



EMS Program  
Student and Clinical Preceptor  
Handbook

Spring 2018 Revision

# Welcome to the Emergency Medical Services Program

Congratulations on your acceptance into the Emergency Medical Services Program at Wiregrass Georgia Technical College. We are thrilled to begin this journey with you and our faculty is eager and excited to assist you in your new endeavor. Nationwide there is a high demand for individuals trained and educated as Emergency Medical Technicians, Advanced Emergency Medical Technicians, and Paramedics.

You have chosen to join one of the most trusted professions in the world, a profession which exists solely to serve humanity. A career in Emergency Medical Services requires integrity, self-motivation, stamina, high moral character, the heart of a servant leader, and the ability to care for complete strangers in their greatest time of need. As an Emergency Medical Services Professional you will be called to selflessly administer lifesaving medical interventions at all hours, in all types of weather conditions, in remote environments, and under hazardous conditions.

Due to the depth and breadth of knowledge that is required to enter the Emergency Medical Services Profession and the amount of public trust that is placed in Emergency Medical Services Professionals, your education will be rigorous. This program requires you to devote a significant amount of time to class, class preparation, clinical rotations, and clinical documentation. Our EMS faculty will lead you through this process, provide guidance, and motivation.

The Paramedicine Program Services faculty wish you the best of luck in your new career field. If you have any questions regarding our program, please contact any member of the EMS Services Program faculty.

Sincerely,

A handwritten signature in black ink, appearing to read "Joey P. Thompson", followed by a horizontal line extending to the right.

Joey P. Thompson, M.Ed., Paramedic  
Program Coordinator

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Wiregrass Georgia Technical College (WGTC) is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award associate degrees, diplomas, and technical certificates of credit. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-40097 or call 404-679-4500 for questions about the accreditation of Wiregrass Georgia Technical College.

Wiregrass Georgia Technical College is a Unit of the Technical College System of Georgia.

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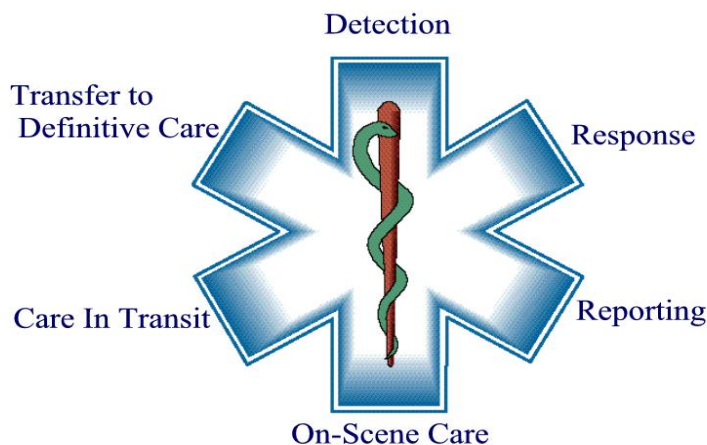
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## WGTC Emergency Medical Services Program Goal Statement

To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and / or Emergency Medical Technician, and / or Emergency Medical Responder levels.



The Wiregrass Georgia Technical College Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs ([www.caahep.org](http://www.caahep.org)) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

Commission on Accreditation of Allied Health Education Programs 1361 Park Street Clearwater, FL 33756  
727-210-2350 [www.caahep.org](http://www.caahep.org)

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# History of the Paramedic Program

The history of the current Emergency Medical Services Program at Wiregrass Georgia Technical College goes back to its inception at South Georgia Medical Center in 1972. Several local physicians felt that the curriculum for EMT should be augmented in order to provide advanced life support services to the community. Leading the groundbreaking effort to teach what became known as Advanced EMT were Dr. James Mathis and Dr. Mack Greer. Many other members of the medical staff were also supportive and involved with the classes, which were taught both at South Georgia Medical Center and at Tift Regional Hospital. The program was 608 hours in length, and all clinical and didactic education took place at the hospital. The salary of the instructor was paid by the hospital until 1986, when the program was moved to Valdosta Area Vocational Technical School. Shortly thereafter, the school name was changed to Valdosta Technical Institute and remained thus until it became Valdosta Technical College in 2001. In July of 2010, at the direction of then-governor Sonny Perdue, Valdosta Technical College and East Central Technical College merged to form the new academic entity known as Wiregrass Georgia Technical College.

The impetus for teaching an Advanced EMT Course, as it was called in the early years, was to provide a level of emergency care previously unknown to rural South Georgia. Dr. Greer often talked about how he and his physician peers watched the television program, Emergency, and desired the same level of advanced life support for Lowndes and the surrounding counties as the program portrayed. The initial students for the new class were hand-picked by the medical staff that were to teach the course. These young men had worked as orderlies, fire fighters, and lab techs, and were recognized as intelligent and energetic. Several of the original class members are still actively involved as leaders in the local EMS community. Although most of the physicians who originated the concept and the class are deceased, their legacy lives on in the provision of high-quality EMS education and, therefore, excellent pre-hospital management for all of our citizens. The support of the medical community has continued and the torch has been passed to new physicians who are equally enthusiastic about education and excellence for EMS.

The move to the technical college setting provided many advantages to the program, especially in the financial realm. Tuition actually decreased for the students, and the available funds for purchase of equipment and teaching materials were more readily available. The curriculum infrastructure in the State of Georgia was being formalized during this period in the eighties. The support of the Technical College System of Georgia lent stability and focus to the efforts on the part of the Department of Human Resources to formally approve and monitor instructors and courses being taught in various settings throughout the state. The program was approved to offer the Associate Degree in Paramedicine in 2009.

# EMS Program Requirements

## Health

Applicants must be physically able to attend school regularly and must meet the physical requirements for the course in which they plan to enroll. Although Wiregrass Georgia Technical College (WGTC) does not discriminate on the basis of disability, students must be able to perform the "essential functions" of the occupation for which they plan to train. Physical examinations, lab tests, and immunizations are required for students in medical programs after acceptance to the program and prior to being allowed to participate in clinical training at an affiliated site.

## Conduct Code

WGTC is committed to providing a safe and protective learning environment for all students. To this end, a student code of conduct has been established. All policies are published in the WGTC Student Handbook. Some of these policies have been developed in coordination with existing federal and state regulations. All students are responsible for the observance of all federal, state, and local laws and for the adherence to WGTC policies. Violation of the policies listed below may not only result in legal action, it may also result in disciplinary action taken by WGTC to include suspension or expulsion:

<https://www.wiregrass.edu/course-catalog/current/general-policies-and-procedures>.

## Academic Dishonesty (Cheating)

As stated in the student behavior section of the WGTC Student Handbook, any student, acting individually or in concert with others, who violates any part of the student conduct code, shall be subject to disciplinary procedures including dismissal from a class session by the instructor or suspension or expulsion by the authorized administrator. Such misconduct shall include the commission of, or the attempt to commit, any of the stated offenses in the handbook including academic dishonesty. Academic dishonesty, includes, but is not limited to, cheating, plagiarism, and collusion. Cheating and / or plagiarism are the unauthorized use or close imitation of another's work without permission and / or acknowledgement.

## Consequences

Academic dishonesty in any form is not tolerated at WGTC, and the penalties for cheating can be detrimental to a student's academic future. The Dean of Allied Health, along with the program coordinator will review each alleged incident of academic dishonesty and will determine the specific penalties for any offense. These may include expulsion from WGTC for the remainder of the semester with a grade of F in the course or courses in which the cheating occurred and F in all other courses, depending on the student's grades in those classes at the time of expulsion. If desiring to come back to school, the student must also reapply to WGTC and appear before the Readmission Committee before being allowed to return to school.

## Appeals

Any expulsion recommendation triggers an automatic appeal process which will be made on behalf of the student. The Vice President for Enrollment Management will review the decision of the Dean of Allied Health. The students have the right to present their case, to present witnesses, and to present any extenuating circumstances regarding the alleged incident of dishonesty. The VP for Enrollment Management will then make a recommendation to the Executive Vice President who will render the final

decision on whether to uphold the expulsion. Any student has the right to appeal the ruling to the President, using the appeals process outlined in the Appeals section of WGTC Student Handbook.

### Attendance

The establishment of a consistent and acceptable pattern of attendance is a necessary and integral part of the academic experience at Wiregrass Georgia Technical College. Attendance is required to achieve the course competencies, as well as prepare for the professional duties and responsibilities mandated by employers. Students will not be allowed to miss more than 20 percent of the class. If a student misses more than 20 percent of the class, they will not be allowed to return to class. Tardy is defined as absence from class any part of the first ten minutes in a scheduled class. After ten minutes, a student is counted absent from that class. Two tardies will equal one absence from the class.

The student has the right to appeal his / her dismissal from class due to attendance. A letter requesting an appeal must be submitted to the Academic Dean of the program within 24 hours of the dismissal. The student may continue to attend class pending the outcome of the appeals process. The Academic Dean has the final decision. The final decision must be communicated to the student within 48 hours upon receipt. It is the student's responsibility to make sure they are aware of any assignments made when absent. Being absent from class is not an excuse for missed assignments or tests.

### Academic Grievances

Students receiving a final course grade that they believe is incorrect should first discuss the matter with their instructor. The instructor will determine whether a grade change is warranted. A student who is not satisfied with the instructor's decision may request a review by the Dean of Allied Health or the Vice President for Academic Affairs. The reviewer will examine the facts and any applicable documentation to determine that the grade was determined fairly according to the course syllabus and will communicate the results of this review to both the student and the instructor. All grade appeals must be initiated before the end of the semester following the term in which the grade was earned.

### Academic Probation

Students who fail to maintain a 2.0 grade point average (GPA) for all work attempted in any semester will be placed on academic probation. The purpose of this probation is to alert students to the fact that their academic performance is not acceptable and to point out the possible consequences if improvement is not made during the next semester of enrollment. Students placed on probation (or admitted on probation) must attain a minimum 2.0 cumulative GPA (at least 12 hours) during the next semester of attendance in order to remove themselves from probationary status. Students who fail to do so are subject to academic dismissal. Students may not graduate while on probation.\*

\*Probation and dismissal rules differ for certain Health Occupations programs. For these selected programs, specific rules established for the individual program will be furnished, in writing, to entering students.

### Academic Dismissal

Students who fail to remove themselves from academic probation by attaining a minimum 2.0 GPA the next semester in attendance, after being placed on probation are subject to academic dismissal. A student who

is academically dismissed must stay out of school one semester before petitioning for readmission. A second academic dismissal will constitute a final dismissal from the program of study.

### Cell Phones, Pagers, and Electronics

To eliminate distractions in the classroom the following policy will be followed by all students enrolled in the EMS programs:

- Cell phones are NOT to be used in the classroom, lab, or clinical areas. This includes use as a phone, text messaging device, music player, voice recorder, camera, video camera, or any other functions which distracts the students from learning in class or disrupts others at any time. This policy is not limited to devices sold as a cell phone. Any electronic device which meets the spirit of this policy is included.
- All cell phones, pagers, and other electronic devices which have an audible alert function must be turned off or set to silent.
- Electronic devices that are used for audio recording or playback, or video recording or playback, are NOT to be used in the classroom, lab, or clinical areas, or in the hallways and common areas of the college. Students may use, with instructor's permission, audio recorders for the sole purpose of recording lectures.
- Electronic devices with game functions are NOT to be used during class or clinical settings.
- Students who violate this policy will be asked to leave campus for the day on the first offense and the program dean will be notified immediately. A second offense will warrant reporting to the program coordinator and dean as a disruptive action, which may result in removal from the program.

### Classroom Skills Practice

During the course of this program, students will be taught skills necessary for the assessment and management of patients in emergency situations. It is essential that students practice and perfect these skills using human subjects. All students are hereby advised that the practice of both non-invasive and invasive skills will be practiced on classmates, and that classmates will be practicing these same skills on you. The purpose of these practice sessions is to develop the task, dexterity, and tactile feel, necessary for each skill, in situations as real as possible, under the control and supervision of program instructors. The practice of these skills will involve limited physical contact with all areas of the human body including the areas of the chest and pelvis.

The EMS program is acutely aware of both the importance of hands on human practice and the risk of inappropriate interpersonal behavior. All students involved in these skills practice sessions, in the roles of the rescuer, the patient, or as an observer, are expected to display tact and professionalism, as well as behave under ethical and legal guidelines.

At any time, should a student believe that the practice of a particular skill on themselves by another student or as demonstrated by an instructor, crosses a line of professionalism, into overt sexual contact, the student has the responsibility to make that belief known to both the student or instructor involved and the Program Coordinator as soon as possible. Any student who perceives that he or she has been treated in a discriminative manner on the grounds of gender may consult with or file a written complaint with the Dean of Allied Health or Program Coordinator.

## Clinical Rotations and Evaluations

Clinical rotations are an essential component of the EMS Program. Each clinical is intended to offer the student both a positive learning opportunity and real life experiences. The primary purpose of clinical rotations is to expose the student to patient assessment including the gathering of patient medical information and past medical history. The practice of basic and advanced skills and patient documentation are secondary, but highly essential, parts of clinical rotations.

Once clinical rotations are scheduled, they are considered part of the class schedule and attendance is **MANDATORY**. A clinical absence will be counted just as an equal number of class hour absences would count (i.e., an absence of 16 clinical hours equals an absence of 16 class hours). An unexcused clinical absence will automatically result in one letter grade drop for the student in that clinical grade course.

## Rescheduling Clinical Rotations

Students are allowed to reschedule clinical rotations based on the discretion of the EMS faculty. Students missing rotations must notify the EMS Program **BEFORE** missing the rotation at (229) 259-5541 Ext. 3111 or 3110. Examples of allowable absences or rescheduling rotations include:

- Important documented family events
- Illnesses and scheduled medical documented procedures
- Mandatory employment responsibilities (documentation required)

While on clinical rotations:

- Students are to be dressed in the appropriate clinical uniform for their academic level.
- Students are to display a professional attitude while seeking out learning opportunities without interfering in the emergency care of patients or infringing on patient confidentiality.
- If possible, students will be given two brief breaks (15 minutes) and a lunch / dinner break (30 minutes) may be taken, with phone calls to be made at that time. This is not always possible, so it is advised that students bring something to snack on while at the clinical site.
- Students must function in the capacity **as a student**, regardless of previous or current affiliations or employment with the clinical site. Students cannot be paid for clinical rotations. Students are not to be substituted for paid personnel.
- All clinical / field / leadership hours and skills must be completed during a scheduled clinical / field shift with the EMS program, and may not occur while the student is working as a required member of an ambulance or is a paid staff member at a clinical site.
- Students cannot perform clinical rotations while employed as a member of an emergency service.
- **At no time, may a student be in control of an ambulance or emergency vehicle.**

To receive a passing grade for the clinical component of each course, students must accomplish the following, by the course completion date:

- Complete the required number of clinical hours (including all required, repeat, or make-up rotations) at each clinical site, as described by the instructor at the beginning of each course. Documentation of these hours must be submitted to the instructor on the proper form and signed by the preceptor.
- Complete all minimum runs and minimum numbers of skills as required in the clinical information given by the instructor at the beginning of each course.

- Perform assessments and interventions to the satisfaction of the preceptor, as documented on the clinical forms.
- Meet the standards of professionalism set by the WGTC EMS Program, including appropriate dress, actions, demeanor, and language.
- Clinical rotations which receive an unsatisfactory evaluation must be repeated prior to the completion of the program.

Clinical evaluations must be submitted to the clinical preceptor by the end of the clinical day. Failure to submit clinical evaluations during the scheduled class period will result in negating the clinical hours earned during the rotation. Repeat clinical rotations must be completed before the end of the semester in which the clinical was originally scheduled.

Clinical evaluations must be an accurate representation of the clinical experience. Falsification of the clinical experience is grounds for disciplinary action up to and including removal from the EMS Program. Additionally, the EMS program may elect to, or be required to, report the incident to the Georgia Office of EMS. **Preceptors, fellow students, and other certified or licensed health care providers may face disciplinary action of a similar nature for assisting misrepresentation of the clinical experience.**

### Conflict Resolution

The EMS Program and WGTC recognize that students will, from time to time, encounter disheartening, unpleasant, and occasionally hostile situations. These situations may stem from interaction between individuals and / or groups of other students, faculty, clinical preceptors or clinical sites, the general public, or the witnessing of emotionally traumatic events.

While the EMS Program cannot protect students from the dangers and harsh realities of the world which are encountered on clinical rotations, we will make every effort to give the student the knowledge and skills necessary to protect themselves. To a great extent the student must take the responsibility to use these tools at the appropriate time. This includes situations in which the language, attitude, and behavior of other students, clinical personnel, and program faculty may innocently or maliciously be offensive. The first step in any of these cases is to notify the involved party of the offense. Should the offensive behavior continue, the student should notify the next person up the chain of command.

### Conflicts Occurring in the Classroom

Student conflicts are expected to be handled between the parties involved. In the event that a situation cannot be resolved peaceably between the individual or group of students, the course instructor or Program Coordinator should be notified. The situation will be corrected following program policies, grading criteria, instructional intent, and course objectives.

The following chain of command should be used for problems encountered with the instruction and skills practice in the EMS Program:

- Parties involved
- Instructor / Faculty / Staff present at time of incident
- Course Instructor
- Program Coordinator

## Conflicts During Clinical Rotations

Any situation occurring during clinical rotations is to be reported immediately to the student's supervisor at the clinical site (clinical preceptor or shift captain) and progress up the chain of command for that clinical site. In the event the situation involves the supervisor, an attempt at problem resolution should be made without moving further up the chain of command. In the event the supervisor cannot resolve the situation, the next person in the chain of command should be contacted. Problems regarding differing protocols, treatment, modalities, or patient care philosophies should be addressed and resolved with openness for these differences, taking into consideration the wide variety of correct treatment. In the event the problem cannot be resolved at the clinical site, the student should report the situation to his / her course instructor or Program Coordinator at the earliest opportunity. Reporting the problem directly to the program faculty without consulting the clinical personnel is not permitted without extenuating circumstances. The definition of extenuating circumstances will be determined by the course instructor or Program Coordinator.

Students should understand that the EMS Program is concerned with conflict encountered while on clinical rotations. However, students should also understand that the clinical site has a vested interest in resolving problems internally. It will be the prerogative and responsibility of the clinical site to report problems and resolution decisions to the EMS program.

The following chain of command should be used for problems encountered during clinical rotations:

- Parties involved
- Assigned preceptor
- Duty Supervisor / Station Officer / Charge Nurse
- Course Instructor
- Program Coordinator

## Disruptive Activities

The college may initiate disciplinary action against any student involved in disruptive activities. Any activity that interrupts scheduled activities or the education process may be classified as disruptive. The following conditions shall normally be sufficient to classify such behavior as disruptive:

- Participation in or inciting others to violent behavior such as assault, physical abuse, or threatened physical abuse to any person on campus or at any function off-campus sponsored by the college.
- Loud, vulgar, or abusive language or any form of behavior acted out for the purpose of inciting others to disruptive actions.
- Blocking or in any way interfering with access to any facility of the college.
- Holding rallies, demonstrations, or any other form of public gathering without prior approval of the college.
- Conducting an activity which causes college officials to interrupt their schedule duties to intervene, supervise, or observe activities in the interest of maintaining order at the college.

## Practical Exams

Practical exams are conducted to assess the student's competency in the performance of skills used in patient care. These exams will be conducted at the conclusion of each semester, as printed in the course schedule. To pass the semester, and the program, students **MUST PASS** all required comprehensive exams.

Retesting of failed practical exams will be permitted provided:

- A majority (greater than 50 percent) of the practical exams have been passed on the initial attempt.

No retest will be permitted for a student who fails a majority (greater than 50 percent) of all practical skills. The student will receive a failing grade in the course enrolled and will not be able to continue in the program.

Prior to retesting practical exams:

- The student will be allowed to view the practical exam score sheet and discuss with a program instructor the reason for the failure.
- Upon request, equipment and supplies will be provided and the student will be allowed to practice the skills, with the help of fellow students.
- Program instructors **ARE NOT** permitted to assist students with skills practice, or participate in retraining, at any time once the course has begun practical exams.

If a student fails a retest of the practical exam, that student may petition the Program Coordinator for a second retest. Petition forms may be obtained through the course instructor. A second retest will be granted, for one skill and one skill only. A failure of two or more skills will not be permitted. To be eligible for a second retest:

- The student's grade point average must be a grade of B or better, or have an average which is passing and has shown consistent improvement throughout the course.
- The student attendance in the course must equal or exceed 70 percent of the total class, and equal or exceed 70 percent of lab classes.
- The student must have no record of student conferences requiring probation or disciplinary action.

### Practicing Advanced Skills

Students enrolled in the paramedicine program may practice advanced skills, in the presence of a program instructor or clinical preceptor, while on clinical rotations only.

The student liability policy covers students to perform advanced skills during scheduled clinical rotations. Students who are otherwise licensed or certified to perform advanced skills are advised that the liability insurance does not cover them in the non-student capacity.

### Riding as a 3rd Person Observer with other EMS Organizations

Students enrolled in the WGTC EMS program may accept invitations to ride with EMS agencies as a citizen of the community. However, students will not be considered by WGTC to be conducting clinical rotations and are not permitted to wear a WGTC clinical uniform or represent WGTC in any fashion. Violations of this policy will result in the immediate removal of the student from further clinical rotations, which would prevent the student from completing the Paramedic or AEMT program. Students riding as an observer at any agency other than an approved clinical affiliate during a designated clinical rotation **ARE NOT** covered by the Wiregrass Georgia Student Liability Insurance policy. Furthermore, students riding in the capacity of a 3<sup>rd</sup> person observer, **ARE NOT** allowed to perform any procedure, invasive or otherwise. Violations of this policy will be referred to the Georgia Office of EMS and Trauma by the EMS faculty.



## Professional Responsibility

While on campus or on clinical rotations all students are expected to conduct themselves in a professional and ethical manner. This includes proper wearing of the classroom or clinical uniform and proper use or professional vocabulary to reflect well on the college and the EMS profession. The use of foul, profane, vulgar, or sexually explicit or illicit words or phrases are specifically prohibited.

Failure to maintain a professional attitude and conduct one's self within ethical guidelines, or the use of inappropriate words or phrases, **WILL** result in removal from the EMS Program. In some cases written warnings may not be required based on the severity of the violation.

## Recognizing Stress

Students involved in clinical rotations encounter uncontrolled situations often exposing the worst the world has to offer. These situations, either individually or through accumulation, can prove difficult to handle for both inexperienced and veteran personnel alike. Students who encounter an emotionally traumatic event or who begin to feel the accumulation of these events, should notify their course instructor or Program Coordinator as soon as possible. Students should be aware of feelings such as:

- Isolation
- Inappropriate use of humor
- Depression
- Difficulty eating / lost appetite
- Irritability with family and friends
- Inability to concentrate
- Indecisiveness
- Difficulty sleeping and nightmares

The above lists are all symptoms of emotional stress and it is the EMS program's policy to provide each student with the tools and resources to deal with emotional stress related to critical incidents.

## Substance Abuse, Intoxication, and Impairment by Medication

The EMS Program requires that students remain drug-free while on campus or clinical rotations. Manufacture, sale, distribution, dispensation, possession, or use of alcohol, controlled substances, intoxicants, or by abusing or overusing prescription or non-prescription over the counter medications, by the program student on campus, at the program function, clinical rotation, or while conducting business related to the EMS program are prohibited except as permitted by law. Students violating these policies are subject to disciplinary action, which may include drug screen, removal from program, referral for assistance, or criminal prosecution.

Students suspected of impairment by illegal or legal medications will be evaluated by the college police department and by EMS Program personnel. Students who are deemed impaired by intoxication from any substance will face disciplinary action up to and including criminal arrest for public intoxication.

Students who approach EMS program personnel to admit to a problem with substance abuse will be referred to the Dean of Allied Health for further assistance. Continuation in the program will be determined by the amount of assistance required. Students who cannot complete the enrolled semester will be given full right to re-enroll following the Returning Student Policy. Students who are found to violate this policy

without asking for assistance before the problem is discovered will be given no consideration for recovery or reentry into the program.

### **Career Services**

The purpose of the Career Services office at WGTC is to assist current students and graduates in obtaining gainful employment in their field of study or other chosen area. The Career Services office partners with business and industry to provide information about available job openings in the community. These job opportunities are displayed in the Career Services office and shared with faculty, students, and graduates.

### **Parking**

Students will park in assigned areas on campus as well as assigned areas at clinical sites.

### **Materials**

Students should bring writing instruments and a notebook for note taking. Students should come to class prepared to cover the assigned material. All books should be brought to class each day / night.

### **Equipment and Supplies**

Students are required to set up practical stations and lab sessions. It is necessary that students learn the location of all equipment and supplies. All equipment and supplies must be returned to their proper location and be checked by the instructor at the end of each session before the students will be dismissed.

### **Classroom**

Eating, drinking, and the use of tobacco products, including e-cigarettes, are prohibited in the classroom. Breaks will be given and the break area may be used for refreshments. Smoking is limited to the outside assigned smoking areas. Students who sleep during class may be counted as absent.

### **Visitors**

No visitors will be allowed in class, lab, or at any clinical sites. Children will not be permitted in the classroom, lab, or at any clinical site.

### **TCSG Grading Scale**

#### **Grading Scale**

A	90-100
B	80-89
C	70-79
D	60-69
F	0-59

Most didactic EMS courses include exams, a laboratory component with practical exams, daily grades, a class project, and final exams.

EMS courses are taught once per year. Students must earn a "C" or higher in all EMS courses to graduate. Students who score less than a "C" in their course work will not be allowed to continue in the EMS program. They must re-enter the program the next year when the course is taught again.

## Assignments, Homework, Projects

Students will be penalized for negligence or reluctance in completing required course assignments, homework, laboratory exercises, etc. Penalties include:

- Deducting grade points for late work including make-up of missed exams
- Grade of "0" for required work not turned in
- Grade of "0" for laboratory exercises not completed on time

## Re-entry Considerations

A student will be considered for re-entry to the program subject to individual evaluation. There will be no special considerations given to re-entry candidates over presently enrolled students. Every attempt will be made to meet the needs of the re-entered student in a timely manner. If more than two years have passed since the completion of any EMS course, the program coordinator recommends course updates before enrolling in the clinical rotations. The student must score 75 percent or better on assessment tests to be considered for re-entry into the program.

## Certification and Licensure

Upon satisfactory completion of the EMS program at WGTC, a student may apply to test and become certified as a Nationally Registered EMT / AEMT or Paramedic by the National Registry of Emergency Medical Technicians. The EMS faculty will supply appropriate information concerning certification and licensure routes and processes.

## Students with Special Needs

Wiregrass Georgia Technical College is committed to providing individuals with disabilities equal access to higher education. Any student in need of academic adjustments due to a documented disability should contact the Special Populations Coordinator at (229) 333-5368 or by email for an appointment to discuss support services.

## Program Expenses

Other than tuition and required textbooks, the EMS program has the following related expenses:

1. Hepatitis B Vaccination Series
2. Annual TB Skin Test (PPD)
3. Drug screen
4. Background check
5. Required clothing for clinical rotations
6. Graduation fee (optional)
7. Physical
8. Safety Vest
9. Clinical Backpack and EMS Jump Kit
10. EMS Testing Fee & Platinum Planner

Program expenses are subject to change without notice.

Student membership in several professional organizations is available. Applications are available to anyone interested. Please refer to the Student Catalog for actual tuition cost and related fees.

## Student Tuition and Fees

Wiregrass Georgia Technical College will adhere to TCSG Policy V. K. regarding Student Tuition and Fees. All student questions should be directed to the Office of Financial Aid.

## Refund of Tuition and Fees

Students are to refer all questions regarding a refund of tuition and fees to the Wiregrass Georgia Technical College Office of Financial Aid.

## EMS Exit Exam Policy

At the conclusion of EMSP 1150, EMSP 1520, and EMSP 2570 each EMS student will be required to sit for a comprehensive program exit exam which is relevant to their class level i.e. EMT, Advanced EMT, and Paramedic. The program exit exam measures the student's cognitive understanding and retention of the material that has been taught in the program and their mastery of the National Education Standards for their respective program. Passing the program exit exam is mandatory prior to being issued an authorization to test letter by the program director. Each student will have 3 attempts to pass the exit exam. Passing score for the exit exam is 70 percent and is calculated using the Angoff cut score based grading method.

Students who do not successfully complete the exit exam on the first or second attempts will have the opportunity to review the questions that they miss but not the answers to those questions. This review will take place at the discretion of the student's instructor of record and will be documented via a Student Letter of Counseling. Students who do not successfully complete the program comprehensive exit examination in 3 attempts will receive the academic grade in the respective course that reflects their highest grade earned. For example a student takes the Comprehensive Exit Exam 3 times and scores the following: Attempt 1: 50%, Attempt 2: 65%, Attempt 3: 45%. Out of the 3 exams the program will place the highest exam score of 65% in that course as the student's grade of record. Students can reference the National Education Standards for their respective level of training in their course textbook, on EMS testing, or at the following locations:

### National Emergency Medical Services Education Standards

[https://www.ems.gov/pdf/education/EMS-Education-for-the-Future-A-Systems-Approach/National EMS Education Standards.pdf](https://www.ems.gov/pdf/education/EMS-Education-for-the-Future-A-Systems-Approach/National_EMS_Education_Standards.pdf)

### Emergency Medical Technician National Education Standards

[https://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/EMT Instructional Guidelines.pdf](https://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/EMT_Instructional_Guidelines.pdf)

### Advanced Emergency Medical Technician National Education Standards

[https://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/ADV EMT Instructional Guidelines.pdf](https://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/ADV_EMT_Instructional_Guidelines.pdf)

Paramedic National Education Standards

[https://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/Paramedic\\_Instructional\\_Guidelines.pdf](https://www.ems.gov/pdf/education/National-EMS-Education-Standards-and-Instructional-Guidelines/Paramedic_Instructional_Guidelines.pdf)

# EMS Programs

## Emergency Medical Technology – EMT, Advanced EMT, and Paramedic

### Program Guidelines and Student Contract

#### Attendance

The establishment of a consistent and acceptable pattern of attendance is a necessary and integral part of the academic experience at Wiregrass Georgia Technical College. Attendance is required to achieve the course competencies, as well as prepare for the professional duties and responsibilities mandated by employers. Students will not be allowed to miss more than 20 percent of the class. If a student misses more than 20 percent of the class, they will not be allowed to return to class. Tardy is defined as absence from class any part of the first ten minutes in a scheduled class. After ten minutes, a student is counted absent from that class. Two tardies will equal one absence from the class.

The student has the right to appeal his / her dismissal from class due to attendance. A letter requesting an appeal must be submitted to the Academic Dean of the program within 24 hours of the dismissal. The student may continue to attend class pending the outcome of the appeals process. The Academic Dean has the final decision. The final decision must be communicated to the student within 48 hours upon receipt. It is the student's responsibility to make sure they are aware of any assignments made when absent. Being absent from class is not an excuse for missed assignments or tests.

#### Physical Demands

A number of physically demanding tasks will be included during the activities associated with the class sessions. **All** students will be required to lift and carry patients of various sizes on a backboard / stretcher. A student **MUST** be able to participate in **all** class activities and meet all competencies in order to successfully complete the course. Any physical limitations acquired during the course of the program may cause the student to be unable to satisfactorily fulfill all the course requirements and therefore, be unable to continue in the program.

#### Qualifications

Students enrolled in an EMS course must be at least 18 years of age, have a valid high school diploma or GED, and provide a current state issued photo ID in order to participate in the program. Students must present, within the first semester of class, documentation of a physical exam completed by a duly licensed physician which indicates suitability for the EMS career field, at least two letters of reference attesting to the student's character, and a criminal background check and drug screen administered by **Precheck** prior to being permitted to attend clinical rotations. A deadline for submission of these materials will be set during program orientation. At any point it is deemed necessary, random drug screens may be performed on students, with positive results presenting grounds for possible dismissal from the program. Students must be aware that certain crimes and charges may preclude them from national exams and state licensure. **Any student presenting to class or clinical with evidence of drug or alcohol intoxication /**

**hangover will be suspended immediately from the class, with permanent expulsion a possibility after an investigation is conducted.**

### Class Schedule

Each class will meet as noted on the schedule. Normal college closings and holidays will be observed, and the semester beginning and ending dates will apply. Any changes to the schedule will be announced in advance, unless they are of an emergency nature.

It is the responsibility of each student to make the class schedule and regular attendance a priority. Requests to permit students to come in late or to leave class early to go to work will not be tolerated. **During scheduled class hours, the obligation is to class.** If attendance is hampered by workplace demands, the student will be dropped from the class.

### Testing

Exams will be announced and administered throughout the courses. Unannounced “pop quizzes” may be given at any time in order to reinforce materials being covered. A final average of 70 percent must be attained in each course to advance to the next course / semester. **On the comprehensive final exam an average of 70 percent must be attained to successfully complete the program.**

If an announced test is missed due to an absence, regardless of the reason, the test will be made up at the end of the semester, on a date / at a time to be determined by the instructor. **If the test is not made up at the predetermined time, a grade of zero will be assigned.** Each semester, the student’s final grade for the courses will be determined as outlined in the course syllabus.

### National Certification and State Licensure

The national certification process consists of cognitive and practical exams administered by the National Registry of EMTs and licensure by the Georgia Office of EMS and Trauma. To be eligible for these exams, the student must successfully complete all requirements as indicated throughout the course. **The cost of the exams and subsequent state licensure are the sole responsibility of the student.**

### Safety and Hygiene

Safety is of the utmost importance to the EMS student and clinical preceptors. Any unsafe conditions or practices should be brought to the immediate attention of the instructor. Because of the close contact necessary among students and the frequent use of the same equipment, the **highest level of personal hygiene is necessary.** Gloves and masks will be used when it is deemed appropriate. Decontamination of equipment will be the joint responsibility of instructors and students. A high level of awareness and close adherence to all safety policies is a must.

### Clinical Rotations

Beginning with the second half of the first semester, EMS students will begin clinical rotations. Each EMT / AEMT student will complete at least 100 clinical hours per program (EMT & AEMT). Specific requirements will be reviewed with students by the instructors. Clinicals for EMT / AEMT students will be scheduled by the instructors, with student input, for 8 or 12 hour increments. Any schedule changes must be made by the instructors. Clinical absences are subject to the same attendance policy in Section 1 of the Student Contract. Paramedic students will complete a minimum of 450 hours of clinical rotations in a variety of

venues, all of which will be scheduled and supervised by the instructors. Specific clinical requirements will be given to the EMS students prior to beginning clinical rotations.



Any improper conduct or unsafe acts during the clinical experience may result in immediate expulsion of the student from the program. All students reporting for clinicals at South Georgia Medical Center Mobile Health Care Service will text message the on-duty shift supervisor at 229-561-0146 upon arrival. Tardiness will not be permitted and may result in the student being sent home for the day. Tardiness is defined as 5 minutes late; being tardy twice will result in a clinical absence. **During their clinical rotation, no student is allowed to manage or control the operation of any ambulance.**

All students reporting for clinicals at Coffee Regional Medical Center will report to Station 1 to the EMS supervisor upon arrival.

Students must present to clinicals in the college-approved uniform, clean and neatly pressed, and with the college-issued photo ID clearly displayed. Personal phone calls are not tolerated during clinicals. Two brief breaks (15 minutes) and a lunch / dinner break (30 minutes) may be taken, if EMS call volume permits, phone calls are to be made at that time. **No tobacco products may be used during clinical time – smoked or smokeless. No drugs or other intoxicating substances are to be used during clinical time.**

### Professionalism

Professionalism is expected throughout the EMS curriculum. The EMS instructors expect students to conduct themselves in a professional manner at all times (i.e, in class, in lab activities, and in the clinical sites, etc.). Students must maintain a positive, teachable attitude and be receptive to instruction and correction as deemed appropriate. The classroom and clinical settings are not the venue for student showmanship – students are not there to present how much they know, but to learn.

Students must respect their instructors and their classmates, and instructors / preceptors will be respectful of each student. Any behavior such as **inappropriate verbal or physical / sexual advances** are very serious offenses and will not be tolerated and will be considered sexual or other harassment. Any instance of such behavior is to be reported to the instructor immediately. Any student found guilty of such offenses will be dismissed from the program.

### Academic Dishonesty (Cheating)

Any cheating during the course is grounds for **immediate expulsion** from the program. At the time of any exam, all materials of a personal nature, including cell phones, must be removed from the area and the desks / tables completely cleared. Any suspicious activity is to be reported to the instructor and will be dealt with at once. Plagiarism is a form of academic dishonesty and will be treated as such.

### Dress

Attire should be neat, clean, and free of stains and / or holes. During **class** and **clinical** rotations, **only the college-approved uniform is to be worn**, and it must be clean, neatly pressed, shoes / boots cleaned and shined, with a neatly groomed personal appearance. Students are obligated to adhere to the dress code of the affiliate institution, which may bar visible tattoos, nose / lip / eyebrow piercings, long hair or hair color, etc. Students will be advised prior to clinical as to the dress codes of each site and are expected to comply with them.

The **Paramedic class and clinical uniform for hospital and EMS rotations will be WGTC red polo shirt, black pants, black shoes, black belt, pen, stethoscope, Black Wiregrass EMS Program Jacket, clinical backpack, and college-issued photo ID clearly displayed on the right upper chest.** Trauma shears and pen light are optional.

The **EMT and Advanced EMT class and clinical uniform for hospital and EMS rotations will be WGTC Royal blue polo shirt, black pants, black boots, black belt, pen, stethoscope, Black EMS Program Jacket, clinical backpack, and college-issued photo ID badge clearly displayed on the right upper chest.** Trauma shears and pen light are optional.

### Career Services

The purpose of the Career Services office at WGTC is to assist current students and graduates in obtaining gainful employment in their field of study or other chosen area. The Career Services office partners with business and industry to provide information about available job openings in the community. These job opportunities are displayed in the Career Services office, shared with faculty, students, and graduates.

### Parking

Students will park in assigned areas on campus as well as assigned areas at clinical sites.

### Materials

Students should bring writing utensils and a notebook for note taking. Students should come to class prepared to cover the assigned material. All books should be brought to class each day / night.

### Equipment and Supplies

Students are required to set up practical stations and lab sessions. It is necessary that students learn the location of all equipment and supplies. All equipment and supplies must be returned to their proper location and be checked by the instructor at the end of each session before the students will be dismissed.

### Classroom

Eating, drinking, and the use of tobacco products, including e-cigarettes, are prohibited in the classroom. Breaks will be given and the break area may be used for refreshments. Smoking is limited to the outside assigned smoking areas. Students who sleep during class may be counted as absent. All communication devices such as radios, pagers, scanners, beepers, and cell phones will be set to silent mode so that it will not cause classroom interruption. No texting or talking on the phone during class will be permitted. If at any time the instructor is interrupted by any communication device during a lecture, the offending student will be assigned a 500-word essay on a topic chosen by the instructor. The student will have until the next class day to hand in the essay. If the student does not hand in the essay, he or she will be given a “zero”. The grade received on the essay will be averaged into the class assignment grade. If a student must be reached, the student must obtain permission from the instructor on a case-by-case basis for the communication device to be placed on vibrate during class. The instructor has full discretion in these matters. Students who deliberately sleep during class may be counted as absent.

## Visitors

No visitors will be allowed in class, lab, or at any clinical sites. Children will not be permitted in the classroom, lab, or at any clinical site.

## Hepatitis-B Vaccinations

Each student will be given information so they can make an informed decision as to whether they wish to take the Hepatitis-B vaccine. Each student is responsible for obtaining the Hepatitis-B vaccination or signing a Declination Statement before clinical or student-to-student contact begins. It must be noted that at any time the clinical site may request that all students at their facility have completed or at least have started the vaccination series prior to entering the site. The instructor will provide locations where the vaccination series may be received. Cost of the vaccination will be incurred by the student.

## Tuberculosis Testing

Prior to assignment to a clinical site or student-to-student contact, students should have a tuberculin skin test unless a previously positive reaction can be documented. If a student exhibits a first time positive reaction to the skin test, the student must be cleared by a physician prior to further contact with fellow students or patients. Clearance must be documented in writing. Students with a **documented** history of a positive skin test (PPD) or adequate treatment of latent infection or active disease are to be exempt from further testing unless signs and symptoms of TB disease develop. Initial and follow up tuberculin skin tests should be administered and interpreted according to current CDC guidelines. Costs of the tests will be incurred by the student. Students with positive PPD test results must follow up with a chest x-ray for clearance by a physician.

## Clinical Documentation

Clinical documentation is an essential part of the student's education and is the sole proof of the student's clinical time. Clinical documentation will be either electronic or paper-based notebook and will be checked bi-weekly by instructors to follow the student's progress and correct any issues found at the time of inspection. There will be a uniform layout of notebooks for ease of inspection by EMS instructors, State of Georgia Office of EMS and Trauma, National Registry of Emergency Medical Technicians, and the Committee on Accreditation for the Emergency Medical Services Professions. Layouts will closely follow the State of Georgia clinical / field requirements file review forms that will be completed at the end of class. State EMS student file review forms will be included in the clinical notebooks.

## Article Abstracts

Article abstracts, as part of course assignments, will be submitted by the due date established in the course syllabus. All article abstracts will be submitted in American Psychological Association (APA) format as outlined in the course syllabus.

# **HIPPA Compliance**

## **Health Insurance Portability and Accountability Act of 1996**

HIPAA is a federal law that requires special training for health occupations students on policies and procedures with respect to protected health information. It is important that the student understand the concepts, especially as it applies to the position and responsibilities as a student.

The Privacy Regulations require clinical sites to create a fair set of practices that:

- Inform people about how their information is used and disclosed.
- Ensure that people have access to their own information.
- Maintain administrative and physical safeguards to Protected Health Information (PHI).

It is important that you are mindful of these regulations, even if you do not routinely encounter protected health information as part of your job responsibilities. PHI is any information that relates to the past, present, or future physical or mental health, or the condition of an individual.

HIPAA is the first federal law establishing privacy standards that define and limit the circumstances in which an individual's PHI may be used or disclosed by others. The law provides patients with more control over how their personal health information is used and disclosed. Policies have been developed on the use and access to information you need to carry out your job duties. The use of PHI should always be kept to what is relevant to the circumstances.

# The Use of Protected Health Information

HIPAA requires reasonable efforts to limit use, disclosure of, and requests for PHI to the minimum necessary to accomplish the intended purpose. The law requires clinical sites to assess PHI to what is reasonably necessary for a particular purpose and identify who needs access to that PHI.

For disclosures not for treatment, payment, or operations, clinical sites must obtain a signed authorization for release of information. There are circumstances when an authorization is not required, for example, reporting child abuse. These exceptions are listed in the HIPAA Compliance Policy. The clinical sites must reasonably safeguard protected health information from any intentional or unintentional use or disclosure that is not allowed or authorized.

Remember:

- All forms of PHI are covered under the Privacy Rule.
- Clinical sites must assess what PHI is reasonably necessary for a particular purpose.
- For routine or recurring disclosures, the policies and procedures may be standard protocols.
- For non-routine disclosures, departments must develop reasonable criteria for determining the minimum necessary PHI to accomplish the purpose.
- Clinical sites must reasonably safeguard PHI from any intentional or unintentional use or disclosure that is not allowed or authorized.

Clinical sites have agreements that hold their business associates and their agents to the same conditions of privacy and security. If a business associate violates the agreement, reasonable steps must be taken to make sure a breach does not occur again.

## Privacy and Confidentiality

Privacy is the right of an individual to be left alone, including freedom from intrusion into one's private affairs and includes the right to maintain control over certain personal information. Confidentiality means that information is not made available or disclosed to unauthorized individuals, entities, or processes.

In healthcare, confidentiality is maintained through the ethical behavior of healthcare workers so that an individual's health information is not disclosed unless called for by law, policy, or with the individual's consent or authorization. With the growth of electronic systems to aid medical diagnostics, claims processing, and research, it is crucial to improve privacy and confidentiality.

## Breaches and Sanctions

HIPAA is a federal law and individuals are personally accountable for compliance. Violators will be subjected to sanctions and penalties including:

- Violations of these standards will be subject to civil liability.
- Civil money penalties are \$100 per violation, up to \$25,000 per year.
- Criminal penalties for certain actions could include up to ten years in jail.

Civil penalties are imposed for unintentional violations, which can be just poor private practices. For example, a hospital employee noticed the name of an acquaintance on a discharge list. She saw him a week later at a game and asked him if he was feeling better. While this would probably not generate a formal complaint, she should have known better than to inquire about his medical condition, especially in a public place.

### Role of the Office of Civil Rights

The Health and Human Service's Office for Civil Rights is charged with investigating and reviewing HIPAA compliance. For further information, visit their website at [www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa).

## Clinical Affiliates

South Georgia Medical Center (SGMC)  
2501 N. Patterson St.  
Valdosta, GA 31602  
Phone: 229-333-1000

South Georgia Medical Center Mobile  
Health Care Services  
300 Woodrow Wilson Drive  
Valdosta, GA 31602  
Phone: 229-333-1000

Smith Northview Hospital (a campus of SGMC)  
4280 North Valdosta Road  
Valdosta Ga., 31602  
Phone: 229-671-2040

Community EMS Cook County Division  
212 North Parrish Ave  
Adel, Georgia 31620  
Phone: 229-896-1420

Coffee Regional Medical Center  
1101 Ocilla Road  
Douglas, GA 31533  
Phone: 912-384-1900

Coffee Regional Medical Center  
Emergency Medical Services  
1101 Ocilla Road  
Douglas, GA 31533  
Phone: 912-383-5683

Ben Hill County  
Emergency Medical Services  
302 W. Altamaha Street  
Fitzgerald, GA 31750  
229-426-5115

# WGTC EMS Program Student Code of Conduct

## Clinical Policies

### Attendance Policy

The establishment of a consistent and acceptable pattern of attendance is a necessary and integral part of the academic experience at Wiregrass Georgia Technical College. Attendance is required to achieve the course competencies, as well as prepare for the professional duties and responsibilities mandated by employers. Students will not be allowed to miss more than 20 percent of the class. If a student misses more than 20 percent of the class, they will not be allowed to return to class. Tardy is defined as absence from class any part of the first ten minutes in a scheduled class. After ten minutes, a student is counted absent from that class. Two tardies will equal one absence from the class.

The student has the right to appeal his / her dismissal from class due to attendance. A letter requesting an appeal must be submitted to the Academic Dean of the program within 24 hours of the dismissal. The student may continue to attend class pending the outcome of the appeals process. The Academic Dean has the final decision. The final decision must be communicated to the student within 48 hours upon receipt. It is the student's responsibility to make sure they are aware of any assignments made when absent. Being absent from class is not an excuse for missed assignments or tests.

### Clinical Conduct

Each Emergency Medical Technician (EMT) student will complete at least 100 clinical hours per program of study (EMT & AEMT). Specific requirements will be reviewed with students by the instructors. Clinicals for Emergency Medical Technician (EMT) and Advanced Emergency Medical Technician (AEMT) students will be scheduled by the instructors, with student input, for 8 or 12-hour increments. Any schedule changes must be made by the instructors. Clinical absences are subject to the same attendance policy in section 1 of the student code of conduct. Paramedic students will complete a minimum of 450 hours of clinical rotations in a variety of venues, all of which will be scheduled and supervised by the instructors. Specific clinical requirements will be given to the Paramedic students prior to beginning clinical rotations.

Any improper conduct or unsafe acts during the clinical experience may result in immediate expulsion of the student from the program. All students reporting for clinicals at South Georgia Medical Center Mobile Health Care Service will text message the on-duty shift supervisor at 229-561-0146 upon their arrival. Tardiness will not be permitted and may result in the student being sent home for the day. Tardiness is defined as 10 minutes late; being tardy twice will result in a clinical absence. **During their clinical rotation, no student is allowed to manage or control the operation of any ambulance.**

Students must present to clinicals in the college-approved uniform, clean and neatly pressed and with the college-issued photo ID clearly displayed. No cell phones or pagers are to be utilized during the clinical rotation. Personal phone calls are not tolerated during clinicals. Two brief breaks (15 minutes) and a lunch/dinner break (30 minutes) may be taken, if EMS call volume permits. Phone calls are to be made at that time. **No tobacco products may be used during clinical time – smoked, smokeless, or e-cigarettes. No drugs or other intoxicating substances are to be used during clinical time.**



Professionalism is expected throughout the EMS curriculum. The EMS instructors expect students to conduct themselves in a professional manner at all times, in class, in lab activities, and in the clinical sites. Students must maintain a positive, teachable attitude and be receptive to instruction and correction as deemed appropriate. The classroom and clinical settings are not the venue for student showmanship – you are not there to present how much they know, but to learn!

Students must respect their instructors and their classmates, and the instructors will be respectful of each student. **No profanity** will be tolerated during any class, lab, or clinical session. **No tobacco products or e-cigarettes** will be permitted during class, lab, or clinical sessions. Any behavior such as **inappropriate verbal or physical / sexual advances** are very serious offenses and will not be tolerated and will be considered as sexual or other harassment. Any instance of such behavior is to be reported to the instructor immediately. Any student found guilty of such offenses will be dismissed from the program.

Students are prohibited from any photography during clinicals. At no time will photos be taken at the scene of an emergency, vehicle, patients, activities or procedures performed or witnessed, even if the patient grants permission to do so. Posting to social media or sharing of such photos is a violation of HIPPA and will result in disciplinary action or removal from the EMS program.

Use of social media in ways that violate federal, state, and local laws, regulations, rules, and policies, including the Technical College System of Georgia State Board policies, may result in criminal or civil penalties as well as disciplinary actions. Students must also abide by the Student Code of Conduct. Please refer to the Wiregrass Georgia Technical College Student Code of Conduct at: [http://www.wiregrass.edu/accreditation/policy\\_manual/administration/II\\_D\\_6b\\_personal\\_social\\_media\\_account\\_use.html](http://www.wiregrass.edu/accreditation/policy_manual/administration/II_D_6b_personal_social_media_account_use.html).

### Uniform Policy

Attire should be neat, clean, and free of stains and /or holes. During **class** and **clinical** rotations, **only the college-approved uniform is to be worn**, and it must be clean, neatly pressed, shoe / boot clean and shined, with a neatly groomed personal appearance. Students are obligated to adhere to the dress code of the affiliate institution, which bars visible tattoos, nose / lip / eyebrow piercings, long hair or hair color, etc. Students will be advised prior to clinical as to the dress codes of each site and are expected to comply with them.

The **Paramedic clinical uniform for hospital and EMS rotations will be a WGTC red polo shirt, black pants, black shoes, black belt, pen, stethoscope, watch, and college-issued photo ID clearly displayed on the right**. Trauma shears and pen light are optional.

The **EMT and Advanced EMT clinical uniform for hospital and EMS rotations will be WGTC Forrest Green polo shirt, black pants, black boots, black belt, pen, stethoscope, watch, and college-issued photo ID badge clearly displayed on the right**. Trauma shears and pen light are optional.

**No visitors will be allowed in class, lab, or at clinical sites. Children will not be permitted in the classroom, lab or at the clinical site.**



## Documentation of Clinical Experiences

Clinical documentation is an essential part of the student's education and is the sole proof of their clinical time. The clinical notebook or electronic documentation will be checked bi-weekly by the instructor to follow the student's progress and correct any issues found at the time of inspection. There will be a uniform layout of clinical notebooks for ease of inspection by EMS instructors, by the State of Georgia Office of EMS and Trauma, the National Registry of Emergency Medical Technicians, and the Committee on Accreditation for the Emergency Medical Services Professions. Layouts will closely follow the State of Georgia clinical / field requirements file review forms that will be completed at the end of class. State EMS file review forms will be included in clinical notebooks.

## HIPPA Compliance for EMS Students

Violating a patient's privacy by releasing his or her protected health information is prohibited. Protected health information includes photographs and videos of the patient, even if the patient asks for the photo / video to be made or consented to it being made. Patient information may not be posted, even if it has been redacted. Please keep in mind the following:

- It is often possible to identify patients even if their names or other obvious identifying information are not included.
- Details, such as names, places of work / study, and the date / time stamp can make it easy to identify patients described, particularly to the patient, his / her family, and friends.
- If patients contact those affiliated with Wiregrass Georgia Technical College via social media, simply responding to a patient, with no medical advice, is acceptable. Providing medical advice or information through social media is not permitted, even if it is at the patient's request.

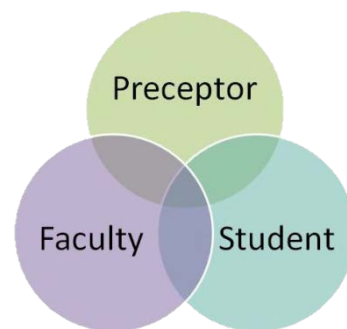
# Clinical Rotations and Field Internship

## EMS Advanced Life Support (ALS) AMBULANCE Clinical Experience

The purpose of the EMS (ALS Ambulance) experience is to give students an opportunity to observe and participate in the assessment (chief complaint, pertinent past medical history, physical exam) and management of both urgent and emergent patients who present to the Emergency Medical Services system. Whenever possible, students should have the opportunity to evaluate and treat children (their parents), adults, and geriatric patients with medical and traumatic emergencies. Paramedic students participating in EMS clinicals should act as the attending Paramedic whenever possible, as this better prepares the student for an EMS job as a Paramedic.

## EMS Preceptor Responsibilities & Clinical Objectives

1. Read and review the Paramedic student's Clinical Competencies.
2. Orient the Paramedic student to the ALS Ambulance service and territory.
3. Review policies and procedures pertinent to the Paramedic student while assigned to clinicals.
4. Supervise and assist the Paramedic student while in the clinical environment.
5. Critique all patient contacts made by the Paramedic student, to include:
  - a. Patient history
  - b. Clinical signs
  - c. Physical findings
  - d. Treatment plan
6. Demonstrate, assist, and evaluate the Paramedic student's performance of approved skills.
7. Observe and review the Paramedic student's technique and suggest correction or offer alternatives when appropriate.
8. Answer the student's questions concerning assessment, management, and / or treatment of patients.
9. Review past patient contact that may be beneficial to the student.
10. Correlate clinical data to the didactic knowledge of the student.
11. Complete the student evaluation form and review with the student some observations you made regarding the student's performance.



# ATTENTION!

Students are responsible for knowing which medications they may administer and are required to research any they are not familiar with prior to being supervised in their administration. The student must be familiar with each drug's desired actions, appropriate dose, indications, contraindications, and side effects. The student must draw up or observe the drawing of each medication administered.

## **Six Rights of Medication Administration**

All Wiregrass Georgia Technical College Paramedic students and Paramedic field interns are responsible for following the below listed rights of medication administration.

1. Right Patient
2. Right Drug
3. Right Dose
4. Right Route
5. Right Time
6. Right Documentation

## Minimum Required Competencies

Competency	Required Number of Patients
Abdominal Complaints	5
Adult Patients (18-64 years)	20
Airway Management	5
Chest Pain	5
Dyspnea / Respiratory Distress	10
Geriatric Patients (64 years +)	10
IM Medication Administration	1
Intravenous Therapy	50
IV / IO Medication Administration	25
Nebulized Medication Administration	5
Obstetric	5
Oral Medication Administration	5
Pediatric Patients (0-17 years)	12
Newborns (0-1 month)	2
Infants (1 month-under 1 year)	2
Toddlers (1-3 years)	2
Pre-School (4-5 years)	2
School Age (6-12 years)	2
Adolescents (13-17 years)	2
Pre-Hospital Advanced Life Support (ALS) Team Leader	20
Psychiatric Patients	5
SQ Medication Administration	1
Syncope / Altered Mental Status	5
Trauma Patients	20
Ventilation Management	5

## Paramedic Student Clinical Competencies

### Chest Pain

The student must demonstrate and document their ability to perform a comprehensive patient assessment, formulate, and implement a treatment plan on at least **5 patients** with **chest pain**.

All assessments and care must be completed by the student, under the direct observance of the clinical preceptor, and documented. **Students are not to copy your Patient Care Report (PCR). Please review the student's assessment and make necessary comments as to its completeness and accuracy.**

### Dyspnea / Respiratory Distress

The student must demonstrate and document their ability to perform a comprehensive patient assessment, formulate, and implement a treatment plan on at least **10 patients** with **dyspnea / respiratory distress**.

All assessments and care must be completed by the student, under the direct observance of the clinical preceptor, and documented. **Students are not to copy your PCR. Please review the student's assessment and make necessary comments as to its completeness and accuracy.**

### Syncope / Altered Mental Status

The student must demonstrate and document their ability to perform a comprehensive patient assessment, formulate, and implement a treatment plan on at least **5 patients** with **syncope / Altered Mental Status**.

All assessments and care must be completed by the student, under the direct observance of the clinical preceptor, and documented. **Students are not to copy your PCR. Please review the student's assessment and make necessary comments as to its completeness and accuracy.**

### Abdominal Complaints

The student must demonstrate and document their ability to perform a comprehensive patient assessment, formulate, and implement a treatment plan on at least **5 patients** with **abdominal complaints** (for example: abdominal pain, nausea / vomiting, GI bleeding, gynecological complaint, etc.).

All assessments and care must be completed by the student, under the direct observance of the clinical preceptor, and documented. **Students are not to copy your PCR. Please review the student's assessment and make necessary comments as to its completeness and accuracy.**

### Obstetric

The student must demonstrate and document their ability to perform a comprehensive patient assessment on at least **5 obstetric patients**.

All assessments and care must be completed by the student, under the direct observance of the clinical preceptor, and documented. **Students are not to copy your PCR. Please review the student's assessment and make necessary comments as to its completeness and accuracy.**

### Pediatric Patients (0-17 years)

The student must demonstrate and document their ability to perform a comprehensive patient assessment on at least **12 pediatric patients (to include 2 newborns, 2 infants, 2 toddlers, 2 pre-school, 2 school age, and 2 adolescents)**.

All assessments and care must be completed by the student, under the direct observance of the clinical preceptor, and documented. **Students are not to copy your PCR. Please review the student's assessment and make necessary comments as to its completeness and accuracy.**

### Adult Patients (18-64 years)

The student must demonstrate and document their ability to perform a comprehensive patient assessment on at least **20 adult patients**.

All assessments and care must be completed by the student, under the direct observance of the clinical preceptor, and documented. **Students are not to copy your PCR. Please review the student's assessment and make necessary comments as to its completeness and accuracy.**

### Geriatric Patients (64 years +)

The student must demonstrate and document their ability to perform a comprehensive patient assessment on at least **10 geriatric patients**.

All assessments and care must be completed by the student, under the direct observance of the clinical preceptor, and documented. **Students are not to copy your PCR. Please review the student's assessment and make necessary comments as to its completeness and accuracy.**

### Trauma Patients

The student must demonstrate and document their ability to perform a comprehensive patient assessment on at least **20 trauma patients**.

All assessments and care must be completed by the student, under the direct observance of the clinical preceptor, and documented. **Students are not to copy your PCR. Please review the student's assessment and make necessary comments as to its completeness and accuracy.**

### Psychiatric Patients

The student must demonstrate and document their ability to perform a comprehensive patient assessment on at least **5 psychiatric patients**.

All assessments and care must be completed by the student, under the direct observance of the clinical preceptor, and documented. **Students are not to copy your PCR. Please review the student's assessment and make necessary comments as to its completeness and accuracy.**

### Pre-Hospital Advanced Life Support (ALS) Team Leader (EMSP 2710)

The student must demonstrate and document their ability to serve as a team leader in a variety of pre-hospital emergency situations. The student should serve as the team leader for at least **20 pre-hospital emergency responses**, of these, 20 patients must have required and received ALS care.

All assessments and care must be completed by the student, under the direct observance of the clinical preceptor, and documented. **Students are not to copy your PCR. Please review the student's assessment and make necessary comments as to its completeness and accuracy.**

**The student is required to be evaluated by the assigned Paramedic Preceptor throughout the Pre-Hospital Team Leader portion of clinicals.**

### Intravenous Therapy (IV)

The student must demonstrate the ability to safely gain venous access in all age group patients. The student should safely and, while performing all steps of each procedure, successfully **access the venous circulation** at least **50 times on live patients** of various age groups.

This skill is to be documented on the Intravenous Therapy skills record and verified by the observing clinical preceptor. A minimum of **50 successful attempts** are required. **Students should not be allowed to start an IV only to fulfill a clinical requirement. The patient should always be in need of IV access.**



### Intravenous (IV) / Intraosseous (IO) Medication Administration

The student must demonstrate the ability to safely administer medications. The student should safely, and while performing all steps of each procedure, **properly administer medications** at least **25 times to live patients**. **PO (by mouth) and topical medications are NOT to be documented on this skills record.**

This skill is to be documented on the Medication Administration skills record and verified by the observing clinical preceptor. **If a medication is given, the student should, under the direct supervision of the clinical preceptor, calculate the dose, draw up the medication, and then administer the medication appropriately. Do not simply hand the syringe to the student and say “Here, give this.”**

### Intramuscular (IM) Medication Administration

The student must demonstrate the ability to safely administer medications. The student should safely, and while performing all steps of each procedure, **properly administer medications** at least **1 time to live patients**. **IM Medications are only to be documented in this section.**

This skill is to be documented on the Medication Administration skills record and verified by the observing clinical preceptor. **If a medication is given, the student should, under the direct supervision of the clinical preceptor, calculate the dose, draw up the medication, and then administer the medication appropriately. Do not simply hand the syringe to the student and say “Here, give this.”**

### Subcutaneous (SQ) Medication Administration

The student must demonstrate the ability to safely administer medications. The student should safely, and while performing all steps of each procedure, **properly administer medications** at least **1 time to live patients**. **SQ Medications are only to be documented in this section.**

This skill is to be documented on the Medication Administration skills record and verified by the observing clinical preceptor. **If a medication is given, the student should, under the direct supervision of the clinical preceptor, calculate the dose, draw up the medication, and then administer the medication appropriately. Do not simply hand the syringe to the student and say “Here, give this.”**

### Nebulized Medication Administration

The student must demonstrate the ability to safely administer medications. The student should safely, and while performing all steps of each procedure, **properly administer medications** at least **5 times to live patients**. **Nebulized Medications are only to be documented in this section.**

This skill is to be documented on the Medication Administration skills record and verified by the observing clinical preceptor. **If a medication is given, the student should, under the direct supervision of the clinical preceptor, calculate the dose, draw up the medication, and then administer the medication appropriately. Do not simply hand the nebulizer to the student and say “Here, give this.”**

## Oral Medication Administration

The student must demonstrate the ability to safely administer medications. The student should safely, and while performing all steps of each procedure, **properly administer medications** at least **5 times to live patients**. **Oral Medications are only to be documented in this section.**

This skill is to be documented on the Medication Administration skills record and verified by the observing clinical preceptor. **If a medication is given, the student should, under the direct supervision of the clinical preceptor, calculate the dose, draw up the medication, and then administer the medication appropriately. Do not simply hand the medication to the student and say "Here, give this."**

## Airway Management

The student must demonstrate the ability to safely perform endotracheal intubation. The student should safely, and while performing all steps of each procedure, **successfully intubate** at least **5 live patients**.

This skill is to be documented in the Airway Management skills record and verified by the observing clinical preceptor. Patients identified on the Ventilation Management skills may also be included on the Airway Management skills if endotracheal intubation was performed by the student after Bag Valve Mask (BVM) ventilations. **Students should ventilate the patient via BVM before preparing the equipment and then intubating.**

## Ventilation Management

The student must demonstrate the ability to effectively ventilate unintubated patients of all age groups. Patients identified on the Airway Management skills sheet may also be included on the Ventilation Management skills sheet if BVM ventilations were provided by the student prior to intubation. The student should effectively, and while performing all steps of each procedure, **ventilate** at least **5 live patients** of various age groups.

This skill is to be documented in the Ventilation Management skills record and verified by the observing clinical preceptor. **Students should insert an airway adjunct Oral Pharyngeal Airway (OPA) or Nasal Pharyngeal Airway (NPA) at some point while ventilating the patient. Ventilations may be turned over to another crew member while the student prepares to intubate, if necessary.**

# ED & ICU Clinical Tasks

During Emergency Department (ED) and Intensive Care Unit (ICU) clinicals, the student should have the opportunity to practice and demonstrate, under the direct supervision of a Registered Nurse (R.N.), Physician, Physician's Assistant, or approved Paramedic preceptor, proficiency for each of the following:

1. Perform patient assessments, including obtaining medical history and a physical examination. The assessment should include a primary and secondary survey, taking and recording the information obtained.
2. Assist and review the treatment of the following trauma and medical patients, when presenting to the ED or ICU:
  - \* Major Trauma
  - \* Myocardial Infarctions
  - \* Congestive Heart Failure
  - \* Chronic Obstructive Pulmonary Disease (COPD)
  - \* Diabetic Emergencies
  - \* Asthma Attacks
  - \* Seizures
  - \* Psychiatric Problems
  - \* Overdoses
  - \* Intoxication / Substance Abuse
  - \* Renal Failure
  - \* Gastrointestinal (GI) Emergencies
  - \* Stroke
  - \* Extremity Fractures
  - \* Poisoning
3. Observe and assist in the triage and assessment of all types of patients.
4. Perform peripheral IV or IO insertion on adult, pediatric, and geriatric patients.
5. Perform pharmacological procedures as directed by the clinical faculty.
6. Prepare and administer Intramuscular (IM), Subcutaneous (SQ), Sublingual (SL), PO (by mouth), and Intravenous (IV) medications as directed by, and under the direct supervision of, the clinical faculty.
7. Observe patients for effects of pharmacological agents administered.
8. Assist in cases of cardiac arrest as directed, including the performance of Cardiopulmonary Resuscitation (CPR), management of the airway, and other appropriate procedures.
9. Assist in trauma cases requiring hemorrhage control, suturing, immobilization, and splinting.
10. Carry out the physical assessment of a patient with coronary artery disease.
11. Recognize cardiac dysrhythmias on a cardiac monitor.

12. Identify the signs, symptoms, and treatment of cardiogenic shock.
13. Identify the signs, symptoms, and treatment of congestive heart failure.
14. Participate in the pharmacological and electrical management of the cardiac patient when needed.

**While working in the ED, the student will need time to record his / her observations, assessments, and skills. Please allow this time throughout the shift. However, if an event occurs where a student is needed, stop the student from his / her documentation and include the student in the current event.**

# EMS Clinical Tasks

During ambulance clinical and internship, the student should have, under the direct supervision of a clinical / internship preceptor, the opportunity to practice and demonstrate proficiency for each of the following as needed:

1. Perform patient assessments as indicated for trauma, medical, psychiatric, Obstetrics (OB) / Gynecological (GYN) and pediatric patients.
2. Manage the airway in unconscious patients to include the use of proper head positioning, basic airway adjuncts, and advanced techniques.
3. Administration of oxygen using the appropriate delivery devices.
4. Correctly perform Cardiopulmonary Resuscitation.
5. Initiate Peripheral IV or IO insertion in the adult, pediatric, and geriatric patient.
6. Perform venipuncture to obtain blood samples.
7. Correctly place electrodes, record, and interpret Electrocardiograms (ECGs).
8. Assess and manage patients to include, if presented, but not limited to the following conditions and / or Tasks (under direct supervision):
  - \* Major Trauma
  - \* Myocardial Infarctions
  - \* Congestive Heart Failure
  - \* COPD
  - \* Obstructed Airway
  - \* Diabetic Emergencies
  - \* Asthma Attacks
  - \* Seizures
  - \* Coma
  - \* OB Problems
  - \* Psychiatric Problems
  - \* Overdoses
  - \* Intoxication / Substance Abuse
  - \* Endotracheal Intubation (adult)
  - \* Endotracheal Intubation (pediatric)
  - \* Perform Aseptic Endotracheal Suctioning
  - \* Fracture and Dislocations – Immobilization
  - \* Spinal Immobilizations - Long Spine Board
  - \* Spinal Immobilizations – Kendrick Extrication Device (KED)
  - \* Application of Traction Splints
  - \* Communications with Patient and Hospital
  - \* Needle Chest Decompression
  - \* Needle Cricothyroidotomy
  - \* Transcutaneous Cardiac Pacing
  - \* Supervise in the role of the lead Paramedic, assuring proper patient care

- \* Manage Cardiac Arrest according to AHA standards
- \* Prepare and Administer IV push medications
- \* Prepare and Administer IV Drip medications
- \* Prepare and Administer IM medications
- \* Prepare and Administer Subcutaneous medications
- \* Prepare and Administer Inhalation medications
- \* Demonstrate proper use of communications equipment
- \* Demonstrate proper use of suction equipment
- \* Demonstrate proper use of the cardiac monitor
- \* Assist in the delivery of a newborn
- \* Apply pediatric immobilization device
- \* Perform blood glucose test
- \* Demonstrate the proper use of a pulse oximeter
- \* Demonstrate the proper use of a scoop stretcher
- \* Properly Defibrillate Ventricular Fibrillation (V-Fib) / Ventricular Tachycardia (V-Tach)
- \* Perform the proper techniques for synchronized cardioversion
- \* Perform Intraosseous infusion
- \* Perform External Jugular Vein Cannulation

**Students should only practice their EMT skills in clinical setting until taught Paramedic skills and found competent in the lab.**

# Labor and Deliver (L&D) Clinical Tasks

During clinical, the student should have the opportunity to practice and demonstrate, under direct supervision, proficiency for each of the following:

**Students are to practice EMT skills until advanced skills are taught and verified in the lab. Students are to receive the permission of the patient and physician prior to participating in a delivery in the hospital setting.**

1. Monitor the vital signs of a patient in active labor.
2. Observe fetal monitoring.
3. Monitor fetal heart tones, with the nurse's and mother's permission.
4. Feel and time uterine contractions, with the mother's permission.
5. Observe the signs and symptoms of pre-eclampsia and eclampsia.
6. Assist with the treatment of any patient in eclampsia.
7. Observe a cephalic vaginal delivery, with patient and physician's permission.
8. Observe complicated deliveries such as breech and prolapsed cord.
9. Discuss the "inverted triangle" in the resuscitation of a newborn.
10. Assist in the management / resuscitation of the newborn.
11. Note and record 1-minute and 5-minute Appearance, Pulse, Grimace, Activity, Respiration (APGAR) scores.
12. Observe / assist with the immediate post-delivery care of the mother.
13. Take and record the vital signs of the newborn and mother.
14. Perform IV cannulation, using the proper catheter, drip set, and fluids, for the mother in preparation for delivery.
15. Assist in the administration of medications to the newborn.

## Operating Room Clinical Tasks

During clinicals, the student should have the opportunity to practice and demonstrate, **under direct supervision of a Physician, Nurse Anesthetist or other designee by a Physician**, proficiency for each of the following:

1. Observe or administer paralytic / neuromuscular blocking agents / medications
2. Ventilation of patients under sedation
3. Endotracheal Intubation of patients under sedation
4. Placement of Blind Insertion Airway Devices in patients under sedation
5. Auscultation of lung sounds in patients under sedation
6. Auscultation of lung sounds in patients with proper Endotracheal Tube placement
7. Auscultation of lung sounds in patients with proper Blind Insertion Airway Device placement
8. Observe hemodynamic monitoring of patients under sedation
9. Observe Carbon Dioxide (CO<sub>2</sub>) capnography wave forms
10. Observe Peripheral Oxygen (SPO<sub>2</sub>) wave forms

## Pediatric Clinical Tasks

During clinical, the student should have the opportunity to practice and demonstrate, **under direct supervision**, proficiency for each of the following:

1. Perform patient assessments on pediatric patients, including obtaining medical history and a physical examination. The assessment should include a primary and secondary survey, taking and recording the information obtained.
2. Assist and review the treatment of the following trauma and medical patients as appropriate for presentation:
  - \* Major Trauma
  - \* Diabetic Emergencies
  - \* Asthma Attacks
  - \* Seizures
  - \* Psychiatric Problems
  - \* Overdoses
  - \* Extremity Fractures
  - \* Poisoning
  - \* Fever
  - \* GI Problems
3. Observe and assist in the triage and assessment of all types of patients.
4. Perform peripheral IV or IO insertion on pediatric patients.



5. Perform pharmacological procedures as directed by the clinical faculty.
6. Prepare and administer IM, SQ, SL, PO, and IV medications as directed by the clinical faculty.
7. Observe patients for effects of pharmacological agents administered.
8. Assist in cases of cardiac arrest as directed, including the performance of CPR, management of the airway, and other appropriate procedures.
9. Assist in trauma cases requiring hemorrhage control, suturing, immobilization, and splinting.
10. Recognize cardiac dysrhythmias on a monitor.
11. Participate in the pharmacological and electrical management of the cardiac patient when needed.

**Students should only perform their EMT skills on pediatric patients until taught Paramedic skills in class and verified in the lab.**

# EMS Classroom and Laboratory Management Plan

## Plan Dissemination

All new full time and adjunct faculty are provided a copy of the lab management plan upon employment and are briefed on its contents and procedures by the program coordinator prior to assuming instructional duties.

The plan and is provided to each Wiregrass EMS student at the beginning of their respective programs and periodically during the course of their instruction.

## Plan / Procedures

It is the instructor's responsibility to oversee the lab and to schedule appropriate day to day activities designed to teach the clinical competencies required to perform the duties of an Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic. Simulated patient care can take place in a formal laboratory setting or an austere laboratory setting as designated by the student's instructor.

Laboratory exercises can and will be conducted outside of the classroom and building, in the open weather, and in the elements.

### **Instructors have the following specific laboratory safety responsibilities:**

Assuring that the first aid boxes are stocked and ready for use if needed.

Checking all equipment to assure that damaged or malfunctioning equipment is properly repaired.

Ensuring that student accidents or injuries are handled immediately and in accordance with the institutions published emergency procedures.

**Safety Inspections:** Safety inspections are conducted in accordance with the Wiregrass Georgia Technical College Safety Plan.

## Laboratory Skills Practice

During the course of this program, students will be taught skills necessary for the assessment and management of patients in emergency situations. It is essential that students practice and perfect these skills using human subjects. All students are hereby advised that the practice of both non-invasive and invasive skills will be practiced on classmates, and that classmates will be practicing these same skills on you. The purpose of these practice sessions is to develop the task, dexterity, and tactile feel, necessary for each skill, in situations as real as possible, under the control and supervision of program instructors. The practice of these skills will involve limited physical contact with all areas of the human body including the areas of the chest and pelvis.

The EMS program is acutely aware of both the importance of hands on human practice and the risk of inappropriate interpersonal behavior. All students involved in these skills practice sessions, in the roles of the rescuer, the patient, or as an observer, are expected to display tact and professionalism, as well as behave under ethical and legal guidelines.

At any time, should a student believe that the practice of a particular skill on themselves by another student or as demonstrated by an instructor, crosses a line of professionalism, into overt sexual contact, the student has the responsibility to make that belief known to both the student or instructor involved and the Program Coordinator as soon as possible. Any student who perceives that he or she has been treated in a discriminative manner on the grounds of gender may consult with or file a written complaint with the Dean of Allied Health or Program Coordinator.

**Laboratory Safety: All Wiregrass Georgia Technician College Students and Instructors are to wear their high visibility yellow safety vest during and laboratory training session that is occurring outside of a Wiregrass Georgia Technical College Building.**

**Laboratory Maintenance: Each student is individually responsible for ensuring that the classroom or environment is cleaned after each laboratory session.**

**Each student is responsible for cleaning equipment as instructed by their instructor.**



**SCOPE OF PRACTICE FOR EMS PERSONNEL  
GEORGIA OFFICE OF EMS AND TRAUMA  
FORM R-P11A**

Emergency medical personnel are permitted to perform only those skills listed under their licensure level, and only once they have been trained on those skills, and credentialed to perform those skills by their local EMS Medical Director. Emergency medical personnel are permitted to administer only medications listed under their licensure level, and only once they are trained in the pharmacology of that medication, and credentialed to administer that medication by their local EMS Medical Director.

Key to Provider Levels	
EMT	<b>E</b> Emergency Medical Technician
EMT-I	<b>I</b> Emergency Medical Technician-Intermediate/85
AEMT	<b>A</b> Advanced Emergency Medical Technician
CT	<b>C</b> Cardiac Technician
PMDC	<b>P</b> Paramedic

**NOTE: If a provider code (the single letter code from the table above) is listed for a particular skill, then that level of EMS provider is permitted to perform that skill. Interpretive guidelines serve to clarify and/or modify the skill listed. If an asterisk (\*) appears with the letter code for a specific provider level, then the interpretive guidelines may modify the skill for that provider level.**

Airway and Breathing Skills	Levels	Interpretive Guidelines
1. Supplemental oxygen therapy	<b>E</b> <b>I</b> <b>A</b> <b>C</b> <b>P</b>	This would include any type of cannula or mask designed for the delivery of oxygen.
a. Oxygen delivery devices		
b. Humidified oxygen	<b>E</b> <b>I</b> <b>A</b> <b>C</b> <b>P</b>	

<b>E</b> EMT	<b>I</b> EMT-I	<b>A</b> AEMT	<b>C</b> CT	<b>P</b> PMDC
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Airway and Breathing Skills		Levels				Interpretive Guidelines	
<b>2. Basic airway management</b>							
a.	Manual maneuvers to open and control the airway	E	I	A	C	P	This would include procedures such as: head-tilt, chin-lift; tongue-jaw lift; jaw thrust; Sellick's maneuver.
b.	Manual maneuvers to remove the airway	E	I	A	C	P	
c.	Insertion of airway adjuncts intended to go into oropharynx	E	I	A	C	P	
d.	Insertion of airway adjuncts intended to go into nasopharynx	E	I	A	C	P	
<b>3. Ventilation management</b>							
a.	Mouth to barrier devices	E	I	A	C	P	
b.	Bag-valve mask	E	I	A	C	P	
c.	Manually triggered ventilators	E	I	A	C	P	
d.	Automatic transport ventilators	E*	I*	A*	C	P	EMTs, EMT-Is and AEMTs are limited to the initiation during resuscitative efforts that only adjust rate and tidal volume.
e.	Chronic-use home ventilators	E	I	A	C	P	
<b>4. Suctioning</b>							
a.	Upper airway suctioning	E	I	A	C	P	
b.	Tracheobronchial suctioning			A*	C	P	AEMTs are limited to tracheobronchial suctioning of patients with pre-established airways.
<b>5. Advanced airway management</b>							
a.	CPAP/BiPAP administration and management		I	A	C	P	

EMT	E	EMT-I	I	AEMT	A	CT	C	PMDC	P
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5. Advanced airway management		I*	A*	C	P
b. BIAD (blind insertion airway device) insertion	<i>This would also permit the removal of a BIAD under medically appropriate circumstances for the specific levels. EMT-I's and AEMTs are limited to the insertion of devices not intended to be placed into trachea.</i>				
c. Endotracheal intubation	<i>This includes nasal and oral endotracheal intubation. This would also allow the extubation for medically necessary reasons. This includes the use of PEEP and EtCO2/Capnography.</i>		C		P
d. Airway obstruction removal by direct laryngoscopy			C		P
e. Percutaneous cricothyrotomy	<i>This would include retrograde intubation techniques. Paramedics are not permitted to make a surgical incision of the cricothyroid membrane. Paramedics may perform skin incisions with a surgical blade for the purpose of percutaneous cricothyrotomy.</i>				P*
f. Gastric decompression					P
g. Pleural decompression via needle thoracostomy					P
h. Chest tube monitoring					P

Assessment Skills		Levels					Interpretive Guidelines				
1. Basic assessment skills		E	I	A	C	P					
a. Perform simple patient assessments		E	I	A	C	P					
b. Perform comprehensive patient assessments		E	I	A	C	P					
c. Obtaining vital signs manually		E	I	A	C	P					

EMT	E	EMT-I	I	AEMT	A	CT	C	PMDC	P
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2. Advanced assessment skills	
a. Obtaining vital signs by electronic devices	E I A C P <i>This would include the use of non-invasive blood pressure monitoring devices, as well as pulse oximetry measurement and blood glucose monitoring.</i>
b. Blood chemistry analysis	P

Pharmacological Interventions Skills		Levels	Interpretive Guidelines
1. Fundamental pharmacological skills			
a. Use of unit dose commercial pre-filled containers or auto-injectors for the administration of life saving medications	E I A C P		
b. Assist patients in taking their own prescribed medications as approved by the local EMS Medical Director	E I A C P		
c. Administration of over-the-counter medications with appropriate medical direction.	E I A C P		<i>Includes oral glucose for hypoglycemia and aspirin for chest pain of suspected ischemic origin.</i>
2. Advanced pharmacological skills: Venipuncture/vascular access			
a. Obtaining peripheral venous blood specimens	I A C P		<i>This is either through direct venipuncture or through an existing IV catheter.</i>
b. Peripheral IV insertion and maintenance; includes removal as needed	I A C P		<i>This includes placement of an INT/saline lock. Peripheral lines include external jugular veins, but does not include placement of umbilical catheters.</i>
c. Intraosseus device insertion; includes removal as needed	I A C P		<i>This includes placement in both adult and pediatric patients. This also includes both manual ad mechanical assisted devices as approved by the local EMS Medical Director.</i>

EMT E
EMT-I I
AEMT A
CT C
PMDC P

2. Advanced pharmacological skills: Venipuncture/vascular access	
a. Crystalloid IV solutions	<p><b>I*</b> <b>A*</b> <b>C</b> <b>P</b></p> <p>This includes hypotonic, isotonic and hypertonic solutions as approved by the local EMS Director. This also includes combination solutions, such as D5NS. EMT-Is and AEMTs are limited to the initiation of crystalloid solutions that do not have added pharmacological agents.</p>
b. Administration of hypertonic dextrose solutions for hypoglycemia	<p><b>I</b> <b>A</b> <b>C</b> <b>P</b></p> <p>Hypertonic dextrose solutions may be given IV/IO.</p>
c. Administration of glucagon for hypoglycemia	<p><b>A</b> <b>C</b> <b>P</b></p> <p>Glucagon may be administered via IM, SC, IV, IO or intranasal routes as approved by the local EMS Medical Director.</p>
d. Administration of SL nitroglycerine to a patient experiencing chest pain of a suspected ischemic origin	<p><b>A</b> <b>C</b> <b>P</b></p> <p>Includes oral glucose for hypoglycemia and aspirin for chest pain of suspected ischemic origin.</p>
e. Parenteral administration of epinephrine for anaphylaxis	<p><b>E*</b> <b>I*</b> <b>A*</b> <b>C</b> <b>P</b></p> <p>EMTs and EMT-Is may only administer epinephrine via an auto-injector. AEMTs may prepare and administer epinephrine via IM or SC routes.</p>
f. Inhaled (nebulized) medications to patients with difficulty breathing or wheezing	<p><b>E*</b> <b>I*</b> <b>A</b> <b>C</b> <b>P</b></p> <p>Inhaled (nebulized) means atomization of the medication through an oxygen/air delivery device with a medication chamber or through the use of a metered-dose inhaler. EMTs and EMT-I may only administer pre-measured unit doses of nebulized medications.</p>
g. Administration of a narcotic antagonist to a patient of suspected narcotic overdose	<p><b>E*</b> <b>I*</b> <b>A</b> <b>C</b> <b>P</b></p> <p>EMTs and EMT-Is may only administer narcotic antagonists via auto-injector or intranasal routes.</p>
h. Administration of nitrous oxide (50% mixture) for pain relief	<p><b>A</b> <b>C</b> <b>P</b></p>

EMT
**E**
EMT-I
**I**
AEMT
**A**
CT
**C**
PMD
**P**



2. Advanced pharmacological skills: Venipuncture/vascular access						
i. Vaccine administration	<table border="1"> <tr> <td></td> <td>I*</td> <td>A*</td> <td>C</td> <td>P</td> </tr> </table> <p><i>EMT-Is, AEMTs and CTs may only administer vaccinations during designated events such as mass vaccination clinics or in the event of a declared public health emergency and then only after approved training.</i></p>		I*	A*	C	P
	I*	A*	C	P		
j. Paralytic administration	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>P*</td> </tr> </table> <p><i>Administration of paralytics for the purpose of RSI is not permitted unless the EMS agency has met the RSI requirements promulgated by OEMS and has received approval for RSI use from OEMS. Paramedics are authorized to use paralytics to maintain the paralysis of already intubated patients, if approved by the local EMS Medical Director.</i></p>					P*
				P*		
k. Administration other physician approved medications	<table border="1"> <tr> <td></td> <td></td> <td></td> <td>C*</td> <td>P*</td> </tr> </table> <p><i>CTs are only authorized to give the following: anti-arrhythmics, vagolytic agents, chronotropic agents, alkalinizing agents, analgesic agents and vasopressor agents. Paramedics are authorized to give any medication via enteral or parenteral routes, if approved by the local EMS Medical Director.</i></p>				C*	P*
			C*	P*		
l. Maintain an infusion of blood or blood products	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td>P</td> </tr> </table>					P
				P		

### Cardiac /Medical Skills

### Interpretive Guidelines

		Levels				
1. Fundamental cardiac skills						
a. Manual external CPR	E	I	A	C	P	
b. Use of an automated external defibrillator	E	I	A	C	P	
2. Advanced cardiac skills						
a. Use mechanical CPR assist devices	E	I	A	C	P	
b. ECG monitoring and interpretation	E*	I*	A*	C	P	

*Includes 12-lead ECGs. EMTs, EMT-Is, and AEMTs may only obtain and transmit a 12-lead ECG for suspected STEMI patients, if approved and trained by the local EMS Medical Director. ECG interpretation is limited to CTs and Paramedics.*

EMT	E	EMT-I	I	AEMT	A	CT	C	PMDC	P
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<b>2. Advanced cardiac skills</b>				
c. Manual cardiac defibrillation				<b>C*</b> <b>P</b> <i>CTs may only defibrillate a pulseless and apneic patient.</i>
d. Emergency cardioversion; includes vagal maneuvers				<b>C</b> <b>P</b>
e. Transcutaneous cardiac pacing				<b>C</b> <b>P</b>
<b>3. Emergency childbirth management</b>				
a. Assist in the normal delivery of a newborn	<b>E</b>	<b>I</b>	<b>A</b>	<b>C</b> <b>P</b>
b. Assist in the complicated delivery of a newborn	<b>E</b>	<b>I</b>	<b>A</b>	<b>C</b> <b>P</b> <i>This includes external fundal massage for post-partum bleeding, but does not include internal fundal massage.</i>
<b>4. Behavioral emergency skills</b>				
a. Manual and mechanical patient restraints for behavioral emergencies	<b>E</b>	<b>I</b>	<b>A</b>	<b>C</b> <b>P</b> <i>Includes soft disposable and leather restraints, as approved by the local EMS Medical Director.</i>
b. Chemical restraints of combative patients				<b>P</b>

<b>Trauma Care Skills</b>					<b>Levels</b>					<b>Interpretive Guidelines</b>				
1. Managing injuries, including but not limited to:														
a. Manual cervical stabilization and cervical collar use	<b>E</b>	<b>I</b>	<b>A</b>	<b>C</b>	<b>P</b>									
b. Manual stabilization of orthopedic trauma	<b>E</b>	<b>I</b>	<b>A</b>	<b>C</b>	<b>P</b>									
c. Spinal motion restriction	<b>E</b>	<b>I</b>	<b>A</b>	<b>C</b>	<b>P</b>									<i>Includes use of commercial devices such as KED*.</i>
d. Splinting	<b>E</b>	<b>I</b>	<b>A</b>	<b>C</b>	<b>P</b>									<i>Includes traction splint.</i>
e. MAST/PASG														<i>Not approved for use in Georgia.</i>

EMT	<b>E</b>	EMT-J	<b>I</b>	AEMT	<b>A</b>	CT	<b>C</b>	PMDC	<b>P</b>
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2. Managing other trauma injuries, including but not limited to:						
a. Fundamental bleeding control	E	I	A	C	P	
b. Progressive bleeding control	E	I	A	C	P	<i>In the use of tourniquets and hemostatic agents as approved by the local EMS Medical Director.</i>
c. Fundamental eye irrigation	E	I	A	C	P	
d. Complex eye irrigation with Morgan® lens					P	
e. Fundamental management of soft tissue injuries	E	I	A	C	P	
f. Complex management of soft tissue injuries	E	I	A	C	P	
3. Movement/extrication of patients, including but not limited to:						
a. Emergency moves endangered patients	E	I	A	C	P	
b. Rapid extrication of patients	E	I	A	C	P	

EMT	E	EMT-I	I	AEMT	A	CT	C	PMDC	P
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# Wiregrass Georgia Technical College

## Appendix B, WGTC Paramedic Program Clinical Learning Objectives

### EMSP 2510 - Clinical Applications for the Paramedic - 75 Clinical Hours

1. Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Psychomotor Guided Response
2. Construct a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Psychomotor Complex Response
3. Apply assessment findings to underlying pathological and physiological changes in the patient's condition. Psychomotor Mechanism
4. Integrate and synthesize the multiple determinants of health and clinical care. Cognitive Synthesis
5. Perform health screening and referrals. Psychomotor Guided Response
6. Promote communicating in a manner that is culturally sensitive and intended to improve the patient outcome. Affective Characterization
7. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the paramedic level. Psychomotor Guided Response
8. Collaborate with other EMS personnel, while serving as a role model of exemplary professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Origination
9. Motivate other EMS personnel to display professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Characterization
10. Integrate performance of basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Psychomotor Complex Response
11. Adapt treatment plans according to the effectiveness of interventions. Psychomotor Origination
12. Prioritize and report data to be used for epidemiological and research purposes. Psychomotor Origination
13. Appreciate the need for data reporting used for epidemiological and research purposes. Affective Characterization
14. Adapt to the role of the team leader during various routine, single patient advanced life support emergency calls. Psychomotor Origination
15. Integrate patient assessments and provision of pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the Paramedic level. Psychomotor Complex Response

16. Demonstrate completion of the minimum clinical and field competencies for the Paramedic level, as promulgated by the Georgia State Office of EMS and Trauma. Psychomotor Guided Response

### EMSP 2520 - Clinical Applications for the Paramedic – II – 75 Clinical Hours

1. Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Psychomotor Guided Response
2. Construct a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Cognitive Application
3. Apply assessment findings to underlying pathological and physiological changes in the patient's condition. Psychomotor Mechanism
4. Integrate and synthesize the multiple determinants of health and clinical care. Cognitive Synthesis
5. Perform health screening and referrals. Psychomotor Guided Response
6. Promote communicating in a manner that is culturally sensitive and intended to improve the patient outcome. Affective Characterization
7. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the paramedic level. Psychomotor Guided Response
8. Collaborate with other EMS personnel, while serving as a role model of exemplary professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Origination
9. Motivate other EMS personnel to display professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Characterization
10. Integrate performance of basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Psychomotor Complex Response
11. Adapt treatment plans according to the effectiveness of interventions. Psychomotor Origination
12. Prioritize and report data to be used for epidemiological and research purposes. Psychomotor Origination
13. Appreciate the need for data reporting used for epidemiological and research purposes. Affective Characterization
14. Adapt to the role of the team leader during various routine, single patient advanced life support emergency calls. Psychomotor Origination
15. Integrate patient assessments and provision of pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the Paramedic level. Psychomotor Complex Response
16. Demonstrate completion of the minimum clinical and field competencies for the Paramedic level, as promulgated by the Georgia State Office of EMS and Trauma. Psychomotor Guided Response

## EMSP 2530 - Clinical Applications for the Paramedic – III – 75 Clinical Hours

1. Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Psychomotor Guided Response
2. Construct a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Psychomotor Complex Response
3. Apply assessment findings to underlying pathological and physiological changes in the patient's condition. Psychomotor Mechanism
4. Integrate and synthesize the multiple determinants of health and clinical care. Cognitive Synthesis
5. Perform health screening and referrals. Psychomotor Guided Response
6. Promote communicating in a manner that is culturally sensitive and intended to improve the patient outcome. Affective Characterization
7. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the Paramedic level. Psychomotor Guided Response
8. Collaborate with other EMS personnel, while serving as a role model of exemplary professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Origination
9. Motivate other EMS personnel to display professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Characterization
10. Integrate performance of basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Psychomotor Complex Response
11. Adapt treatment plans according to the effectiveness of interventions. Psychomotor Origination
12. Prioritize and report data to be used for epidemiological and research purposes. Psychomotor Origination
13. Appreciate the need for data reporting used for epidemiological and research purposes. Affective Characterization
14. Adapt to the role of the team leader during various routine, single patient advanced life support emergency calls. Psychomotor Origination
15. Integrate patient assessments and provision of pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the Paramedic level. Psychomotor Complex Response
16. Demonstrate completion of the minimum clinical and field competencies for the Paramedic level, as promulgated by the Georgia State Office of EMS and Trauma. Psychomotor Guided Response

## EMSP 2540 - Clinical Applications for the Paramedic – IV- 37.5 Clinical Hours

1. Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Psychomotor Guided Response
2. Construct a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Psychomotor Complex Response
3. Apply assessment findings to underlying pathological and physiological changes in the patient's condition. Psychomotor Mechanism
4. Integrate and synthesize the multiple determinants of health and clinical care. Psychomotor Complex Response
5. Perform health screening and referrals. Psychomotor Guided Response
6. Promote communicating in a manner that is culturally sensitive and intended to improve the patient outcome. Affective Characterization
7. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the paramedic level. Psychomotor Guided Response
8. Collaborate with other EMS personnel, while serving as a role model of exemplary professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Origination
9. Motivate other EMS personnel to display professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Characterization
10. Integrate performance of basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Psychomotor Complex Response
11. Adapt treatment plans according to the effectiveness of interventions. Psychomotor Origination
12. Prioritize and report data to be used for epidemiological and research purposes. Psychomotor Origination
13. Appreciate the need for data reporting used for epidemiological and research purposes. Affective Characterization
14. Adapt to the role of the team leader during various routine, single patient advanced life support emergency calls. Psychomotor Origination
15. Integrate patient assessments and provision of pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the Paramedic level. Psychomotor Complex Response
16. Demonstrate completion of the minimum clinical and field competencies for the Paramedic level, as promulgated by the Georgia State Office of EMS and Trauma. Psychomotor Guided Response

## EMSP 2550 - Clinical Applications for the Paramedic – V- 37.5 Clinical Hours

1. Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Psychomotor Guided Response
2. Construct a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Psychomotor Complex Response
3. Apply assessment findings to underlying pathological and physiological changes in the patient's condition. Psychomotor Mechanism
4. Integrate and synthesize the multiple determinants of health and clinical care. Cognitive Synthesis
5. Perform health screening and referrals. Psychomotor Guided Response
6. Promote communicating in a manner that is culturally sensitive and intended to improve the patient outcome. Affective Characterization
7. Perform safely and effectively the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the paramedic level. Psychomotor Guided Response
8. Collaborate with other EMS personnel, while serving as a role model of exemplary professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Origination
9. Motivate other EMS personnel to display professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Characterization
10. Integrate performance of basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Psychomotor Complex Response
11. Adapt treatment plans according to the effectiveness of interventions. Psychomotor Origination
12. Prioritize and report data to be used for epidemiological and research purposes. Psychomotor Origination
13. Appreciate the need for data reporting used for epidemiological and research purposes. Affective Characterization
14. Adapt to the role of the team leader during various routine, single patient advanced life support emergency calls. Psychomotor Origination
15. Integrate patient assessments and provision of pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the Paramedic level. Psychomotor Complex Response
16. Demonstrate completion of the minimum clinical and field competencies for the Paramedic level, as promulgated by the Georgia State Office of EMS and Trauma. Psychomotor Guided Response



## EMSP 2560 - Clinical Applications for the Paramedic – VI- 37.5 Clinical Hours

1. Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Psychomotor Guided Response
2. Construct a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Psychomotor Complex Response
3. Apply assessment findings to underlying pathological and physiological changes in the patient's condition. Psychomotor Mechanism
4. Integrate and synthesize the multiple determinants of health and clinical care. Cognitive Synthesis
5. Perform health screening and referrals. Psychomotor Guided Response
6. Promote communicating in a manner that is culturally sensitive and intended to improve the patient outcome. Affective Characterization
7. Perform safely and effectively the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the Paramedic level. Psychomotor Guided Response
8. Collaborate with other EMS personnel, while serving as a role model of exemplary professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Origination
9. Motivate other EMS personnel to display professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Characterization
10. Integrate performance of basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Psychomotor Complex Response
11. Adapt treatment plans according to the effectiveness of interventions. Psychomotor Origination
12. Prioritize and report data to be used for epidemiological and research purposes. Psychomotor Origination
13. Appreciate the need for data reporting used for epidemiological and research purposes. Affective Characterization
14. Adapt to the role of the team leader during various routine, single patient advanced life support emergency calls. Psychomotor Origination
15. Integrate patient assessments and provision of pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the Paramedic level. Psychomotor Complex Response
16. Demonstrate completion of the minimum clinical and field competencies for the Paramedic level, as promulgated by the Georgia State Office of EMS and Trauma. Psychomotor Guided Response

## EMSP 2570 - Clinical Applications for the Paramedic – VII – 37.5 Clinical Hours

1. Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient. Psychomotor Guided Response
2. Construct a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology. Psychomotor Complex Response
3. Apply assessment findings to underlying pathological and physiological changes in the patient's condition. Psychomotor Mechanism
4. Integrate and synthesize the multiple determinants of health and clinical care. Cognitive Synthesis
5. Perform health screening and referrals. Psychomotor Guided Response
6. Promote communicating in a manner that is culturally sensitive and intended to improve the patient outcome. Affective Characterization
7. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the paramedic level. Psychomotor Guided Response
8. Collaborate with other EMS personnel, while serving as a role model of exemplary professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Origination
9. Motivate other EMS personnel to display professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Characterization
10. Integrate performance of basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Cognitive Synthesis
11. Adapt treatment plans according to the effectiveness of interventions. Psychomotor Origination
12. Prioritize and report data to be used for epidemiological and research purposes. Psychomotor Origination
13. Appreciate the need for data reporting used for epidemiological and research purposes. Affective Characterization
14. Adapt to the role of the team leader during various routine, single patient advanced life support emergency calls. Psychomotor Origination
15. Integrate patient assessments and provision of pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the Paramedic level. Psychomotor Complex Response
16. Demonstrate completion of the minimum clinical and field competencies for the Paramedic level, as promulgated by the Georgia State Office of EMS and Trauma. Psychomotor Guided Response

## EMSP 2710 - Field Internship for the Paramedic – 75 Clinical Hours

1. Perform as a role model of exemplary professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Guided Response
2. Motivate other EMS personnel to display professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Characterization
3. Promote communicating in a manner that is culturally sensitive and intended to improve the patient outcome. Affective Characterization
4. Perform basic and advanced interventions as part of a treatment plan intended to mitigate the emergency, provide symptom relief, and improve the overall health of the patient. Psychomotor Guided Response
5. Evaluate the effectiveness of interventions and modify treatment plan accordingly. Cognitive Evaluation
6. Perform as the team leader of a routine, single patient advanced life support emergency call. Psychomotor Guided Response
7. Demonstrate ensuring the safety of the rescuer and others during an emergency. Psychomotor Guided Response
8. Promote the safety of the rescuer and others during an emergency. Affective Characterization
9. Demonstrate completion of the minimum leadership competencies for the Paramedic level, as promulgated by the Georgia State Office of EMS / Trauma. Psychomotor Guided Response
10. Appreciate the need for data reporting used for epidemiological and research purposes. Affective Characterization

# Wiregrass Georgia Technical College

## Appendix C Emergency Medical Technician Clinical Learning Objectives

### EMSP 1160 - Learning Outcomes Clinical Applications for the Emergency Medical Technician

1. Perform a basic history and physical examination to identify acute complaints and monitor changes on various patients in the clinical / field setting. Psychomotor Guided Response
2. Display communicating in a culturally sensitive manner with various patients in the clinical / field setting. Affective Responding
3. Demonstrate identification of the actual and potential complaints of emergency patients for various patients in the clinical / field setting. Psychomotor Guided Response
4. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the EMT level. Psychomotor Guided Response
5. Demonstrate professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time-management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Guided Response
6. Display professional behavior including: but not limited to, integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time-management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Responding
7. Implement basic interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care for various patients in the clinical / field setting. Psychomotor Mechanism
8. Demonstrate appropriate record keeping by reporting and documenting assessment data and interventions for various patients in the clinical / field setting. Psychomotor Guided Response
9. Perform patient assessments and provide pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the EMT level. Psychomotor Guided Response
10. Demonstrate serving as an EMS team member on various emergency calls with more experienced personnel in the lead role. Psychomotor Guided Response
11. Demonstrate how to ensure the safety of the rescuer and others during an emergency. Psychomotor Guided Response
12. Demonstrate completion of the minimum clinical and field competencies for the EMT level, as promulgated by the Georgia State Office of EMS / Trauma. Psychomotor Guided Response

## **Assessment Based Management**

### **Order Description Learning Domain Level of Learning**

1. Explain how the EMT's effective assessment is critical to clinical decision making. Cognitive Comprehension
2. Explain how the EMT's attitude affects assessment and decision making. Cognitive Comprehension
3. Given a simulated call, describe the appropriate BLS and ALS equipment to be taken to the patient. Cognitive Comprehension
4. Explain the EMT's general approach to the emergency patient. Cognitive Comprehension
5. Explain the general approach, patient assessment, differentials, and management priorities, appropriate for an EMT for patients with the various complaints. Cognitive Comprehension
6. Describe how the EMT will effectively communicate patient information face to face, over the telephone, by radio, and in writing. Cognitive Comprehension
7. Consider the use of scenarios to develop high level clinical decision making skills for the EMT. Affective Valuing
8. Consider the importance of considering differentials in the patient care, for an EMT. Affective Valuing
9. Follow and practice the process of complete patient assessment on all patients, for an EMT. Affective Valuing
10. Consider the importance of presenting the patient accurately and clearly, for an EMT. Affective Valuing
11. Demonstrate serving as an EMT team leader, and choreograph the EMS response team, perform a patient assessment, provide local / regionally appropriate treatment, present cases verbally and in writing given a moulaged and programmed simulated patient. Psychomotor Guided Response
12. Demonstrate serving as an EMT team leader, while assessing and managing programmed patients or mannequins with various medical complaints, to include: considering differentials; making decisions relative to interventions and transportation; providing the interventions; packaging patients; and working as a team. Psychomotor Guided Response
13. Demonstrate serving as an EMT team leader, while assessing and managing programmed patients or mannequins with various traumatic complaints, to include: considering differentials; making decisions relative to interventions and transportation; providing the interventions; packaging patients; and working as a team. Psychomotor Guided Response

# Wiregrass Georgia Technical College

## Appendix D: Advanced Emergency Medical Technician Clinical Learning Objectives

### EMSP 1530 – Learning Outcomes Clinical Applications for the Advanced EMT

1. Perform a thorough history and physical examination to identify acute complaints and monitor changes on various patients in the clinical / field setting. Psychomotor Guided Response
2. Encourage communicating in a culturally sensitive manner with various patients in the clinical / field setting. Affective Organization
3. Implement identification of the actual and potential complaints of emergency patients for various patients in the clinical / field setting. Psychomotor Mechanism
4. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the AEMT level. Psychomotor Guided Response
5. Implement professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time-management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Mechanism
6. Encourage professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time-management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Organization
7. Implement basic and selected advanced interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care for various patients in the clinical / field setting. Psychomotor Mechanism
8. Implement appropriate record keeping by reporting and documenting assessment data and interventions for various patients in the clinical / field setting. Psychomotor Mechanism
9. Implement patient assessments and provide pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the AEMT level. Psychomotor Mechanism
10. Demonstrate serving as an EMS team member on various emergency calls with more experienced personnel in the lead role. Psychomotor Guided Response
11. Demonstrate how to ensure the safety of the rescuer and others during an emergency while in the role of team leader. Psychomotor Guided Response
12. Display concern for the safety of others in the role of team leader. Affective Responding
13. Demonstrate completion of the minimum clinical and field competencies for the AEMT level, as promulgated by the Georgia State Office of EMS / Trauma. Psychomotor Guided Response
14. Demonstrate serving as an EMS team member on at least one emergency EMS call. Psychomotor Guided Response

## EMSP 1540 - Clinical and Practical Applications for the Advanced EMT

### Learning Outcomes Clinicals

#### Order Description Learning Domain Level of Learning

1. Perform a thorough history and physical examination to identify acute complaints and monitor changes on various patients in the clinical / field setting. Psychomotor Guided Response
2. Encourage communicating in a culturally sensitive manner with various patients in the clinical / field setting. Affective Organization
3. Implement identification of the actual and potential complaints of emergency patients for various patients in the clinical / field setting. Psychomotor Mechanism
4. Safely and effectively perform the psychomotor skills within the National EMS Scope of Practice Model and state Scope of Practice at the AEMT level. Psychomotor Guided Response
5. Implement professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time-management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Psychomotor Mechanism
6. Encourage professional behavior including, but not limited to: integrity, empathy, self-motivation, appearance / personal hygiene, self-confidence, communications, time-management, teamwork / diplomacy, respect, patient advocacy, and careful delivery of service. Affective Organization
7. Implement basic and selected advanced interventions based on assessment findings intended to mitigate the emergency and provide limited symptom relief while providing access to definitive care for various patients in the clinical / field setting. Psychomotor Mechanism
8. Implement appropriate record keeping by reporting and documenting assessment data and interventions for various patients in the clinical / field setting. Psychomotor Mechanism
9. Implement patient assessments and provide pre-hospital emergency care and transportation for various patient complaints, within the National EMS Scope of Practice Model and state Scope of Practice at the AEMT level. Psychomotor Mechanism
10. Demonstrate serving as an EMS team leader on various emergency calls with more experienced personnel in the lead role. Psychomotor Guided Response
11. Demonstrate how to ensure the safety of the rescuer and others during an emergency while in the role of team leader. Psychomotor Guided Response
12. Display concern for the safety of others in the role of team leader. Affective Responding
13. Demonstrate completion of the minimum clinical and field competencies for the AEMT level, as promulgated by the Georgia State Office of EMS / Trauma. Psychomotor Guided Response

## **Assessment Based Management**

### **Order Description Learning Domain Level of Learning**

1. Articulate how the AEMT's effective assessment is critical to clinical decision making. Cognitive Application
2. Articulate how the AEMT's attitude affects assessment and decision making. Cognitive Application
3. Determine the appropriate BLS and ALS equipment, given a simulated call, to be taken to the patient. Cognitive Application
4. Characterize the AEMT's general approach to the emergency patient. Cognitive Analysis
5. Characterize the general approach, patient assessment, differentials, and management priorities, appropriate for an AEMT, for patients with various complaints. Cognitive Analysis
6. Characterize how the AEMT will effectively communicate patient information face to face, over the telephone, by radio, and in writing. Cognitive Analysis
7. Respect the use of scenarios to develop high level clinical decision making skills for the AEMT. Affective Organization
8. Respect the importance of considering differentials in the patient care, for an AEMT. Affective Organization
9. Encourage and practice the process of complete patient assessment on all patients, for an AEMT. Affective Organization
10. Respect the importance of presenting the patient accurately and clearly, for an AEMT. Affective Organization
11. Implement the role of an AEMT team leader, and choreograph the EMS response team, perform a patient assessment, provide local / regionally appropriate treatment, present cases verbally and in writing given a moulaged and programmed simulated patient. Psychomotor Mechanism
12. Implement the role of an AEMT team leader, while assessing and managing programmed patients or mannequins with various medical complaints, to include: considering differentials; making decisions relative to interventions and transportation; providing the interventions; packaging patients; and working as a team. Psychomotor Mechanism
13. Implement the role of an AEMT team leader, while assessing and managing programmed patients or mannequins with various traumatic complaints, to include: considering differentials; making decisions relative to interventions and transportation; providing the interventions; packaging patients; and working as a team. Psychomotor Mechanism



# APPENDIX E: Official Code of Georgia Annotated (O.C.G.A)

## O.C.G.A. § 31-11-5

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\*\*\* Current Through the 2014 Regular Session \*\*\*

TITLE 31. HEALTH

CHAPTER 11. EMERGENCY MEDICAL SERVICES

ARTICLE 1. GENERAL PROVISIONS

O.C.G.A. § 31-11-5 (2014)

### § 31-11-5. Rules and regulations

- (a) The department is authorized to adopt and promulgate rules and regulations for the protection of the public health:
- (1) Prescribing reasonable health, sanitation, and safety standards for transporting patients in ambulances;
  - (2) Prescribing reasonable conditions under which ambulance attendants are required;
  - (3) Establishing criteria for the training of ambulance attendants; and
  - (4) The emergency medical technician course is to be offered at area hospitals and area technical vocational schools in conjunction with their emergency patient care and personnel training programs.
- (b) Nothing in this Code section shall authorize the department to adopt and promulgate rules or regulations which shall prevent the continued use of dual purpose funeral coaches or hearses currently being used as ambulances if the vehicles otherwise conform in all respects to the requirements of Code Section 31-11-34, except for their size and shape.

**HISTORY:** Code 1933, § 88-3112, enacted by Ga. L. 1972, p. 625, § 1; Ga. L. 2003, p. 304, § 3.

## O.C.G.A. § 31-11-8

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\*\*\* Current Through the 2014 Regular Session \*\*\*

TITLE 31. HEALTH

CHAPTER 11. EMERGENCY MEDICAL SERVICES

ARTICLE 1. GENERAL PROVISIONS

O.C.G.A. § 31-11-8 (2014)

### § 31-11-8. Liability of persons rendering emergency care; liability of physicians advising ambulance service pursuant to Code Section 31-11-50; limitation to gratuitous services

- (a) Any person, including agents and employees, who is licensed to furnish ambulance service and who in good faith renders emergency care to a person who is a victim of an accident or emergency shall not be liable for any civil damages to such victim as a result of any act or omission by such person in rendering such emergency care to such victim.
- (b) A physician shall not be civilly liable for damages resulting from that physician's acting as medical adviser to an ambulance service, pursuant to Code Section 31-11-50, if those damages are not a result of that physician's willful and wanton negligence.
- (c) The immunity provided in this Code section shall apply only to those persons who perform the aforesaid emergency services for no remuneration.

**HISTORY:** Code 1933, § 88-3114, enacted by Ga. L. 1972, p. 625, § 1; Ga. L. 1982, p. 692, §§ 1, 2.

## O.C.G.A. § 31-11-9

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\*\*\* Current Through the 2014 Regular Session \*\*\*  
TITLE 31. HEALTH  
CHAPTER 11. EMERGENCY MEDICAL SERVICES  
ARTICLE 1. GENERAL PROVISIONS  
O.C.G.A. § 31-11-9 (2014)

§ 31-11-9. Enforcement; inspections

The department and its duly authorized agents are authorized to enforce compliance with this chapter and rules and regulations promulgated under this chapter as provided in Article 1 of Chapter 5 of this title and, in connection therewith during the reasonable business hours of the day, to enter upon and inspect in a reasonable manner the premises of persons providing ambulance service. All inspections under this Code section shall be in compliance with the provisions of Article 2 of Chapter 5 of this title. The department is also authorized to enforce compliance with this chapter, including but not limited to compliance with the EMSC Program and furnishing of emergency services within designated territories, by imposing fines in the same manner as provided in paragraph (6) of subsection (c) of Code Section 31-2-8; this enforcement action shall be a contested case under Chapter 13 of Title 50, the "Georgia Administrative Procedure Act."

**HISTORY:** Code 1933, § 88-3110, enacted by Ga. L. 1972, p. 625, § 1; Ga. L. 1985, p. 149, § 31; Ga. L. 1997, p. 454, § 1; Ga. L. 2009, p. 453, § 1-9/HB 228; Ga. L. 2011, p. 705, § 5-16/HB 214.

## O.C.G.A. § 31-11-30

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TITLE 31. HEALTH  
CHAPTER 11. EMERGENCY MEDICAL SERVICES  
ARTICLE 2. LICENSES  
O.C.G.A. § 31-11-30 (2014)

§ 31-11-30. License requirement

(a) No person shall operate an ambulance service in this state without having a valid license or provisional license issued by the license officer pursuant to this chapter.

(b) No person shall make use of the word "ambulance" to describe any ground or air transportation or facility or service associated therewith which such person provides or to otherwise hold oneself out to be an ambulance service unless such person has a valid license issued pursuant to the provisions of this chapter or is exempt from licensing under this chapter and is not the operator of an invalid car.

(c) Any person who violates the provisions of this Code section shall be guilty of a misdemeanor.

**HISTORY:** Code 1933, §§ 88-3102, 88-3113, enacted by Ga. L. 1972, p. 625, § 1; Ga. L. 1991, p. 597, § 1; Ga. L. 1994, p. 800, § 2; Ga. L. 2003, p. 304, § 6.

## O.C.G.A. § 31-11-50

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\*\*\* Current Through the 2014 Regular Session \*\*\*

TITLE 31. HEALTH

CHAPTER 11. EMERGENCY MEDICAL SERVICES

ARTICLE 3. PERSONNEL

O.C.G.A. § 31-11-50 (2014)

### § 31-11-50. Medical adviser

(a) To enhance the provision of emergency medical care, each ambulance service shall be required to have a medical adviser. The adviser shall be a physician licensed to practice medicine in this state and subject to approval by the medical consultant of the Emergency Health Section of the Department of Public Health. Ambulance services unable to obtain a medical adviser, due to unavailability or refusal of physicians to act as medical advisers, may request the district health director or his or her designee to act as medical adviser until the services of a physician are available.

(b) The duties of the medical adviser shall be to provide medical direction and training for the ambulance service personnel in conformance with acceptable emergency medical practices and procedures.

(c) This Code section shall not apply to any county having a population under 12,000 according to the United States decennial census of 1970 or any such future census.

**HISTORY:** Code 1933, § 88-3118, enacted by Ga. L. 1980, p. 1170, § 1A; Ga. L. 2009, p. 453, § 1-36/HB 228; Ga. L. 2011, p. 705, § 6-1/HB 214.

## O.C.G.A. § 31-11-53

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\*\*\* Current Through the 2014 Regular Session \*\*\*

TITLE 31. HEALTH

CHAPTER 11. EMERGENCY MEDICAL SERVICES

ARTICLE 3. PERSONNEL

O.C.G.A. § 31-11-53 (2014)

### § 31-11-53. Services which may be rendered by certified emergency medical technicians and trainees

(a) Upon certification by the department, emergency medical technicians may do any of the following:

(1) Render first-aid and resuscitation services as taught in the United States Department of Transportation basic training courses for emergency medical technicians or an equivalent course approved by the department; and

(2) Upon the order of a duly licensed physician, administer approved intravenous solutions and opioid antagonists.

(b) While in training preparatory to becoming certified, emergency medical technician trainees may perform any of the functions specified in this Code section under the direct supervision of a duly licensed physician or a registered nurse.

**HISTORY:** Code 1933, § 88-3112.3, enacted by Ga. L. 1977, p. 281, § 4; Ga. L. 2014, p. 683, § 2-3/HB 965.

## O.C.G.A. § 31-11-53.2

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TITLE 31. HEALTH  
CHAPTER 11. EMERGENCY MEDICAL SERVICES  
ARTICLE 3. PERSONNEL  
O.C.G.A. § 31-11-53.2 (2014)

§ 31-11-53.2. "Lay rescuer" defined; use of automated external defibrillators

(a) As used in this Code section, the term "lay rescuer" means a person trained to provide cardiopulmonary resuscitation and to use an automated external defibrillator, as defined in Code Section 31-11-53.1, and who is participating in a physician or medically authorized automated external defibrillator program.

(b) The following guidelines shall be applicable to the use of automated external defibrillators by lay rescuers:

(1) Any person or entity who acquires an automated external defibrillator shall ensure that:

(A) Expected users of the automated external defibrillator receive American Heart Association or American Red Cross training in cardiopulmonary resuscitation and automated external defibrillator use or complete an equivalent nationally recognized course;

(B) The defibrillator is maintained and tested according to the manufacturer's operational guidelines;

(C) There is involvement of a licensed physician or other person authorized by the composite board in the site's automated external defibrillator program to ensure compliance with requirements for training, notification, and maintenance; and

(D) Any person who renders emergency care or treatment to a person in cardiac arrest by using an automated external defibrillator activates the emergency medical services system as soon as possible and reports any clinical use of the automated external defibrillator to the licensed physician or other person authorized by the composite board who is supervising the program; and

(2) Any person or entity who acquires an automated external defibrillator shall notify an agent of the emergency communications or vehicle dispatch center of the existence, location, and type of automated external defibrillator.

**HISTORY:** Code 1981, § 31-11-53.2, enacted by Ga. L. 2001, p. 776, § 1; Ga. L. 2002, p. 415, § 31.

**O.C.G.A. § 31-11-54**

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TITLE 31. HEALTH

CHAPTER 11. EMERGENCY MEDICAL SERVICES

ARTICLE 3. PERSONNEL

O.C.G.A. § 31-11-54 (2014)

§ 31-11-54. Services which may be rendered by paramedics and paramedic trainees

(a) Upon certification by the department, paramedics may perform any service that a cardiac technician is permitted to perform. In addition, upon the order of a duly licensed physician and subject to the conditions set forth in paragraph (2) of subsection (a) of Code Section 31-11-55, paramedics may perform any other procedures which they have been both trained and certified to perform, including, but not limited to:

(1) Administration of parenteral injections of diuretics, anticonvulsants, hypertonic glucose, antihistamines, bronchodilators, emetics, narcotic antagonists, and others, and administration of opioid antagonists;

(2) Cardioversion; and

(3) Endotracheal suction.

(b) While in training preparatory to becoming certified, paramedic trainees may perform any of the functions specified in this Code section under the direct supervision of a duly licensed physician, a registered nurse, or an approved paramedic clinical preceptor.

**HISTORY:** Code 1933, § 88-3112.5, enacted by Ga. L. 1977, p. 281, § 6; Ga. L. 1988, p. 1923, § 4; Ga. L. 1989, p. 1782, § 2; Ga. L. 2001, p. 1145, § 4; Ga. L. 2014, p. 683, § 2-4/HB 965.

## **O.C.G.A. § 31-11-55**

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TITLE 31. HEALTH

CHAPTER 11. EMERGENCY MEDICAL SERVICES

ARTICLE 3. PERSONNEL

O.C.G.A. § 31-11-55 (2014)

§ 31-11-55. Services which may be rendered by certified cardiac technicians and trainees

(a) Upon certification by the department, cardiac technicians may do any of the following:

(1) Render first-aid and resuscitation services;

(2) Upon the order of a duly licensed physician and as recommended by the Georgia Emergency Medical Services Advisory Council and approved by the department:

(A) Perform cardiopulmonary resuscitation and defibrillation in a hemodynamically unstable patient;

(B) Administer approved intravenous solutions;

(C) Administer parenteral injections of antiarrhythmic agents, vagolytic agents, chronotropic agents, alkalizing agents, analgesic agents, and vasopressor agents or administer opioid antagonists; and

(D) Perform pulmonary ventilation by esophageal airway and endotracheal intubation.

(b) While in training preparatory to becoming certified, cardiac technician trainees may perform any of the functions specified in this Code section under the direct supervision of a duly licensed physician or a registered nurse.

**HISTORY:** Code 1933, § 88-3112.4, enacted by Ga. L. 1977, p. 281, § 5; Ga. L. 2001, p. 1145, § 5; Ga. L. 2014, p. 683, § 2-5/HB 965.

## **O.C.G.A. § 31-11-55.1**

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TITLE 31. HEALTH

CHAPTER 11. EMERGENCY MEDICAL SERVICES

ARTICLE 3. PERSONNEL

O.C.G.A. § 31-11-55.1 (2014)

§ 31-11-55.1. Opioid antagonists administered by first responder to save life of person experiencing opioid related overdose

(a) As used in this Code section, the term:

(1) "First responder" means any person or agency who provides on-site care until the arrival of a duly licensed ambulance service. This shall include, but not be limited to, persons who routinely respond to calls for assistance through an affiliation with law enforcement agencies, fire departments, and rescue agencies.

(2) "Opioid antagonist" means any drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors and that is approved by the federal Food and Drug Administration for the treatment of an opioid related overdose.

(3) "Opioid related overdose" means an acute condition, including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania, or death, resulting from the consumption or use of an opioid or another substance with which an opioid was combined or that a layperson would reasonably believe to be resulting from the consumption or use of an opioid or another substance with which an opioid was combined.

(b) An opioid antagonist may be administered or provided by any first responder for the purpose of saving the life of a person experiencing an opioid related overdose. In order to ensure public health and safety:

(1) All first responders who have access to or maintain an opioid antagonist obtain appropriate training as set forth in the rules and regulations of the Department of Public Health;

(2) All law enforcement agencies, fire departments, rescue agencies, and other similar entities shall notify the appropriate emergency medical services system of the possession and maintenance of opioid antagonists by its personnel; and

(3) Within a reasonable period of time, all first responders who administer or provide an opioid antagonist shall make available a printed or electronically stored report to the licensed ambulance service which transports the patient.

(c) A pharmacy licensed in this state may issue opioid antagonists to first responders for use pursuant to this Code section in the same manner and subject to the same requirements as provided in Code Section 26-4-116.

(d) Any first responder who gratuitously and in good faith renders emergency care or treatment by administering or providing an opioid antagonist shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts without gross negligence or intent to harm or as an ordinary reasonably prudent person would have acted under the same or similar circumstances, even if such individual does so without benefit of the appropriate training. This subsection includes paid persons who extend care or treatment without expectation of remuneration from the patient or victim for receiving the opioid antagonist.

**HISTORY:** Code 1981, § 31-11-55.1, enacted by Ga. L. 2014, p. 683, § 2-6/HB 965.

## **O.C.G.A. § 31-11-59**

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TITLE 31. HEALTH  
CHAPTER 11. EMERGENCY MEDICAL SERVICES  
ARTICLE 3. PERSONNEL  
O.C.G.A. § 31-11-59 (2014)

§ 31-11-59. Services of emergency medical technicians, paramedics, and cardiac technicians in hospitals

Emergency medical technicians, paramedics, and cardiac technicians may render any service which they are authorized to render under Code Sections 31-11-53, 31-11-54, and 31-11-55, respectively, in any hospital. Such services shall not be rendered in lieu of the services of a physician or a registered professional nurse and shall only be rendered in a hospital at the discretion of and after the prior approval by the hospital governing authority on the order of a physician or, if a physician or registered professional nurse is present, at the direction of a physician or registered professional nurse, provided that such hospital has a currently valid permit or conditional permit issued by the department pursuant to Article 1 of Chapter 7 of this title. The provisions of this Code section are cumulative and are not intended to limit the rendering of services by emergency medical technicians, cardiac technicians, and paramedics in any area in which they are already authorized to render such services.

**HISTORY:** Code 1933, § 88-3112.11, enacted by Ga. L. 1979, p. 1017, § 1; Ga. L. 1983, p. 694, § 1; Ga. L. 1988, p. 1923, § 7.

# Receipt of Preceptor Handbook

Received By \_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Printed Name of Preceptor

Date \_\_\_\_\_

## Wiregrass Georgia Technical College

### Mission Statement

*The mission of Wiregrass Georgia Technical College, a public two-year technical college and a unit of the Technical College System of Georgia, is to promote community, educational, and economic development by providing a highly trained workforce in our 11-county service area in South Central Georgia. The college fulfills the mission by providing quality technical and academic instruction, through campus-based and distance education delivery methods, leading to associate degrees, diplomas, and technical certificates of credit; customized training for new and existing industries; professional and personal development through continuing education programs; and adult education services to meet the needs of citizens, business, and industry in the service area.*





Department of Human Resources

Division of Public Health

### Clinical Preceptor Training

I, \_\_\_\_\_ (Please print full name) have on this date received training and orientation from the EMS Course Coordinator or EMS Clinical Coordinator for the approved EMS Programs known as the Wiregrass Georgia Technical College EMS Programs over the identified subject topics above. I have also reviewed the programs clinical objective requirements for the student’s performance.

\_\_\_\_\_  
Signature of Clinical Preceptor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Course Coordinator or Clinical Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Coordinator

\_\_\_\_\_  
Date

Name of Preceptor:

License Level and Number:

Address:

Clinical Facility Site:


A copy of this document must remain on file with the EMS Course Coordinator and be given to Clinical Preceptor for his / her records.

**Wiregrass Georgia Technical College  
Emergency Medical Services Programs**

**Statement of Understanding of Confidentiality and the Health  
Insurance Portability and Accountability Act**

4089 Val Tech Road  
Valdosta, GA 31602

I have received a copy of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and I understand:

HIPAA is a federal law that requires special training for health-care personnel on policies and procedures regarding protected health information. Protected Health Information (PHI) is any information that relates to the past, present, or future physical or mental health, or the condition of an individual. HIPAA is the first federal law establishing privacy standards that define and limit the circumstances in which an individual's PHI may be used or disclosed by others. The law provides patients with more control over how their personal health information is used and disclosed.

I understand that I cannot disclose any patient information relating to my clinical experiences in any facility for any reason. My clinical information is private and will not be shared in any manner. My clinical information can only be discussed with my clinical instructor or hospital staff members directly related to my patients' care. I understand that if I share information in any way, I may be dismissed from the EMS Program and will be held legally accountable. I understand that individuals, including students, may be held personally accountable for any violation which may include:

1. Violation of standards may be subject to civil liability.
2. Civil monetary penalties may be incurred.
3. Criminal penalties may include up to ten years in jail.

Printed Student Name	Date
Student Signature	Student ID#
Printed Faculty Name	Date
Faculty Signature	

**\_\_\_\_\_ Social Media**

Use of social media in ways that violate federal, state, and local laws, regulations, rules, and policies, including the Technical College System of Georgia State Board policies, may result in criminal or civil penalties as well as disciplinary actions. Students must also abide by the Student Code of Conduct. Please refer to the Wiregrass Georgia Technical College Student Code of Conduct:

<http://www.wiregrass.edu/course-catalog/current/general-policies-and-procedures>.

**\_\_\_\_\_ Photography**

Students are prohibited from any photography during clinicals. At no time will photos be taken at the scene of an emergency, (i.e, vehicle, patients, activities, procedures performed, or witnessed) even if the patient grants permission to do so. Posting or sharing of such photos is a violation of HIPPA and will result in disciplinary action or removal from the EMS program.

**\_\_\_\_\_ Uniform Policy**

I acknowledge that I have received the program uniform policy and that I am required to adhere to the uniform policy as a corequisite to class and clinical participation.

**\_\_\_\_\_ Sleeping is not allowed during class or clinical rotations**

I acknowledge that students are not allowed to sleep during class or clinical rotations and if found asleep at is a clinical site I will be dismissed for the day and referred to the Program Coordinator for counseling and disciplinary action.

I have read and understand the above contract and guidelines. After reading each item I have placed my initial by each item, and will agree to abide by the contract and guidelines of the program as well as all college rules and policies.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date