

Course Outline

COURSE: JFT 33 **DIVISION:** 50 **ALSO LISTED AS:**

TERM EFFECTIVE: Fall 2020 **CURRICULUM APPROVAL DATE** 04/14/2020

SHORT TITLE: EMT REFRESHER

LONG TITLE: Emergency Medical Technician - Refresher

<u>Units</u>	<u>Number of Weeks</u>	<u>Type</u>	<u>Contact Hours/Week</u>	<u>Total Contact Hours</u>
.5 TO 1	18	Lecture:	.45	8.1
		Lab:	.88 TO 1.78	15.84 TO 32.04
		Other:	0	0
		Total:	1.33 TO 1.78	23.94 TO 32.04

COURSE DESCRIPTION:

EMT-Basic Refresher curriculum consists of 24-40 hours. The refresher training program is divided into six modules and follows the National Standards Curricula. This refresher course is competency based. EMTs who successfully complete this course must demonstrate competency over the knowledge and skills outlined in this refresher education program. This is a pass/no pass course. **PREREQUISITE:** JFT 17 or equivalent, must possess current National EMS Certification, EMT Card.

PREREQUISITES:

Completion of JFT 17, as UG, with a grade of C or better.

COREQUISITES:

CREDIT STATUS: D - Credit - Degree Applicable

GRADING MODES

P - Pass/No Pass

REPEATABILITY: N - Course may not be repeated

SCHEDULE TYPES:

- 02 - Lecture and/or discussion
- 03 - Lecture/Laboratory
- 04 - Laboratory/Studio/Activity

STUDENT LEARNING OUTCOMES:

By the end of this course, a student should:

1. Working with a partner, demonstrate the technique for moving a patient secured to a stretcher to the ambulance and loading the patient into the ambulance.
2. Demonstrate the skills involved in performing the detailed physical exam and apply the components of the essential patient information in a written report.

CONTENT, STUDENT PERFORMANCE OBJECTIVES, OUT-OF-CLASS ASSIGNMENTS

Curriculum Approval Date 04/14/2020

Lecture and Lab content are coordinated to provide lecture and hands-on activities at the same time.

Content: (8 hours)

- I. Medical-Legal
- II. Airway Adjuncts
- III. Trauma

CONTENT:

Module I: Preparatory Review (2-4 hours)

- I. Scene Safety
 - A. Body substance isolation (BSI) (Bio-Hazard)
 - B. Personal protection
- II. Quality Improvement
 - A. Medical direction
 1. Medical direction laws and regulations vary from state to state
 2. All states mandate medical direction for EMT-Paramedic level
 3. Some states mandate medical direction for EMT-Basics
 4. Goal of EMS medical direction
- III. Health and Safety
 - A. Lifting techniques
 - B. Carrying
 - C. Reaching
 - D. Pushing and pulling guidelines
 - E. Stressful Situations
 1. Examples of situations that may produce a stress response
 2. The EMT-Basic will experience personal stress as well as encounter patients and bystanders in server stress
 - F. Stress Management
 1. Recognize warning signs
 2. Balance work, recreation, family, health, etc?
 3. EMS personnel and their family and friend?s response
 4. Seek/refer professional help
 - G. Critical incident stress debriefing (CISD)
 - H. Comprehensive Critical Incident Stress Management include
 1. Pre-incident stress education
 2. On-scene peer support
 3. One-on-one support
 4. Disaster support services
 5. Diffusing
 6. CISD

7. Follow up services
8. Spouse/family support
9. Community outreach programs
10. Other health and welfare programs such as wellness programs

IV. Medical-Legal

- A. Expressed Consent
- B. Implied Consent
 - C. Children and mentally incompetent adults
- D. Confidentiality
- E. Refusal of Care
- F. Do Not Resuscitate (DNR) orders
- G. Abuse and neglect (child or elder)

Module II: Airway (2-4 hours)

- I. Opening the Airway
 - A. Head-tilt chin-lift when no neck injury suspected-review technique
 - B. Jaw thrust when the EMT-Basic suspects spinal injury
 - C. Assess need for suctioning
- II. Techniques of Suctioning
 - A. Inspection of suction device
 - B. Turn on the suction unit
 - C. Attach a catheter
 - D. Inserting the catheter into the oral cavity without suction
 - E. Apply suction
 - F. Suction for no more than 15 seconds at a time
 - G. If necessary, rinse the catheter and tubing with water to prevent obstruction of the tubing from dried material
- III. Techniques of Artificial Ventilation
 - A. In order of preference, the methods for ventilating a patient by the EMT-Basic are as follows:
 - B. Body substance isolation
 - C. Bag-valve-mask
 - D. Flow restricted, oxygen-powered ventilation devices (FRPPVD)
- IV. Airway Adjuncts
 - A. Oropharyngeal (oral) airways
 - B. Nasopharyngeal (nasal) airways
 - C. Laryngeal mask airway
- V. Oxygen
 - A. Equipment for oxygen delivery

Module III: Patient Assessment (3-6 hours)

- I. Scene Size-up/Assessment
 - A. Definition
 - B. Body substance isolation (BSI) review
 - C. Scene safety
- II. Initial Assessment
 - A. General impression of the patient
 - B. Assess patient's mental status
 - C. Assess the patient's airway status
 - D. Assess the patient's breathing
 - E. Assess the patient's circulation

- F. Identify priority patient?s
- G. Expedite transport of the patient. Consider ALS backup
- H. Proceed to the appropriate focused history and physical examination
- III. Focused History and Physical Examination
 - A. Trauma
 - B. Responsive Medical Patients
 - C. Unresponsive Medical Patients
- IV. Detailed Physical Exam
 - A. Patient and injury specific
 - B. Perform a detailed physical examination on the patient to gather additional information
- V. Ongoing assessment
 - A. Repeat initial assessment
 - B. Re-establish patient priorities
 - C. Reassess and record vital signs
 - D. Repeat focused assessment regarding patient complaint or injuries
 - E. Check interventions
- VI. Verbal communication
 - A. After arrival at the hospital, give a verbal report to the staff
 - B. Introduce the patient by name (if known)
 - C. Summarize the information given over the radio
- VII. Interpersonal communication
 - A. Make and keep eye contact with the patient
 - B. When practical, position yourself at a level lower than the patient
 - C. Be honest with the patient
 - D. Use language the patient can understand
 - E. Be aware of your own body language
 - F. Speak clearly, slowly and distinctly
 - G. Use the patient?s proper name
 - H. If a patient has difficulty hearing, speak clearly with lips visible
 - I. Allow the patient enough time to answer questions
 - J. Act and speak in a calm, confident manner
- VIII. Prehospital care report
 - A. Functions
 - B. Use

Module IV: Medical/Behavioral (3 hours)

- I. General Pharmacology
 - A. Overview ? the importance of medications and the dangers associated with their administration
 - B. Medications (carried on the EMS unit)
 - C. Medications
 - 1. Prescribed Inhaler
 - 2. Nitroglycerin
 - 3. Epinephrine auto-injector
 - D. Medication form
 - 1. Medications the EMT-Basic carries or helps administer
 - E. Dose ? state how much of the medication should be given
 - F. Administration
 - G. Actions ? state desired effects of a medication
 - H. Side effects

- II. Breathing Difficulty
 - A. Signs and symptoms
 - B. Emergency Medical Care ? Focused History and Physical Exam
 - C. Medications
- III. Cardiac Emergencies
 - A. Emergency Medical Care ? Initial Patient Assessment Review
 - 1. Circulation ? pulse absent
 - 2. Responsive patient with a known history ? cardiac
 - B. Cardiac
 - C. Relationship to Basic Life Support
 - D. Automated External Defibrillation
 - E. Medications
 - 1. Nitroglycerin
- IV. Emergency Medical Care of a patient with an Altered Mental Status
 - A. Conditions that may cause altered mental status
 - V. Emergency medical care of altered mental status with a history of diabetes
 - A. Perform initial assessment
 - B. Perform history and physical exam
 - C. Performs baseline vital signs and SAMPLE history, and blood glucose monitoring
 - D. Assure known history of diabetes (medical identification tags), etc?
 - E. Determine last meal, last medication dose, and related illness
 - F. Determine if patient can swallow
 - G. Administer oral glucose in accordance with local medical direction or protocol
 - H. Medication
 - 1. Oral Glucose
 - VI. Emergency medical care of allergic reactions
 - A. Patient complains of respiratory distress associated with allergies
 - B. Patient has contact with substance that causes allergic reaction without signs of respiratory distress or shock (hypoperfusion)
 - C. Medications
 - 1. Epinephrine auto-injector indications and procedure for use
- VII. Emergency Medical Care of Poisoning/Overdose
 - A. Ingested
 - B. Emergency medical care
 - C. Inhaled
 - D. Toxic injection
 - E. Absorbed
 - F. Narcan administration via intranasal and intramuscular routes
- VIII. Behavioral emergencies
 - A. Assessment for Suicide Risk
 - B. Emergency medical care
 - C. Medical/Legal Considerations
 - D. Avoiding unreasonable force
 - E. Police and medical direction involvement
 - F. Protection against false accusations
- Module V: Trauma (3-6 hours)
 - I. Shock (hypoperfusion syndrome)
 - A. Severity

- B. Signs and symptoms of shock (hypoperfusion)
- C. Emergency medical care
- II. Emergency medical care of an open chest wound
- III. Emergency medical care for an open abdominal injury
- IV. Emergency medical care of amputations
- V. Emergency medical care of burns
- VI. Injuries to bones and joints
 - A. Signs and symptoms
 - B. Emergency medical care of bone or joint injuries
 - C. General rules of splinting
- VII. Head and spine injuries
 - A. Mechanism of injury with a high index of suspicion
 - B. Signs and symptoms of Head and Spine injuries
 - C. Assessing the potential spine injured patient
 - D. Skull injury ? signs and symptoms
- VIII. Rapid Extrication
 - A. Indications
 - B. Procedure

Module VI: Obstetrics, Infants, and Children (3-6 hours)

- I. Normal Delivery
 - A. Pre-delivery considerations
 - B. Precautions
 - C. Delivery procedures
 - D. Vaginal bleeding following delivery
 - E. Initial care of the newborn
 - F. Resuscitation of the newborn follows the inverted pyramid
- II. Abnormal Deliveries
 - A. Prolapsed Cord
 - B. Breech birth presentation
 - C. Limb presentation
 - D. Multiple births
 - E. Meconium
 - F. Premature
- III. Medical Problems in Infants and Children
 - A. Airway obstructions
 - B. Complete obstruction
 - C. Respiratory emergencies
 - D. Cardiac arrest
 - E. Seizures
 - F. Shock (hypoperfusion)
- IV. Trauma in children
 - A. Injuries are the number one cause of death in infants and children
 - B. Blunt injury is most common
 - C. Specific body systems
 - 1. Head
 - 2. Chest
 - 3. Abdomen
 - 4. Extremities

METHODS OF INSTRUCTION:

Class discussion, skills demonstration, skills test, written test

OUT OF CLASS ASSIGNMENTS:

Required Outside Hours: 16

Assignment Description:

Reading assignment on EMT safety and protection, stress management and consent.

Test preparation on techniques to perform patient has an open airway.

Quiz preparation on patient assessment, physical examination, and communication.

Reading assignment and test preparation on patients with trauma

METHODS OF EVALUATION:

Writing assignments

Percent of total grade: 20.00 %

Complete patient assessment

Skill demonstrations

Percent of total grade: 60.00 %

Students will complete multiple EMT emergency scenarios including Patient assessment, clearing airway and suctioning techniques, body substance isolation, splint bone or joint, and CPR during scenario.

Objective examinations

Percent of total grade: 20.00 %

Multiple Choice

REPRESENTATIVE TEXTBOOKS:

Instructor of Record. Collection of updates lecture lab manual. State Fire Marshall or State / Local Agency,2020.

Instructor handouts Department Policy

ARTICULATION and CERTIFICATE INFORMATION

Associate Degree:

CSU GE:

IGETC:

CSU TRANSFER:

Transferable CSU, effective 201070

UC TRANSFER:

Not Transferable

SUPPLEMENTAL DATA:

Basic Skills: N

Classification: Y

Noncredit Category: Y

Cooperative Education:

Program Status: 1 Program Applicable

Special Class Status: N

CAN:

CAN Sequence:

CSU Crosswalk Course Department:

CSU Crosswalk Course Number:

Prior to College Level: Y

Non Credit Enhanced Funding: N

Funding Agency Code: Y

In-Service: N

Occupational Course: C

Maximum Hours:

Minimum Hours:

Course Control Number: CCC000522374

Sports/Physical Education Course: N

Taxonomy of Program: 125000