

WEST LOS ANGELES COLLEGE
DEPARTMENT OF ALLIED HEALTH

DO NOT PUBLISH ONLINE

- I. AH 52: EMERGENCY MEDICAL TECHNICIAN
- II. PREPARED BY: EMT FACULTY
- III. REVISED FOR: WINTER 2016
- IV. PREREQUISITES: Open only to students admitted through the UCLA Center for Prehospital Care with a current American Heart Association Basic Life Support for Healthcare Provider (Allied Health 21) by the American Heart Association.
- V. UNITS: 7 UNITS
- VI. OFFICE HOURS: 15 MINUTES PRIOR TO CLASS
- VII. COURSE INSTRUCTOR: BARRY JENSEN
bjensen@mednet.ucla.edu
- VIII. COURSE DESCRIPTION:

This course provides basic emergency medical care training for firefighters and ambulance attendants. Successful course completion results in NREMT-B certification granted from the State of California, through the Los Angeles County EMS Agency.

- IX. SPECIAL ACCOMMODATIONS:
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. TEXTS:

Emergency Care and Transportation of the Sick and Injured, 10th edition by the American Academy of Orthopaedic Surgeons, 2011.
- XI. COURSE SLO ADDRESSED IN THIS COURSE:

<u>Course SLO</u>	<u>Assessment Method</u>	<u>Criterion Level</u>
<p>One sentence that describes a major piece of knowledge, skill, or ability that students can demonstrate by the end of the course</p> <p><i>Finish the sentence, "At end of the course, the successful student will be able to..." "</i></p>	<p>Major assignment, project or test used to demonstrate or apply outcome</p> <p><i>Remember to have a mix of qualitative and quantitative assessment methods.</i></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>
1. Use self-assessment and	Students will utilize self-assessment to analyze and improve assessment	At least 80% of students will complete 100% of the components

reflection strategies to improve the ability to envision body systems and the correlating treatment skills.	and treatment skills. Self-assessments will be evaluated according to a grading rubric.	of the grading rubric for this SLO.
2. Apply the principles of civility and cultural sensitivity and respect for all groups of classmates, patients, staff, patients and faculty.	Students will be evaluated according to standards provided in a student behavior handbook.	At least 70% of students will complete the course without violating any of the student civility standards during this course.

XI. COURSE OBJECTIVES:

- Define Emergency Medical Services (EMS) systems. Differentiate the roles and responsibilities of the EMT-Basic from other prehospital care providers. Evaluate the roles and responsibilities related to persona safety. Discuss the roles and responsibilities of the EMT-Basic towards the safety of the crew, the patient, and bystanders. Define quality improvement and discuss the EMT-Basic's role in the process. Define medical direction and discuss the EMT-Basic's role in the process. State the specific statutes and regulations in your state regarding the EMS system.
- Identify the following topographic terms: medial, lateral, proximal, distal, superior, inferior, anterior, posterior, mid-line, right and left, clavicular, bilateral, and mid-axillary. Recall three reasons for using medical terminology. Define the terms: root-word, combining form, suffix, and prefix. Recall commonly used roots, suffixes, and prefixes. Display the ability to breakdown a medical term into its components. Define selected medical terms. Recall commonly used medical acronyms. Demonstrate the ability to translate a report using common acronyms, abbreviations, and medical terms to plain English.
- Describe the anatomy and function of the following major body systems: Respiratory, circulatory, musculoskeletal, nervous and endocrine. Define homeostasis and relate it to body functions. Define aerobic and anaerobic metabolism and identify the acids produced by the two types of metabolism. Describe how fluid moves across the three fluid compartments. Describe the signs and symptoms used to determine hydration. Identify four electrolytes and their functions. Identify the body systems and their function. Identify the basic function of the endocrine system. Identify the basic function of the respiratory system. Identify the basic function of the cardiovascular system. Explain the difference between biological and clinical death.
- Identify the primary functions of the nervous system. Identify the specialized cell of the nervous system and its importance in the BLS environment. Categorize the divisions of the nervous system. Identify the protective structures of the central nervous system. Define meningitis. Identify the earliest signs/symptoms of neurologic dysfunction. Identify the primary functions of the cerebrum, cerebellum, cerebrospinal fluid, brainstem, spinal cord, peripheral nerves, and autonomic nerves. Identify the four vital centers of the brainstem and their functions. List the primary functions and major subdivisions of the peripheral nervous system. Explain the importance of assessing function of the 3rd and 10th cranial nerves.
- Identify the primary functions of the cardiovascular system. Identify the path of blood flow within the circulatory system. Locate the heart with reference to surface landmarks. Identify the primary function of the heart. Locate and identify the anatomical structures of the heart. Define: myocardium, pericardium, epicardium, and endocardium. Explain the importance of coronary circulation. Understand the function of the cardiac conduction system. Define: dysrhythmia, tachycardia, and bradycardia. Identify the primary function(s) of: arteries, veins, and capillaries. Identify the following: blood volume, components, and perfusion of blood. Define the following terms: cardiac output, stroke volume, and peripheral vascular resistance. List the factors affecting cardiac output. Identify the formula for blood pressure.

Define vascular volume.

- Identify the location and function of: upper airway, and lower airway. Identify the location and function of the following: pharynx, larynx, trachea, bronchi, lungs, alveoli, and pleura. Identify the structures that protect the respiratory system. Identify the location of the lungs within the thoracic cavity during: inspiration, and expiration. List the differences between the right and left lung. Identify the primary and accessory muscles of respiration. Explain the mechanical process of respiration and control of breathing. Define the following: tachypnea, bradypnea, tidal volume, ventilation, and eupnea. Identify the signs of adequate oxygenation. Identify the signs/symptoms of respiratory distress. Describe the normal and abnormal breathing rhythms and sounds.
- Analyze the signs of inadequate perfusion and take appropriate action in managing the airway. Relate mechanism of injury to opening the airway.
- Describe the steps in performing the skill of artificially ventilating a patient with a bag-valve-mask for one and two rescuers. Compare and contrast the signs of adequate and inadequate artificial ventilation using the bag valve-mask. Describe the steps in artificially ventilating a patient with a flow restricted, oxygen-powered ventilation device. Calculate the measurement for sizing oropharyngeal (oral) and nasopharyngeal (nasal) airway. Compare and contrast the use of a nasal cannula versus a nonrebreather face mask. Distinguish between artificially ventilating the infant and child patient. Demonstrate oxygen administration for the infant and child patient.
- Identify which medications will be carried on the unit. State the medications carried on the unit by the generic name. Identify the medications with which the EMT-B may assist the patient with administering. State the medications the EMT-B can assist the patient with by the generic name. Discuss the forms in which the medications may be found. Explain the rationale for the administration of medications. Demonstrate general steps for assisting patient with self administration of medications. Read the labels and inspect each type of medication.
- Explain the components of the written report and list the information that should be included on the written report. Identify the various sections of the written report. Describe what information is required in each section of the prehospital care report and how it should be entered. Define the special considerations concerning patient refusal. Describe the legal implications associated with the written report. Discuss all state and/or local record and reporting requirements. Apply the components of the essential patient information in a written report. Explain the rationale for patient care documentation. Explain the rationale for the EMS system gathering data. Explain the rationale for using medical terminology correctly. Explain the rationale for using an accurate and synchronous clock so that information can be used in trending.
- Describe the various methods used to communicate feelings to other people. Demonstrate methods of nonverbal communication. Perform the essential components of the verbal report. Describe the attributes for increasing effectiveness and efficiency of verbal communications. State legal aspects to consider in verbal communication. Perform an organized, concise patient report that would be given to the staff at a receiving facility. Perform a brief, organized report that would be given to an ALS provider arriving at an incident scene at which the EMT-Basic was already providing care..
- Identify the components of the extended vital signs. Distinguish and identify the attributes that should be obtained when assessing breathing. Differentiate between shallow, labored, and noisy breathing. Differentiate between a strong, weak, regular, and irregular pulse. Distinguish between normal and abnormal skin signs. Differentiate between pale, blue, red, and yellow skin color. Describe the methods to assess the pupils. Distinguish normal and abnormal pupil size. Differentiate between reactive and non-reactive pupils, and equal and unequal pupils. Explain the difference between auscultation and palpation for obtaining a blood pressure. Identify the components of the SAMPLE history. Differentiate between a sign and a symptom. Recognize and

respond to the feelings patients experience during assessment. Measure and record vitals on a patient care report.

- Categorize the reasons for forming a general impression of the patient. Differentiate between assessing the altered mental status in the adult, child and infant patient. Distinguish methods of assessing the airway in the adult, child and infant patient. Compare and contrast the care that should be provided to the adult, child, and infant patient with and without adequate breathing. Differentiate between a patient with adequate and inadequate breathing. Distinguish between methods of assessing breathing in the adult, child and infant patient. Compare the methods of providing airway care to the adult, child and infant patient.(C-3)
Differentiate between obtaining a pulse in an adult, child and infant patient. Compare and contrast normal and abnormal findings when assessing skin temperature.
- Analyze the mechanism of injury and determine if a rapid trauma assessment should be conducted. Evaluate the elements included in the rapid trauma assessment. Differentiate when the rapid assessment may be altered in order to provide patient care. Demonstrate the rapid trauma assessment that should be used to assess a patient based on mechanism of injury. Distinguish between the detailed physical exam that is performed on a trauma patient and that of the patient. n the rationale for the feelings that these patients might be experiencing.
- Describe the unique needs for assessing an individual with a specific chief complaint with no known prior history. Differentiate between the history and physical exam that is performed for responsive patients with no known prior history and patients responsive with a known prior history. Differentiate between the assessment that is performed for a patient who is unresponsive or has an altered mental status and other medical patients requiring assessment.
- Describe the emergency medical care of the patient experiencing chest pain/discomfort. Discuss the position of comfort for patients with various cardiac emergencies. Establish the relationship between airway management and the patient with cardiovascular compromise. Compare and contrast the indications and contraindications for the use of nitroglycerin. Demonstrate the assessment and emergency medical care of a patient experiencing chest pain/discomfort. Practice completing a prehospital care report for patients with cardiac emergencies. Relate the general pathophysiology to the signs/symptoms of angina pectoris. Compare and contrast myocardial infarction from angina pectoris and aortic aneurysm.
- Analyze the signs and symptoms of a patient with breathing difficulty. Describe the emergency medical care of the patient with breathing difficulty. Describe the emergency medical care of the patient with breathing distress. Relate the relationship between airway management and the patient with breathing difficulty. Analyze the signs of adequate air exchange and take appropriate action when necessary. Distinguish between the emergency medical care of the infant, child and adult patient with breathing difficulty. Differentiate between upper airway obstruction and lower airway disease in the infant and child patient. Examine the signs and symptoms of a patient complaining of shortness of breath using the mnemonic OPQRST.
- Identify the patient taking diabetic medications with altered mental status and the implications of a diabetes history. State the steps in the emergency medical care of the patient taking diabetic medicine with an altered mental status and a history of diabetes. Establish the relationship between airway management and the patient with altered mental status. State the generic and trade names, medication forms, dose, administration, action, and contraindications for oral glucose. Evaluate the need for medical direction in the emergency medical care of the diabetic patient. Identify causes of altered level of consciousness using the mnemonic AEIOU-TIPS. Identify appropriate assessment parameters for a patient with an altered level of consciousness using the mnemonic DERM. Distinguish the significance of fixed and dilated pupils in a patient with an altered level of consciousness. Evaluate the appropriate position for a patient with an altered level of consciousness.
- Identify the following structures: uterus, vagina, fetus, placenta, umbilical cord, amniotic sac, and perineum. Differentiate the emergency medical care provided to a patient with predelivery emergencies from a normal

delivery. Differentiate the special considerations for multiple births. Describe special considerations of meconium.

Describe the population trends in the united states related to the elderly. Compare and contrast the effects of aging on the following body systems: nervous, cardiovascular, respiratory, gastrointestinal, musculoskeletal describe the psychosocial changes that occur in aging. Discuss elderly abuse.

Describe factors that may inhibit communication with the geriatric patient. Identify the assessment criteria for evaluating the geriatric patient's home environment. Recall the information required for transporting a geriatric patient from a nursing home to a hospital. Evaluate the signs and symptoms and perform an assessment including history and physical examination for the geriatric patient who has fallen.

- Differentiate the developmental considerations for the following age groups: infants, toddlers, pre-school, school age, adolescent. Compare and contrast the differences in anatomy and physiology of the infant, child, and adult patient. Differentiate the response of the ill or injured infant or child (age specific) from that of an adult. Differentiate between respiratory distress and respiratory failure. Differentiate between the injury patterns in adults, infants, and child. Attend to the feelings of the family when dealing with an ill or injured infant or child. Define Sudden Infant Death Syndrome (SIDS). (C-1)
Describe the characteristics of an infant who dies of probable SIDS. Describe the physical features of an infant who dies of probable SIDS.
- Differentiate between arterial, venous, and capillary bleeding. State methods of emergency medical care of external bleeding. Establish the relationship between airway management and the trauma patient. Establish the relationship between mechanism of injury and internal bleeding. Distinguish the signs of internal bleeding and the underlying probable causes. Prioritize the urgency of a transporting patients that are bleeding and show signs of shock (hypoperfusion). Compare and contrast the use of diffuse pressure, pressure points and tourniquets as methods to control external bleeding. Analyze the compensatory mechanisms associated with shock and understand the underlying cause.
- State the major functions of the skin. Establish the relationship between body substance isolation (BSI) and soft tissue injuries. Differentiate the care of an open wound to the chest from an open wound to the abdomen. Compare the classifications of burns. Distinguish superficial from partial thickness from full thickness burns. Compare and contrast the treatments for each. Establish the relationship between airway management and the patient with chest injury, burns, blunt and penetrating injuries. Differentiate the treatment of chemical burns from electrical burns.
- Describe the function of the skeletal system. Categorize and list the major bones or bone groupings of the spinal column, thorax, the upper extremities, and lower extremities. Differentiate between an open and a closed painful, swollen, deformed extremity. Demonstrate the emergency medical care of a patient with a painful, swollen, and/or deformed extremity. Demonstrate completing a prehospital care report for patients with musculoskeletal injuries
- Define the structure of the skeletal system as it relates to the nervous system. Relate mechanism of injury to potential injuries of the head and spine. Describe the implications of not properly caring for potential spine injuries. State the signs and symptoms of a potential spine injury. Relate the airway emergency medical care techniques to the patient with a suspected spine injury.
Describe how to stabilize the cervical spine. Establish the relationship between airway management and the patient with head and spine injuries. Differentiate how the head is stabilized with a helmet compared to without a helmet.
- Differentiate the signs/symptoms and appropriate prehospital treatment for a rib fracture and flail chest. Compare and contrast the appropriate prehospital treatment for an impaled object and sucking wound in the chest. Differentiate the signs/symptoms and appropriate prehospital treatment for a pneumothorax and tension pneumothorax. Analyze the signs/symptoms of cardiac tamponade and myocardial contusion. Identify appropriate prehospital treatment of a patient with blunt abdominal trauma. Identify appropriate prehospital

treatment of a patient with an impaled object in the abdomen. Name the two types of abdominal injuries and the associated considerations.

- Describe the various ways that the body loses heat. List the signs and symptoms of exposure to cold. Explain the steps in providing emergency medical care to a patient exposed to cold. List the signs and symptoms of exposure to heat. Explain the steps in providing emergency care to a patient exposed to heat. Discuss the emergency medical care of bites and stings. Recognize the signs and symptoms of water-related emergencies. Describe the complications of near drowning. Identify the pathophysiology and signs and symptoms of dysbaric air embolism. Identify the pathophysiology and signs and symptoms of decompression sickness. Identify the relevant treatment for air embolism and the bends.
- List various ways that poisons enter the body. List signs/symptoms associated with poisoning. Discuss the emergency medical care for the patient with possible overdose. Describe the steps in the emergency medical care for the patient with suspected poisoning. Establish the relationship between the patient suffering from poisoning or overdose and airway management. State the generic and trade names, indications, contraindications, medication form, dose, administration, actions, side effects and re-assessment strategies for activated charcoal.
Recognize the need for medical direction in caring for the patient with poisoning or overdose.
- Define the EMT-Basic scope of practice. Discuss the importance of Do Not Resuscitate [DNR] (advance directives) and local or state provisions regarding EMS application. Differentiate between expressed and implied consent. Compare and contrast the role of consent of minors to adults in providing care. Analyze the implications for the EMT-Basic in patient refusal of transport. Discuss the issues of abandonment, negligence, and battery and their implications to the EMT-Basic. State the conditions necessary for the EMT-Basic to have a duty to act. Explain the importance, necessity, and legality of patient confidentiality. Discuss the considerations of the EMT-Basic in issues of organ retrieval. Differentiate the actions that an EMT-Basic should take to assist in the preservation of a crime scene. State the conditions that require an EMT-Basic to notify local law enforcement officials. Define bioethics. Describe the goals of bioethics. Describe where ethical values are obtained.
- Analyze the general factors that may cause an alteration in a patient's behavior. Evaluate the various reasons for psychological crises. Distinguish the special medical/legal considerations for managing behavioral emergencies.
- Explain the EMT-Basic's role during a call involving hazardous materials. Describe what the EMT-Basic should do if there is reason to believe that there is a hazard at the scene. Describe the actions that an EMT-Basic should take to ensure bystander safety. State the role the EMT-Basic should perform until appropriately trained personnel arrive at the scene of a hazardous materials situation. Prioritize the steps to approaching a hazardous situation. Evaluate the role of the EMT-Basic in the multiple-casualty situation. Review the local mass casualty incident plan.
- List the medical and non-medical equipment on an ambulance. Describe the phases of an ambulance call. State what information is essential in order to respond to a call. Differentiate between the various methods of moving a patient to the unit based upon injury or illness. Distinguish among the terms cleaning, disinfection, high-level disinfection, and sterilization. Demonstrate the ability to perform a routine vehicle maintenance check.
- Demonstrate the cognitive knowledge and psychomotor skills required for EMT Basic Certification in the State of California.

X. METHODS OF INSTRUCTION:

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

XI. METHODS OF EVALUATION:

Successful completion of the EMT Program will be contingent upon completion of the following:

- The student successfully passes the final written examination with a minimum score of **80%**.
- The student adheres to the attendance policy, completes and submits all course assignments.
- The student successfully passes all final practical skill evaluation stations.
- The student successfully completes clinical or field observation time.
- The student obtains a successful affective domain evaluation.
- The student completes all pending course requirements within 30 days from the last day of the Didactic/Practical phases of the Program.**
- Requests for exceptions must be made in writing and may only be granted by the Program Director.

The breakdowns for grading in the Program are as follows:

- 10% Average of online quizzes (Block homework assignments)
- 20%
40%
Online Interactive Modules
- Average of Six Block Exams (5 in-class, 1 online)
- 30% Final Written Exam Average (in-class)
- 100% Total

Additionally, in order to complete the course, students must also complete the following Pass / Fail (P/F) items:

- P/F Course Participation (attendance)
- P/F Professional Behavior Evaluation
- P/F All Practical Skills Exams
- P/F Attendance at mandatory clinical orientation day
- P/F Ride-Along Observation (minimum 24 hours, 10 patient contact minimum)

The grading policy is as follows:

- 93-100% A
- 86-92% B
- 80-85% C
- 65-79 D (not recommended for certification)

A minimum score of 80% is required to complete the program and be recommended for certification. A score of 64% or less will be recorded as an "F" (also, not recommended for certification).

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. During the Program, all lectures and skills are based on material from prior lectures and skills sessions. Without having a strong foundation in this prior material, it is extremely difficult to attain and master the new material or skill. In addition, **the Los Angeles County Department of Health Services has determined that EMT-1 training shall consist of no less than 120 hours of instruction including skills sessions and ten hours of supervised emergency room clinical or ambulance patient care experience.** Therefore, attendance is mandatory, not optional. The following are the attendance requirements expected for students while in attendance of the program:

1. Students failing to sign the session attendance sheet will be recorded as absent, regardless if they attended the class. If a student signs for another student, they may be terminated from the EMT Program immediately.

2. Any absence requires advance notification of the Program Director, Program Coordinator and / or the Principal Instructor, in writing or by phone. Absences must only be in the event of severe medical illness, family emergency or comparable occurrence. Students who miss more than 8 hours of class will be required to make-up these missed hours. If applicable, students missing between 1 and 7 hours, who choose not to make up these hours, will promptly be reported to Veterans Affairs (VA). Students missing more than 16 hours of class, without verifiable and appropriate reasons, will not be eligible for EMT certification and may be dropped from the course. Documentation of emergency or illness will be required if more than 16 hours of class is missed.

3. It is the responsibility of the student to obtain the information from any session missed. This may be accomplished by attending one of our other EMT Programs or, if no other class is in session, by a make up assignment, arranged through the Program Director or Principal Instructor. Additionally, the Program Director may require the student to perform additional assignments to cover information missed. If a student wishes to attend another EMT program to make-up hours (or for purposes of reviewing material), prior approval must be obtained from the Program Director. Further, make-up for any missed sessions in another EMT Program may only occur while the course you are enrolled is not in session.

4. Students arriving more than one hour late to class will be considered absent. This will count as a missed session for the purposes of the attendance policy set forth in item number 1, listed above.

5. Students who sleep in class may be recorded as absent. If you are having trouble staying awake, you are encouraged to stand in the back of the classroom, without obstructing or interfering with other students or the course instruction.

6. If an exam is missed due to tardiness or absence, the exam grade will be a zero (0) and the student will then still need to pass the exam in order to progress through the Program. This will count toward the maximum allowable failure requirements.

7. Students who have medical illnesses will be required to show proof from a California licensed physician of said illness.

8. In an emergency a class may be canceled by the Program Director. Confirmation of classes can be made by calling (310) 267-5959.

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, employers and clinical/field sites. Class normally meets Monday – Friday, from 8:00am – 5:00pm. Please see the class schedule for specific dates and times.

XV. COURSE OUTLINE (SUBJECT TO CHANGES):

SESSION	LECTURE TOPIC	LECTURER
1	EMS Systems/Workforce Safety and Wellness	EMT Faculty
2	Medical, Legal, Professionalism and Ethics	EMT Faculty
3	Human Body	EMT Faculty
4	Physiology & Pathophysiology	EMT Faculty
5	Nervous System	EMT Faculty
6	Airway Module	EMT Faculty
7	Adult CPR	EMT Faculty
8	Patient Assessment/Vitals	EMT Faculty
9	Pharmacology/AED/Resuscitation	EMT Faculty
10	Medical Overview/Respiratory & Cardiac Emerg.	EMT Faculty
11	Neurological, Endocrine & Hematologic Emerg.	EMT Faculty
12	Toxicology, Psychiatric, GI/GU Emerg.	EMT Faculty
13	Trauma Overview, Shock	EMT Faculty
14	Bleeding, Soft Tissue, Burns, Orthopaedic	EMT Faculty
15	Chest, Abdominal, Head and Spine	EMT Faculty
16	Obstetrics & Gynecologic	EMT Faculty
17	Pediatrics	EMT Faculty
18	EMS Operations	EMT Faculty
19	Local Scope of Practice	EMT Faculty
20	FINAL WRITTEN EXAM	EMT Faculty
21	FINAL PRACTICAL SKILLS EXAMINATION	EMT Faculty