types of trauma including: (C-1)

Blunt

Penetrating

Barotrauma

Burns

Discuss the pathophysiology associated with blast injuries. (C-1)

Discuss the effects of an explosion within an enclosed space on a patient. (C-1)

Discuss the assessment findings associated with blast injuries. (C-1)

Identify the need for rapid intervention and transport of the patient with a blast injury. (C-1)

Discuss the management of a patient with a blast injury. (C-1)

Discuss the incidence, morbidity, and mortality of crush injuries. (C-1)

Define the following conditions: (C-1)

Crush injury

Crush syndrome

Compartment syndrome

Discuss the mechanisms of injury in a crush injury. (C-1)

Discuss the effects of reperfusion and rhabdomyolysis on the body. (C-1)

Discuss the assessment findings associated with crush injuries. (C-1)

Identify the need for rapid intervention and transport of the patient with a crush injury. (C-1)

Discuss the management of a patient with a crush injury. (C-1)

Discuss the pathophysiology of hemorrhage associated with soft tissue injuries, including: (C-2)

- Capillary
- Venous
- Arterial

Discuss the assessment findings associated with open soft tissue injuries. (C-1)

Discuss the assessment of hemorrhage associated with open soft tissue injuries. (C-1)

Differentiate between the various management techniques for hemorrhage control of open soft tissue injuries, including: (C-3)

- Direct pressure
- Elevation
- Pressure dressing
- Pressure point
- Tourniquet application

Differentiate between the types of injuries requiring the use of an occlusive versus non-occlusive dressing. (C-3)

Identify the need for rapid assessment, intervention and appropriate transport for the patient with a soft tissue injury. (C-2)

Discuss the management of the soft tissue injury patient. (C-2)

Define and discuss the following: (C-1)

- Dressings
 - Sterile
 - Non-sterile
 - Occlusive
 - Non-occlusive
 - Adherent
 - Non-adherent
 - Absorbent
 - Non-absorbent
 - Wet
 - Dry
- Bandages
 - Absorbent
 - Non-absorbent
 - Adherent
 - Non-adherent
- Tourniquet

Predict the possible complications of an improperly applied dressing, bandage, or tourniquet.

Discuss the assessment of wound healing. (C-1)

Discuss the management of wound healing. (C-1)

Discuss the pathophysiology of wound infection. (C-1)

Discuss the assessment of wound infection. (C-1)

Discuss the management of wound infection. (C-1)

Integrate pathophysiological principles to the assessment of a patient with a soft tissue injury.

Formulate treatment priorities for patients with soft tissue injuries in conjunction with: (C-3)

- Airway/ face/ neck trauma
- Thoracic trauma (open/ closed)
- Abdominal trauma

Synthesize assessment findings and patient history information to form a field impression for the patient with soft tissue trauma. (C-3)

Develop, execute, and evaluate a treatment plan based on the field impression for the patient with soft tissue trauma.

Defend the rationale explaining why immediate life-threats must take priority over wound closure. (A-3)

Defend the management regimens for various soft tissue injuries. (A-3)

Defend why immediate life-threatening conditions take priority over soft tissue management.
Value the importance of a thorough assessment for patients with soft tissue injuries.
Attend to the feelings that the patient with a soft tissue injury may experience. (A-2)
Appreciate the importance of good follow-up care for patients receiving sutures. (A-
Understand the value of the written report for soft tissue injuries, in the continuum of patient care. (A-2)
Demonstrate the assessment and management of a patient with signs and symptoms of soft tissue injury, including: (P-2)
Contusion
Hematoma
Crushing
Abrasion
Laceration
Avulsion
Amputation
Impaled object
Penetration/ puncture
Blast

Shock Trauma Resuscitation

Describe the epidemiology, including the morbidity/ mortality and prevention strategies, for shock and hemorrhage.

(C-1)

Discuss the anatomy and physiology of the cardiovascular system. (C-1)

Predict shock and hemorrhage based on mechanism of injury. (C-1)

Discuss the various types and degrees of shock and hemorrhage. (C-1)

Discuss the pathophysiology of hemorrhage and shock. (C-1)

Discuss the assessment findings associated with hemorrhage and shock. (C-1)

Identify the need for intervention and transport of the patient with hemorrhage or shock

Discuss the treatment plan and management of hemorrhage and shock. (C-1)

Discuss the management of external hemorrhage. (C-1)

Differentiate between controlled and uncontrolled hemorrhage. (C-3)

Differentiate between the administration rate and amount of IV fluid in a patient with controlled versus uncontrolled hemorrhage. (C-3)

Relate internal hemorrhage to the pathophysiology of compensated and decompensated hemorrhagic shock. (C-3)

Relate internal hemorrhage to the assessment findings of compensated and decompensated hemorrhagic shock. (C-3)

Discuss the management of internal hemorrhage. (C-1)

Define shock based on aerobic and anaerobic metabolism. (C-1)

Describe the incidence, morbidity, and mortality of shock. (C-1)

Describe the body's physiologic response to changes in perfusion. (C-1)

Describe the effects of decreased perfusion at the capillary level. (C-1)

Discuss the cellular ischemic phase related to hemorrhagic shock. (C-1)

Discuss the capillary stagnation phase related to hemorrhagic shock. (C-1)

Discuss the capillary washout phase related to hemorrhagic shock. (C-1)

Discuss the assessment findings of hemorrhagic shock. (C-1)

Relate pulse pressure changes to perfusion status. (C-3)

Relate orthostatic vital sign changes to perfusion status. (C-3)

Define compensated and decompensated hemorrhagic shock. (C-1)

Discuss the pathophysiological changes associated with compensated shock.

(C-1)

Discuss the assessment findings associated with compensated shock.

(C-1)

Identify the need for intervention and transport of the patient with compensated shock. (C-1)
Discuss the treatment plan and management of compensated shock.
(C-1)
Discuss the pathophysiological changes associated with decompensated shock. (C-1)
Discuss the assessment findings associated with decompensated shock. (C-1)
Identify the need for intervention and transport of the patient with decompensated shock.
Discuss the treatment plan and management of the patient with decompensated shock.
Differentiate between compensated and decompensated shock. (C-3)
Relate external hemorrhage to the pathophysiology of compensated and decompensated hemorrhagic shock.
(C-3)
Relate external hemorrhage to the assessment findings of compensated and decompensated hemorrhagic shock. (C-3)
Differentiate between the normotensive, hypotensive, or profoundly hypotensive patient.
Differentiate between the administration of fluid in the normotensive, hypotensive, or profoundly hypotensive patient. (C-3)
Discuss the physiologic changes associated with the pneumatic anti-shock garment (PASG).
Discuss the indications and contraindications for the application and inflation of the PASG.
Apply epidemiology to develop prevention strategies for hemorrhage and shock. (C-
Integrate the pathophysiological principles to the assessment of a patient with hemorrhage or shock.
Synthesize assessment findings and patient history information to form a field impression for the patient with hemorrhage or shock. (C-3)
Develop, execute and evaluate a treatment plan based on the field impression for the hemorrhage or shock patient. (C-3)
Demonstrate the assessment of a patient with signs and symptoms of hemorrhagic shock.
Demonstrate the management of a patient with signs and symptoms of hemorrhagic shock.
Demonstrate the assessment of a patient with signs and symptoms of compensated hemorrhagic shock. (P-2)
Demonstrate the management of a patient with signs and symptoms of compensated hemorrhagic shock. (P-2)
Demonstrate the assessment of a patient with signs and symptoms of decompensated hemorrhagic shock. (P-2)
Demonstrate the management of a patient with signs and symptoms of decompensated hemorrhagic shock. (P-2)
Demonstrate the assessment of a patient with signs and symptoms of external hemorrhage.
Demonstrate the management of a patient with signs and symptoms of external hemorrhage.
Demonstrate the assessment of a patient with signs and symptoms of internal hemorrhage.
Demonstrate the management of a patient with signs and symptoms of internal hemorrhage.

LAB:

Shock Management

4-2.45 Demonstrate the assessment of a patient with signs and symptoms of hemorrhagic shock. (P-2)
4-2.46 Demonstrate the management of a patient with signs and symptoms of hemorrhagic shock. (P-2)
4-2.47 Demonstrate the assessment of a patient with signs and symptoms of compensated hemorrhagic shock. (P-2)
4-2.48 Demonstrate the management of a patient with signs and symptoms of compensated hemorrhagic shock. (P-2)
4-2.49 Demonstrate the assessment of a patient with signs and symptoms of decompensated hemorrhagic shock. (P-2)
4-2.50 Demonstrate the management of a patient with signs and symptoms of decompensated hemorrhagic shock. (P-2)
4-2.51 Demonstrate the assessment of a patient with signs and symptoms of external hemorrhage. (P-2)
4-2.52 Demonstrate the management of a patient with signs and symptoms of external hemorrhage. (P-2)
4-2.53 Demonstrate the assessment of a patient with signs and symptoms of internal hemorrhage. (P-2)
4-2.54 Demonstrate the management of a patient with signs and symptoms of internal hemorrhage. (P-2)

Burns

4-4.78 Take body substance isolation procedures during assessment and management of patients with a burn injury. (P-2)

4-4.79 Perform assessment of a patient with a burn injury. (P-2)

4-4.80 Perform management of a thermal burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol. (P-2)

4-4.81 Perform management of an inhalation burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol. (P-2)

4-4.82 Perform management of a chemical burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol. (P-2)

4-4.83 Perform management of an electrical burn injury, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol. (P-2)

4-4.84 Perform management of a radiation exposure, including airway and ventilation, circulation, pharmacological, non-pharmacological, transport considerations, psychological support/ communication strategies, and other management described by local protocol. (P-2)

Spinal Injury

4-6.29 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected traumatic spinal injury. (P-1)

4-6.30 Demonstrate a clinical assessment to determine the proper management modality for a patient with a suspected non-traumatic spinal injury. (P-1)

4-6.31 Demonstrate immobilization of the urgent and non-urgent patient with assessment findings of spinal injury from the following presentations: (P-1)

4-7.49 Demonstrate a clinical assessment for a patient with suspected thoracic trauma. (P-1)

4-7.50 Demonstrate the following techniques of management for thoracic injuries: (P-1)

a. Needle decompression

b. Fracture stabilization

c. Elective intubation

d. ECG monitoring

e. Oxygenation and ventilation

4-8.41 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with suspected abdominal trauma. (P-1)

4-8.42 Demonstrate the proper use of PASG in a patient with suspected abdominal trauma. (P-1)

4-8.43 Demonstrate the proper use of PASG in a patient with suspected pelvic fracture. (P-1)

4-9.43 Demonstrate a clinical assessment to determine the proper treatment plan for a patient with a suspected musculoskeletal injury. (P-1)

4-9.44 Demonstrate the proper use of fixation, soft and traction splints for a patient with a suspected fracture. (P-1)

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 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. Note: 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.

WEST LOS ANGELES COLLEGE
DEPARTMENT OF ALLIED HEALTH

XIV. COURSE DATES:

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. COURSE OUTLINE (SUBJECT TO CHANGES):

SESSION	LECTURE TOPIC	LECTURER
1	Trauma Assessment	Paramedic Faculty
2	Chest & Abdominal Trauma	Paramedic Faculty
3	Head, Neck & Facial Trauma	Paramedic Faculty
4	Spinal & Musculoskeletal Trauma	Paramedic Faculty
5	Burns & Soft Tissue Trauma	Paramedic Faculty
6	Special Trauma Patients	Paramedic Faculty
7	Trauma Skills	Paramedic Faculty
8	Trauma Skills	Paramedic Faculty
9	Trauma Skills	Paramedic Faculty
10	Trauma Skills	Paramedic Faculty
11	Trauma Skills	Paramedic Faculty
12	Trauma Skills	Paramedic Faculty
13	PHTLS Assessments	Paramedic Faculty
14	PHTLS Assessments	Paramedic Faculty
15	FINAL BLOCK EXAM	Paramedic Faculty