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EMERGENCY MEDICAL SERVICES

Paramedic Policies and Procedures Manual

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Standard Operating Procedures (SOP)

Paramedics are held to a high standard of conduct and behavior by the public; therefore we must hold ourselves to this high standard to develop trust within the community we serve. The policies and procedures found within this document have been put into effect to not only ensure that you receive the high-quality training you have invested your time and money in, but also to ensure that you will be able to graduate with the confidence and competence needed to serve the public.

While you are a participant on campus and at clinical sites, you shall be governed by the policies and SOPs contained in this manual and in the [Texas A&M Engineering Extension Service \(TEEX\) Participant Handbook](#). Participants who violate any of these rules of conduct will be subject to disciplinary action up to and including dismissal from the program.

This program includes your didactic classroom training, clinical experiences, and a capstone program to prepare you to be a paramedic clinician. The goal of the EMS program is to prepare competent entry-level paramedics for certification with the National Registry of Emergency Medical Technicians (NREMT), which is necessary to apply for certification or licensure from the Texas Department of State Health Services (TDSHS). Upon completion of this training, you will have the basic background and foundation upon which to build increasing competency throughout your career.

The TEEX EMS program is accredited by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

CAAHEP
25400 U.S. Highway 19 North, Suite 158
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727-210-2350
<https://www.caahep.org/>

CoAEMSP
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Rowlett, TX 75088
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<https://coaemsp.org/>



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SOP 001: Academic Requirements

Purpose: This is to inform the participant of the academic standard that must be attained to successfully pass the paramedic program and be allowed to take the NREMT examination.

For a participant to successfully complete the paramedic program, receive a certificate of completion, and be eligible to take the NREMT exam, he/she must do the following:

- The participant must complete the required online corequisite courses prior to the first day of class. Participants must maintain an average of at least 70 percent on each chapter exam and 70 percent on each final exam for the following corequisite courses:
 - Anatomy and Physiology 70 hours
 - Pathophysiology 30 hours
 - Medication Calculations 20 hours
 - Medical Terminology 30 hours
- The participant must maintain a 70 percent average or greater on all homework assignments.
- The participant must maintain a 70 percent average or greater on all paramedic medication quizzes.
- The participant must maintain a 70 percent average or greater on all in-class quizzes/assignments.
- The participant must maintain a 70 percent average or greater on all paramedic final exams.
- The participant must maintain a 70 percent on the paramedic comprehensive final exam.
- The participant must successfully complete and document all CoAEMSP Student Minimum Competencies (SMC) and psychomotor skills for the following courses from Sterling Credentials: Introduction to Advanced Practice, Airway Management, Patient Assessment, Trauma Assessment, Emergency Pharmacology, Cardiology, Medical Emergencies, and Special Populations.
- The participant must complete and document all laboratory (lab) practice requirements for the following courses from Sterling Credentials: Introduction to Advanced Practice, Airway Management, Patient Assessment, Trauma Assessment, Emergency Pharmacology, Cardiology, Medical Emergencies, and Special Populations.
- The participant must create a CastleBranch account and submit the following items required by the program to his/her CastleBranch account prior acceptance into the paramedic course: criminal background, clinical internship immunizations, and certification of Cardiopulmonary Resuscitation (CPR) for Health Care Providers:
 - The participants must maintain all CastleBranch requirements throughout their paramedic cohort.
 - Participants must pass the drug screening within 30 days prior to the start of clinicals.



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- Students failing to maintain the CastleBranch requirements throughout the paramedic course for their clinical/field internship will be dismissed from the paramedic course.
- The CastleBranch accounts will be monitored throughout the program by the clinic coordinator.
- The participant must complete clinical internship requirements (216 hours), field internship requirements (264 hours) and capstone field internship (120 hours), totaling 600 hours, as outlined in the paramedic course schedule. See Appendix A for the course schedule details.
- The participant must complete the CoAEMSP SMC requirements. To see these tables, go to Appendix B:
 - Table 1 Ages
 - Table 2 Pathology/Complaint (Conditions)
 - Table 3 Skills
 - Table 4 Field Experience/Capstone Field Internship
 - Table 5 EMT Skills Competency
- The participant must successfully perform summative psychomotor evaluations. Participants failing to successfully perform a summative psychomotor evaluation requirement will be dismissed from the paramedic program for academic deficiencies and will not be allowed to advance to the internship portion of the course.
- The participant must maintain an affective evaluation score of 2 in each category listed below with an affective evaluation score totaling at least 20. Failing to maintain a minimum score of 2 in each category will prevent a participant from continuing to the next phase of the program (capstone internship):
 - Integrity: Is consistently honest, is trustworthy with the property of others, is trustworthy with confidential information, provides complete and accurate documentation
 - Compassion: Acts to support others who are suffering, actively listens to patients and families and demonstrates concern
 - Accountability: Takes responsibility for actions, completes assignments, is open to constructive feedback
 - Respect: Is polite to others, does not use derogatory or demeaning terms, has a manner that brings credit to the profession
 - Empathy: Responds appropriately to the response of patients and family members; demonstrates respect to others; supportive and reassuring to others
 - Self-motivation: Takes initiative to complete assignments, takes initiative to improve and/or correct behavior, takes on tasks and follows through without constant supervision, shows enthusiasm for learning and improvement, consistently strives for excellence in all aspects of patient care and professional activities, accepts constructive feedback in a positive manner, takes advantage of learning opportunities



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- Appearance and personal hygiene: Keeps clothing and uniform appropriate, neat, and clean, maintains good personal hygiene
- Self-confidence: Demonstrates the ability to trust personal judgement, demonstrates an awareness of strengths and limitations; exercises good personal judgement
- Communications: Speaks clearly, writes legibly, listens actively, adjusts communication strategies to various situations
- Teamwork and diplomacy: Places the success of the team above self-interest, does not undermine the team, helps and supports other team members, shows respect for all team members, remains flexible and open to change, communicates with others to resolve conflicts
- Patient advocacy: Does not allow personal bias or feelings to interfere with interactions with others, places the needs of patients above self-interest, protects and respects confidentiality and dignity
- Cultural competency: Maintains awareness of personal assumptions and biases related to cultural issues and how they may affect patients, peers, and all others involved in the delivery of medical care; seeks to learn about others' cultural identities and looks at how his/her own background and social environment have shaped him/her; provides culturally competent, equitable, and medically appropriate care to all patients no matter their background
- The participant must complete a capstone field internship:
 - The capstone field internship involves completing activities occurring toward the end of the educational process to allow participants to develop and practice high-level decision-making by integrating and applying their paramedic learning in the prehospital setting.
 - It includes 192 hours on an Advanced Life Support (ALS) ambulance as the lead paramedic with at least twenty ALS patient team lead transports, including no less than ten Basic Life Support (BLS) team lead transports.
 - To be eligible for the capstone field internship:
 - Participants shall have no affective evaluation deficiencies and/or be under an active Performance Improvement Plan (PIP) by the start date of the capstone field internship.
 - Participants must have successfully completed all didactic instruction, which includes homework assignments, medication quizzes, in-class quizzes/assignments, and final exams.
 - Participants must have earned a score of 70 percent or higher on the comprehensive paramedic written exit exam.

Makeup Work and Retest Policy

If a participant misses a portion of the course, it is the participant's responsibility to contact the paramedic lead instructor to determine if and/or how missed work can be made up. The paramedic



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lead instructor will evaluate, on a case-by-case basis, whether or not the missed instruction can be made up. In some cases, makeup work will not be available (due to equipment/facility needs) and the hours missed will be deducted. If makeup work is assigned, it will be comparable to the content, time, and delivery of the portion of the class missed.

- Class assignments:
 - Participants must be present to receive a grade for in-class assignments.
 - Makeup work may be allowed if prior arrangements were made with the paramedic lead instructor.
- Cognitive exam retest policy:
 - Cognitive exam means any written examination such as quizzes, exams, course final, and comprehensive final exam.
 - Participants will not be eligible to retest if they have failed to meet the attendance requirements.
- Test absences: Participants must notify the paramedic lead instructor and EMS training director if they will be absent for a cognitive exam.
- Scheduling a retest:
 - Participants will follow the participant absence policy. Participants may not be provided the opportunity to retest the cognitive quiz, exam, course final, or comprehensive final exam if it is determined by the paramedic lead instructor and EMS training director that the participant failed to meet the participant absence guidelines.
 - Retests must be scheduled with the paramedic lead instructor and taken outside of regular class time.
 - Retests will not be scheduled on the same day as the initial test.
 - Retests must be completed within five calendar days of the initial test date.
- Participants must be present to receive a grade for in-class assignments unless prior notification to the paramedic lead instructor has been made to allow for makeup work to be completed.
- Participants will receive a maximum grade of 70 percent on any retest.

Summative Psychomotor Evaluations Retest

- Participants are provided opportunities throughout their scheduled course of instruction to successfully perform summative psychomotor evaluations.
- Participants who are unable to successfully complete an initial scenario-based summative psychomotor evaluation will have two opportunities to successfully perform summative psychomotor evaluations.
 - Participants are encouraged to contact their paramedic lead instructor for summative skills instruction outside of their scheduled paramedic course.
 - All summative psychomotor evaluations retests will be conducted by a different instructor with a different scenario.



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- The retest attempt allowance is shown in the table below.

Type of Testing	Sub-Item	Number of Attempts Allowed
Corequisite courses	Chapter quiz	Two attempts for each quiz
	Comprehensive final exam	One retest opportunity allowed
Medication quizzes, unit exams, final exams, paramedic comprehensive final		One retest attempt each
Summative psychomotor skill evaluation		Two retest attempts
Capstone field internship		Allowed to be assigned to another preceptor for no more than 120 hours
Affective evaluation		If a participant is determined to need coaching in an area, they will be provided with a PIP and monitored for improvement. If a participant fails to meet expectations as discussed in their PIP, they will not be allowed to continue in the paramedic program.

Course Grading

- 5 percent – Homework, in-class quizzes/assignments
- 5 percent – Medication quizzes
- 5 percent – Unit exams
- 20 percent – Final exams
- 30 percent – Paramedic comprehensive final exam
- 10 percent – Affective domain evaluation
- 10 percent – Clinical/Field internship (Clinic I, Clinic II, Capstone)
- 10 percent – Summative psychomotor evaluation
- 5 percent – Corequisite completion

Grading rubrics will be handed out during the course and are not included in the EMS policies and procedures manual.



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SOP 002: Attendance

Purpose: Participants are expected to maintain an exemplary attendance record. Dependability is a required trait of a public servant. Absence, early departure, and tardiness by a participant are detrimental to the training process, and unexcused absence/tardiness will not be tolerated. The training manager or lead instructor will be the authority in determining whether participants' leave is excused or unexcused.

Absence Notification

- If a participant is not going to attend class for any reason, he/she *must* contact a program staff member no later than 0600 hours on the date he/she will not be present. Participants unable to attend a clinical rotation must contact the TEEX clinical coordinator 8 hours prior to the scheduled clinical/field internship rotation. No-shows will not be tolerated and will lead to disciplinary action.
- As soon as a participant knows he/she is not going to be in the classroom at the assigned start time and will be tardy, he/she must contact a program staff member.
- If unable to speak to a program staff member, the participant will leave a detailed email including:
 - Full name
 - Reason for absence/tardiness
 - Estimated time and date of return
- This procedure will be followed every day of the absences.
- Failure to notify the lead instructor of a participant's absence by email may result in dismissal from the paramedic course. Absent participants failing to contact the paramedic lead instructor for 24 hours or more will be dismissed from the paramedic course. No participants will be allowed to continue in their paramedic course after 51 hours of absence.
- A participant who misses the first class meeting and has not contacted the instructor may face dismissal from the course.
- Absences totaling more than 51 hours throughout the paramedic cohort will result in the participant's dismissal from the paramedic course.
- In the event of an absence from a scheduled classroom lecture (didactic instruction) or a scheduled clinical/field internship assignment, the participant will provide the paramedic lead instructor with a medical release from a physician to return to didactic instruction. Participants failing to provide a medical release may be dismissed from the paramedic course.
- Participants shall attend all scheduled clinical/field internship rotations.
- Upon confirmation of a scheduled clinical/field internship assignment, participants may not reschedule the assigned shift, with the exception below:
 - Clinical/Field internship absence exception: Participants shall not attend a scheduled clinical/field internship assignment if they are running a fever or have potential contact with a communicable illness. The participant shall contact his/her



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paramedic lead instructor and clinical coordinator by email at least 8 hours prior to the scheduled event for all absences. Failure to notify the lead instructor and the clinical coordinator of an absence may result in dismissal from the paramedic course.

- In the event of a medical absence, the participant must provide the paramedic lead instructor a medical release from his/her physician to return to class. Participants failing to provide a medical release will not be allowed to continue in the paramedic course.
- Participants failing to contact the paramedic lead instructor and clinical coordinator for a scheduled clinical/field internship assigned shift will be dismissed from the paramedic course. No participant will be allowed to continue the paramedic course after 48 hours of absence. Participants are required to attend and participate in all training sessions and clinical experiences which they have been scheduled to attend.

Attendance Records for Classroom and Skills Lab

- Participants will sign/initial a daily class roster at the beginning of each class and at the start of the afternoon session, as directed by the instructor in charge of the session, unless otherwise directed. The sign-in sheet is used to track attendance and is available for participants to review their attendance as requested.
- It is the responsibility of the participants who are tardy or must leave early to record the actual time they arrived and departed on the sign-in sheet.
- Participants are not allowed to sign in and out for one another. If a participant fails to sign the attendance sheet, the program staff will assume the participant was not in class and the participant will be marked absent.
- Participants will be given a course schedule at the beginning of the paramedic course depicting dates, times, and scheduled topic(s) of instruction. The calendar is subject to change at any time. Participants will be notified of any schedule changes as soon as possible; however, participants are responsible for noting the changes and preparing accordingly.
- If for any reason a participant must leave once he/she has arrived on TEEX grounds, he/she must contact the paramedic lead instructor or training director and state the reason for requesting to leave the grounds prior to actually leaving. The participant must inform staff upon returning if this occurs on the same day as the participant left.
- Participants must attend at least 90 percent of didactic (classroom) instruction. Participants with absences totaling more than 10 percent or 51 hours throughout the paramedic program will be dismissed from the paramedic program for academic deficiencies.



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Absences

- All absences, excused or unexcused, will count as absences in the calculation of attendance and will not increase the maximum number of allowable absences. Excused absences are defined below:
 - Bereavement leave is authorized in the event of any death within a participant's immediate family. The immediate family is defined as the participant's mother, father, legal spouse, domestic partner, child, grandchild, sibling, half-parent, stepchild, or other person who is a legal guardian of the participant or whom the participant is a legal guardian of.
 - An injury at or away from the TEEX campus that has a doctor's release, any restrictions, and recommendation plus any follow-up rehabilitation visits
 - An illness with a doctor's release to return to class
 - A court summons which must have proof of summons attached to the absence form
 - Any military action needed to support the participant's military obligations
- Participants will not be allowed to participate in classroom activities and will be dismissed from class unless they are wearing the complete program uniform. Participants will be counted as absent until they return to class in complete uniform. Refer to *SOP 003: Uniform Standards* for additional information.

Tardiness and Early Departure

- Tardiness is defined as not being in class and prepared to begin at the scheduled starting time. If a participant is tardy, he/she will be allowed to attend class but will be charged a minimum of 1 hour of absence, which will continue in 1-hour increments of absence until the participant arrives at class.
- Leaving before the class ends is referred to as an early departure. Participants that leave early will be charged per hour of absence.
- Documentation of all tardiness/early departures will be kept on the daily sign-in attendance sheet.



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SOP 003: Uniform Standards

Purpose: Participants are required to comply with all aspects of the uniform policy while in classroom sessions, clinical experiences, and EMS ride outs.

The following are the recognized parts of the program uniform for the classroom, clinicals, and field internships:

- A maroon TEEX polo tucked into pants is the required uniform.
- Long-sleeved solid grey T-shirts or sweatshirts may be worn under the uniform shirts.
- Maroon TEEX long-sleeved shirts tucked into pants may be worn on scheduled scenario lab days.
- Acceptable pants are full length, dark navy blue or black uniform style pants with a black belt. Denim style jeans, slender cut pants, or leggings are not an acceptable style of pants.
- Acceptable shoes are solid black shoes or boots made of nonporous material with a sturdy sole; they must be closed toe and include a closed heel. (Polishable footwear should be polished.)
- Socks, if visible, must be solid black or navy blue in color.
- A stethoscope, penlight, and heavy-duty scissors or shears capable of cutting clothing and leather are required during clinical/field experiences.

Unless otherwise directed, participants will always wear the required uniform while participating in program activities. Clinical affiliates may require scrubs or other special clothing; in those cases, participants should wear their uniform to the clinical site.

Uniforms will be kept pressed (non-wrinkled), clean, and well maintained. Participants are responsible for replacing any lost or damaged parts of the uniform. Outer clothing such as sweaters, coats, or head coverings shall be solid, dark navy blue or black. No logos or writing will be permitted, unless approved by the EMS program on a case-by-case basis. No exceptions are made for fire department logos.

Participants will not be allowed to participate in classroom activities unless they are wearing the complete uniform. Participants not in complete EMS program uniform will be dismissed from class until they are properly dressed and will be counted as absent until they return to class in complete uniform, starting from the first day of class.

The participant may wear the program uniform while traveling to and from the classroom, clinical experiences, EMS ride outs, and during breaks. When participants are in uniform, it must be always worn in its entirety and to classroom standards. However, the program uniform may not be worn by a participant while performing off-site activities or while purchasing and/or consuming alcoholic beverages. If it is determined that a participant was wearing a program uniform while consuming or purchasing alcoholic beverages, he/she will be disciplined up to and including dismissal.



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The uniform will only be worn off campus when it is a vital part of a TEEX-approved event conducted beyond the boundaries of the campus:

- A TEEX/Emergency Services Training Institute (ESTI)-issued photo identification should be clipped to the right shoulder of the shirt and clearly visible.
- Participants are required to wear watches capable of measuring seconds, the wearing of which should allow for adequate hand washing (waterproof is recommended).
- A dark navy or black TEEX cap may be worn during EMS ride outs. Caps are not permitted in the hospital rotations.



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SOP 004: Grooming and Hygiene

Purpose: This SOP exists to ensure that all participants understand the importance of appropriate grooming and hygiene during the paramedic program or when representing the program. The standards of grooming and hygiene outlined below are the minimum requirements to which all participants must adhere when attending class, when assigned to a clinical experience, or during an EMS ride out.

Every participant is expected to practice daily hygiene and good grooming habits. Cleanliness and grooming are necessary to prevent disease transmission and are an indication of professionalism:

- Hair shall be clean, well-trimmed, and combed at all times during class hours. The length, fullness, style, and shape of hair must comply with the following restrictions and always conform to safety:
 - Hair length should be such that it does not interfere with the participant while they are performing procedures nor will it potentially contaminate sterile fields. Hair should be kept short or be pulled back from the face.
 - Except for religious or cultural requirements, no ribbons, bows, jewelry, or scarves may be worn in the hair. Barrettes or other elastic bands used to keep the hair back must be black or navy blue in color and not have excessive ornamentation.
- Facial hair should not impede Personal Protective Equipment (PPE). Any facial hair must be fully grown at the beginning of the course (or grown during extended breaks) and be kept well-groomed and closely trimmed; otherwise, the face will be clean-shaven.
- Jewelry will be limited to a watch, wedding or engagement ring, and earrings as described in this policy:
 - Rings with sharp/pointed edges are discouraged because they tend to tear gloves that must be worn during patient care.
 - Participants are allowed to wear stud earrings or small hoops. No dangling or low hanging earrings shall be allowed for safety reasons.
 - Other than earrings that meet the previously mentioned policy, body piercings are not authorized while in uniform due to safety considerations. No articles shall be attached to or through the nose, tongue, eyebrow, or any other body part, with the exception of a clear tongue retainer. No other body piercings or retainers are permissible.



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SOP 005: Discipline

Purpose: The standards set forth within this document are intended to establish clear and understandable guidelines for conduct and expectations in classroom, skills lab, and field experience. The procedures below will be followed in the event of an infraction of program guidelines and/or poor academic or skill performance. The procedures are intended to provide a fair and predictable chain of events should corrective discipline need to be considered.

Unsatisfactory Performance

- If a participant's personal conduct (on campus or off-site at a clinic site) falls below accepted standards, the lead instructor will submit the appropriate reports to the program training manager. The report shall outline the nature and scope of the participant's substandard conduct, such as those described in [Participant/Student Conduct Violations](#).
- The program training manager and program associate division director shall consider the nature and scope of the participant's substandard performance and determine the appropriate course of action with regard to the best interests of the participant, the paramedic program, and TEEEX, up to and including dismissal of the participant.

Disciplinary Action

- An EMS instructor may reprimand a participant verbally, temporarily remove a participant from the classroom, or dismiss the participant from the skill training if actions by the participant are causing a disruption, a safety concern, or a violation of the rules of the program.
- A participant may be subject to any or all the following disciplinary actions for violation(s) of the program rules or TEEEX policies:
 - *Informal discussion:* This level in the disciplinary steps is reserved for minor and/or first-time offenses. This will usually be done by a TEEEX instructor immediately upon observing the infraction.
 - *Verbal reprimand:* This is the next level of correction after the informal discussion. This level is reserved for more serious initial or repeat offenses. Basic information regarding the verbal counseling will be recorded in the participant's records. The instructor or training director will administer verbal counseling.
 - *Written reprimand:* This is the next level of correction after verbal counseling. It is used when the previous two steps of the process have not corrected the undesirable behavior or for serious first-time offenses. A participant counseling form is used in cases noting areas of academic failure. The participant counseling form will be signed by the instructor or training manager and the participant that committed the alleged misconduct. A copy will be provided to the participant. If the action is deemed a serious offense, a PIP will also be reviewed and implemented



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with the participant. If the participant violates the PIP agreement, he/she will not be allowed to continue in the program and will receive a failing grade.

- *Dismissal:* This is the last level of discipline at TEEX. A package of documentation will be created that will consist of all previous documented attempts at correction, new evidence, witnesses (if any) and a detailed report of the circumstances involved in the alleged infraction. The documentation will be submitted to TEEX Strategic and Education Services (SES) with a referral for a conduct hearing. The participant will be notified of the charges and hearing process.
- An affective behavior evaluation form is used to document behavioral issues a participant has displayed and will be filed in the participant's personnel file. This form will contain basic information to include the nature of the infraction, pertinent events, previous actions taken (if any), witnesses (if any), and a detailed report of the circumstances involved in the infraction.

Appeals

Participants that wish to appeal a decision made by TEEX staff may do so by following the [Training Participant Grievance Process](#).



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Emergency Medical Services (EMS) Program Personnel Contact List

Emergency Medical Services (EMS) Program Faculty and Staff

Paul Vogt, EMS Program Training Manager
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Michelle Schwake, EMTP, Lead Basic Instructor
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Nathan Kennedy, EMTP, Clinical Coordinator
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Aaron Buzzard, MD, EMS Program Medical Director
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Rachel Goodman, EMTP, Lead Paramedic Instructor
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Acknowledgment of Receipt of the Student Handbook and Participant Contract

These procedures prescribe standards of conduct for students enrolled in TEEEX Emergency Medical Technician (EMT) program. I understand this handbook contains information about the guidelines and procedures of the TEEEX EMT program in which I am enrolled.

I may find information specific to the TEEEX EMT program from the EMS training manager, EMS program faculty/staff, the TEEEX website, course syllabi, and course outline.

The TEEEX EMT program guidelines are in addition to those prescribed for students under TEEEX agency policies and administrative regulations. Violation of any such standard may serve as grounds for program dismissal, suspension, or other discipline.

Every student is expected to know and comply with all current policies, rules, and regulations as printed in the class schedule, *TEEX/ESTI Student Safety Manual*, and *TEEX EMT Student Handbook* guidelines. Copies of the *TEEX/ESTI Student Safety Manual* and the *TEEX EMT Student Handbook* are available from the EMS training manager and lead instructors.

By signing this agreement, I certify that I have received a copy of the *TEEX EMT Student Handbook*, read and understand the *TEEX EMT Student Handbook*, and agree to abide by the requirements and policies of the TEEEX/ESTI EMS program.

Student's Name (printed)

Student's Signature

Date

Witness Name (printed)

Witness Signature

Date

Faculty Signature and Title

Date



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Appendix A Course Schedule

Introduction to Advanced Practices (Lecture hours: 32; Lab hours: 24; Total hours: 56)			
Date and Class	Time	Chapter	Content
Tuesday Jan. 9 th Class 1	0800–1000	1	EMS Systems
	1000–1200	2	Workforce Safety
	1200–1300		Lunch
	1300–1400	3	Public Health
	1400–1700	4	Medical Legal and Ethics
Thursday Jan. 11 th Class 2	0800–0900	4	Medical Legal and Ethics
	0900–1200	5	Communications
	1200–1300		Lunch
	1300–1700	6	Documentation
Tuesday Jan. 16 th Class 3	0800–1000		Documentation
	1000–1200	10	Life Span Development
	1200–1300		Lunch
	1300–1700	14	Medication Administration – Math Principles/Mathematical Equivalents
Thursday Jan. 18 th Class 4	0800–1200	14	Medication Administration – Pharmacology Calculating Drug Dosages
	1200–1300		Lunch
	1300–1400	14	Medication Administration – Intravenous Cannulation
	1400–1700	14	Medication Administration – Intraosseous Infusion
Tuesday Jan. 23 rd Class 5 Skills 1	0800–0900	14	Skills Lab 1: Initial Education/Student Peer – IV Therapy IO
	0900–1200		Infusion Med Math
	1200–1300		Lunch
	1300–1700		Skills Lab 1: Continued
Thursday Jan. 25 th Class 6 Skills 2	0800–1200		Skills Lab 2: Initial Education/Student Peer – IV Therapy IO Infusion
	1200–1300		Lunch
	1300–1700		Skills Lab 2: Skills Scenarios including IV, IO
Friday Jan. 26 th Class 7 Skills 3	0800–1200		Skills Lab 3: Appendix G Skills (IN, IH, IM/SQ) CPR Adult/Child/Infant/AED/Choking
	1200–1300		Lunch
	1300–1700		Skills Lab 3: Instructor Check-Off IV, Therapy: IO Infusion, Live IV sign-offs



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Airway Management (Lecture Hours: 16; Lab Hours: 24; Total Hours: 40)

Date and Class	Time	Chapter	Content
Tuesday Jan. 30th Class 8	0800–1100	15	FINAL EXAM: Introduction to Advanced Practice
	1100–1200	15	Respiratory Anatomy and Physiology Ventilation/Measures of Respiratory Function
	1200–1300	3	Lunch
	1300–1400	15	Airway Management – Pathophysiology of Airway and Respiration
	1400–1530	15	Airway Management – Capnography
	1530–1700	15	Airway Management – Continuous Positive Airway Pressure (CPAP)
Thursday Feb. 1st Class 9	0800–1000	15	Airway Management – Basic Airway Management
	1000–1200	15	Airway Management – Advanced Airway Management
	1200–1300		Lunch
	1300–1700	15	Airway Management – Advanced Airway Management
Tuesday Feb. 6th Class 10 Skills 4	0800–1200		Skills Lab 4: BLS Review and ALS Initial Education Oxygen Administration (OPA, NPA, Devices) Apneic Patients (BVM technique practice) Orotracheal and Nasal Intubation Supraglottic Airway Administration
	1200–1300		Lunch
	1300–1700		Skills Lab 4: BLS Review and ALS Initial Education (continued)
Corequisite Courses Due			
Thursday Feb. 8th Class 11 Skills 5	0800–1200		Skills Lab 5: Initial Education (Peer Check-off) Oxygen Administration Apneic Patients Orotracheal and Nasal Intubation Supraglottic Airway Administration
	1200–1300		Lunch
	1300–1700		Skills Lab 5: Airway Skills Scenarios
Tuesday Feb. 13th Class 12 Skills 6	0800–1200		Skills Lab 6: Airway Management Airway Management Scenarios include RSI Instructor Check-offs (CPAP, PEEP, and ALS Airway)
	1200–1300		Lunch
	1300–1700		Skills Lab 6: Airway Management (continued)



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Patient Assessment (Lecture Hours: 8 Lab Hours: 16 Total Hours: 24)

Date and Class	Time	Chapter	Content
Thursday Feb. 15th Class 13	0800–1000	39–40	Shock/Hypoperfusion Patient Assessment – Trauma
	1000–1200	11	Patient Assessment – Medical
	1200–1300		Lunch
	1300–1700		National Trauma Triage Protocol
Friday Feb. 16th Class 14 Skills 7	0800–1200		Skills Lab 7: Initial Education Comprehensive Normal Adult (Medical and Trauma) Obtain Patient History 12 Lead Placement
	1200–1300		Lunch
	1300–1700		Skills Lab 7: Initial Education (continued)
Tuesday Feb. 20th Class 15 Skills 8	0800–1200		Skills Lab 8: Patient Assessment (Instructor Sign-Offs) Scenarios – Team Leader and Team Member to include Obtain Patient History 12 Lead Placement Glucometer
	1200–1300		Lunch
	1300–1700		Skills Lab 8: Patient Assessment (Instructor Sign-offs) (continued)

Clinical Part I – Start of Clinicals

Feb. 16–May 10, 2024

You may ONLY start field shifts after spring break on March 18th.

Department	Required Hours
Emergency Room	160 hours
Respiratory	8 hours
Cadaver Lab	8 hours
EMT Field Internship	80 hours
Total Clinical Part I Hours	256 hours



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Emergency Pharmacology (Lecture Hours: 16; Lab Hours: 8; Total Hours: 24)

Date and Class	Time	Chapter	Content
Thursday Feb. 22 nd Class 16	0800–1200	13–14	Final Exam: Airway Management and Patient Assessment Onboard Drugs – Emergency Medications
	1200–1300		Lunch
	1300–1700		Patient Home Medications
Tuesday Feb. 27 th Class 17	0800–1200		Medication Administration Drug Calculations Review Routes of Administration
	1200–1300		Lunch
	1300–1700		Medication Administration: Routes of Medication Medication Administration: IV Fluid Administration
Thursday Feb. 29 th Class 18 Skills 9	0800–1200		Skills Lab 9: Initial Education Intravenous Bolus Medication Administration Intravenous Piggyback Infusion Intranasal Medication Administration Intramuscular Medication Administration Inhaled Medication Administration
	1200–1300		Lunch
	1300–1700		Skills Lab 9: Initial Education (continued)
Spring Break March 3–17			

Cardiology (Lecture Hours: 56; Lab Hours: 40; Total Hours: 96)

Date and Class	Time	Chapter	Content
Tuesday Mar. 19 th Class 19	0800–1000	17	FINAL EXAM: Pharmacology
	1000–1200		Cardiology/Anatomy and Physiology
	1200–1300		Lunch
	1300–1700		Cardiology Electrophysiology of the Heart Electrical Conduction System/Electrocardiogram Monitoring
Thursday Mar. 21 st Class 20	0800–1200		Cardiology–Electrocardiogram Monitoring Classification of Dysrhythmias
	1200–1300		Lunch
	1300–1700		Electrophysiology Wave Measurement
Friday Mar. 22 nd Class 21	0800–2000		Sinus Rhythms Atrial Rhythms
	1200–1300		Lunch
	1300–1700		Junctional Rhythms



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Date and Class	Time	Chapter	Content
Tuesday Mar. 26 th Class 22	0800–1200		Ventricular Rhythms
	1200–1300		Lunch
	1300–1700		Heart Blocks Review all rhythms
Thursday Mar. 28 th Class 23 Skills 10	0800–1200		Skills Lab 10: Cardiology Static and Dynamic Cardiology Synchronized Cardioversion Defibrillation Transcutaneous Pacing
	1200–1300		Lunch
	1300–1700		Skills Lab 10: Cardiology (continued)
Tuesday Apr. 2 nd Class 24	0800–1200		Cardiology Pharmacology Review
	1200–1300		Lunch
	1300–1700		Cardiology–Putting it All Together
Thursday Apr. 4 th Class 25 Skills 11	0800–1200	17	Skills Lab 11: Initial Education NREMT Static and Dynamic Cardiology Synchronized Cardioversion Defibrillation–Unwitnessed Transcutaneous Pacing
	1200–1300		Lunch
	1300–1700		Skills Lab 11: Initial Education (continued)
Tuesday Apr. 9 th Class 26	0800–1200		12 Lead ECG Recognition
	1200–1300		Lunch
	1300–1700		12 Lead ECG Recognition
Thursday Apr. 11 th Class 27 Skills 12	0800–1200		Skills Lab 12: Peer Review NREMT Static and Dynamic Cardiology Synchronized Cardioversion Defibrillation – Unwitnessed Arrest Transcutaneous Pacing
	1200–1300		Lunch
	1300–1700		Skills Lab 12: Peer Review (continued)
Friday Apr. 12 th Class 28 Skills 13	0800–1200		Skills Lab 13: Peer Review NREMT Static and Dynamic Cardiology Synchronized Cardioversion Defibrillation – Unwitnessed Arrest Transcutaneous Pacing
	1200–1300		Lunch
	1300–1700		Skills Lab 13: Peer Review



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Date and Class	Time	Chapter	Content
Tuesday Apr. 16 th Class 29 Skills 14	0800–1200		Skills Lab 14: Instructor Sign-Offs Mega codes Statics Dynamic Cardiology
	1200–1300		Lunch
	1300–1700		Skills Lab 14: Instructor Sign-Offs (continued)
Thursday Apr. 18 th Class 30	0800–1200		Cardiovascular Emergencies
	1200–1300		Lunch
	1300–1700		Review ACLS Guidelines Cardiovascular Emergencies contd.

Clinical Part I – End of Clinicals

Feb. 16–May 10, 2024

You may ONLY start field shifts after spring break on March 18th.

Department	Required Hours
Emergency Room	160 hours
Respiratory	8 hours
Cadaver Lab	8 hours
EMT Field Internship	80 hours
Total Clinical Part I Hours	256 hours

Clinical Part II – Start of Clinicals

May 10–Sep. 12, 2024

Department	Required Hours
Cath Lab/Telemetry	8 hours
ICU	8 hours
Labor and Delivery	24 hours
EMT Field Internship	184 hours
Total Clinical Part II Hours	224 hours



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Medical Emergencies (Lecture hours: 40; Lab hours: 24; Total hours: 64)

Date and Class	Time	Chapter	Content
Tuesday Apr. 23 rd Class 31	0800–0930		FINAL EXAM: Cardiology
	0930–1200		Respiratory Emergencies
	1200–1300		Lunch
	1300–1430		Respiratory Emergencies
	1430–1700		Neurologic Emergencies
Thursday Apr. 25 th Class 32	0800–1200		Endocrine Emergencies
	1200–1300		Lunch
	1300–1700		Abdominal and Gastrointestinal Emergencies
Tuesday Apr. 30 th Class 33 Skills 15	0800–1200		Skills Lab 15: Out of Hospital Scenarios (Team Lead and Team Member) Respiratory Emergencies Neurologic Emergencies Endocrine Emergencies Abdominal and Gastrointestinal Emergencies
			Lunch
	1300–1700		Skills Lab 15: Out of Hospital Scenarios (Team Lead and Team Member)
Thursday May 2 nd Class 34	0800–1200	21	Genitourinary and Renal Emergencies
	1200–1300		Lunch
	1300–1530	24	Hematologic Emergencies
	1530–1700	25	Immunologic Emergencies
Friday May 3 rd Class 35	0800–1000	26	Infectious Diseases
	1000–1200	27	Toxicological Emergencies
	1200–1300		Lunch
Tuesday May 7 th Class 36 Skills 16	0800–1200		Skills Lab 16: Out of Hospital Scenarios (Team Lead and Team Member) Genitourinary and Renal Emergencies Hematologic Emergencies Immunologic Emergencies Infectious Diseases Toxicological Emergencies
			Lunch
	1300–1700		Skills Lab 16: Out of Hospital Scenarios (Team Lead and Team Member)
Thursday May 9 th Class 37	0800–0930	22	Gynecologic Emergencies
	0930–1200		Behavioral/Psychiatric Disorders
	1200–1300		Lunch
	1300–1700	28	Review Medical Emergencies and Pharmacology



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Date and Class	Time	Chapter	Content
Tuesday May 14th Class 38 Skills 17	0800–1200		Skills Lab 17: Out of Hospital Scenarios (Team Lead and Team Member) Medical Emergencies – Summative
	1200–1300		Lunch
	1300–1700		Skills Lab 17: Out of Hospital Scenarios (Team Lead and Team Member)

Special Populations (Lecture hours: 24; Lab hours: 40; Total hours: 64)

Date and Class	Time	Chapter	Content
Thursday May 16 th Class 39	0800–0930		FINAL EXAM: Medical Emergencies
	0930–1200	41	Obstetrics
	1200–1300		Lunch
	1300–1430	41	Obstetrics
	1430–1700	42	Neonatology
Tuesday May 21 st Class 40	0800–1200	43	Pediatric Pharmacology Review
	1200–1300		Lunch
	1300–1700	42	Neonatology
Thursday May 23 rd Class 41 Skills 18	0800–1200		Skills Lab 18: Out of Hospital Scenarios – Special Populations Normal Delivery Abnormal Delivery Neonatal Resuscitation
			Lunch
	1300–1700		Skills Lab 18: Out of Hospital Scenarios – Special Populations
Friday May 24 th Class 42	0800–1200	43	Pediatrics
	1200–1300		Lunch
	1300–1700	44–45	Geriatrics Patients with Special Challenges Pharmacology Review – Special Populations
Tuesday May 28 th Class 43 Skills 19	0800–1000		Skills Lab 19: Out Of Hospital Scenarios – Special Populations Normal Delivery Abnormal Delivery Neonatal Resuscitation
			Lunch
	1300–1700		Skills Lab 19: Out of Hospital Scenarios – Special Populations



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Date and Class	Time	Chapter	Content
Thursday May 30 th Class 44 Skills 20	0800–1200		Skills Lab 20: Out Of Hospital Scenarios – Special Populations Pediatric Abnormal Delivery Neonatal Resuscitation
	1200–1300		Lunch
	1300–1700		Skills Lab 20: Out Of Hospital Scenarios – Special Populations
Tuesday June 4 th Class 45 Skills 21	0800–1200		Skills Lab 21: Out Of Hospital Scenarios – Special Populations Pharmacology Review – Special Populations Trauma Emergencies
	1200–1300		Lunch
	1300–1700		Skills Lab 21: Out Of Hospital Scenarios – Special Populations
Thursday June 6 th Class 46 Skills 22	0800–1200		Skills Lab 22: Out Of Hospital Scenarios – Special Populations
	1200–1300		Lunch
	1300–1530		Skills Lab 22: Out Of Hospital Scenarios – Special Populations
	1530–1700		FINAL EXAM: Special Populations

**Trauma Assessment (Lecture hours: 24; Lab hours: 40;
Total hours: 64)**

Date and Class	Time	Chapter	Content
Tuesday June 11 th Class 47	0800–1200	33	Face and Neck Trauma
	1200–1300		Lunch
	1300–1400	34	Head and Spine Trauma
	1400–1700	35	Chest Trauma
Thursday June 13 th Class 48	0800–1100	36	Abdominal and Genitourinary Trauma
	1100–1200	37	Orthopedic Trauma
	1200–1300		Lunch
	1300–1700	38	Environmental Emergencies
Friday June 14 th Class 49 Skills 23	0800–1200		Skills Lab 23: Initial Education Pleural Decompression Needle Cricothyrotomy Endotracheal Intubation – Trauma, Supraglottic Airway
	1200–1300		Lunch
	1300–1700		Skills Lab 23: Initial Education (continued)



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Date and Class	Time	Chapter	Content
Tuesday June 18 th Class 50 Skills 25	0800–1200		Skills Lab 24: Peer Check-Off Pleural Decompression Needle Cricothyrotomy Endotracheal Intubation – Trauma, Supraglottic Airway
	1200–1300		Lunch
	1300–1700		Skills Lab 24: Instructor Check-Off
Thursday June 20 th Class 51 Skills 26	0800–1200		Skills Lab 25: Instructor Check-Off Trauma Scenarios
	1200–1300		Lunch
	1300–1700		Skills Lab 25: Instructor Check-Off (continued)
Tuesday June 25 th Class 52 Skills 26	0800–1200		Skills Lab 26: Instructor Check-Off Scenario Management and Resuscitation of the Critical Patient Trauma Field Codes
	1200–1300		Lunch
	1300–1700		Skills Lab 26: Instructor Check-Off (continued) Scenario Management and Resuscitation of the Critical Patient Trauma Field Codes
Thursday June 27 th Class 53 Skills 27	0800–1200		Trauma Review
	1200–1300		Lunch
	1300–1700		Bleeding Burns
Tuesday July 2 nd Class 54 Skills 28	0800–1000		FINAL EXAM: Trauma
	1000–1200		Skills Lab 28: Instructor Check-Off Scenario Management and Resuscitation of the Critical Patient Trauma Field Codes
	1200–1300		Lunch
	1300–1700		Skills Lab 28: Instructor Check-Off (continued) Scenario Management and Resuscitation of the Critical Patient Trauma Field Codes
July 4 – Holiday Break July 7–19 – Annual School Break			



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Emergency Operations (Lecture hours: 40; Lab hours: 40; Total hours: 80) ACLS: 8; PALS 8

Date and Class	Time	Chapter	Content
Tuesday July 23 rd Class 55	0800–1200	46–47	Transport Operations Incident Management
	1200–1300		Lunch
	1300–1700	47	Incident Management
Thursday July 25 th Class 56 Skills 29	0800–1200		Skills Lab 29: Vehicle Extrication Rescue
	1200–1300		Lunch
	1300–1700		Skills Lab 29: Vehicle Extrication Rescue (continued)
Friday July 26 th Class 57	0800–1200	50	Terrorism Response
	1200–1300		Lunch
	1300–1700	51	Disaster Response
Tuesday July 30 th Class 58 Skills 30	0800–1200		Skills Lab 30: Crime Scene Scenario Based Management
	1200–1300		Lunch
	1300–1700		Skills Lab 30: Crime Scene (continued)
Thursday Aug. 1 st Class 59 Skills 31	0800–1200		Advanced Cardiac Life Support (ACLS)
	1200–1300		Lunch
	1300–1700		Advanced Cardiac Life Support (ACLS)
Tuesday Aug. 6 th Class 60 Skills 32	0800–1200		Pediatric Advanced Life Support (PALS)
	1200–1300		Lunch
	1300–1700		Pediatric Advanced Life Support (PALS)
Thursday Aug. 8 th Class 61 Skills 33	0800–1200		Summative Psychomotor Exam
	1200–1300		Lunch
	1300–1700		Summative Psychomotor Exam
Tuesday Aug. 13 th Class 62 Skills 34	0800–1200		Summative Psychomotor Exam
	1200–1300		Lunch
	1300–1700		Summative Psychomotor Exam

Clinical Part II – End of Clinicals

Department	Required Hours
Cath Lab/Telemetry	8 hours
ICU	8 hours
Labor and Delivery	24 hours
EMT Field Internship	184 hours
Total Clinical Part I Hours	224 hours



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Finals Schedule

Date and Class	Time	Chapter	Content
Thursday Aug. 15 th Class 63	0800–0930		FINAL EXAM: Operations (Unit Final)
	0930–1200		Summative Psychomotor Exam
	1200–1300		Lunch
	1300–1700		Student Affective Evaluations CoAEMSP Graduation Requirements
Capstone			
Thursday Aug. 27 th Class 64	0800–1200		EXAM: Comprehensive Final Exam
	1200–1300		Lunch
	1300–1700		Exam contd.
Capstone: Aug. 17–Sep. 8, 2024			
Graduation: Sep. 13, 2024			

Total Program Hours

Program	Hours
<i>Corequisite Classes</i>	
Medication Calculations	20 hours
Medical Terminology	30 hours
Anatomy and Physiology	70 hours
Pathophysiology	30 hours
<i>Classroom Hours</i>	
Didactic	256 hours
Lab	256 hours
<i>Clinical/Field Hours</i>	
Clinical/Field Internship	480 hours
Capstone	120 hours
Total Program Hours	1262 hours



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Appendix B Student Minimum Competency (SMC) Tables

Please Note: This document contains only the five tables from the CoAEMSP Student Minimum Competency (SMC) Recommendations document. It was specifically created in order to help programs by allowing the tables to be edited. However, the Excel version of the SMC Recommendations is the official version and is located in the [Program Minimum Numbers section](#) of the Resource Library page of the CoAEMSP website.

Table 1 Ages

CoAEMSP Student Minimum Competency (SMC)	Column 1 Formative Exposure in Clinical or Field Experience Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with development of a management plan in patient exposures with some assistance for evaluation	Column 2 Exposure in Clinical or Field Experience and Capstone Field Internship Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance	Total	Minimum Recommendations by Age (included in the total)
Pediatric patients with pathologies or complaints	15	15	30	Minimum Exposure Age <ul style="list-style-type: none"> • 2 Neonate (birth to 30 days) • 2 Infant (1–12 months) • 2 Toddler (1–2 years) • 2 Preschool (3–5 years) • 2 School-Aged/Preadolescent (6–12 years) • 2 Adolescent (13–18 years)
Adult	30	30	30	(19–65 years of age)
Geriatric	9	9	18	(older than 65 years of age)
Totals:	54	54	108	



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Table 2 Pathology/Complaint (Conditions)

CoAEMSP Student Minimum Competency by Pathology or Complaint	Simulation	Column 1 Formative Exposure in Clinical or Field Experience Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with development of a management plan in patient exposures with some assistance for evaluation	Column 2 Exposure in Clinical or Field Experience and Capstone Field Internship Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance	Total Formative & Competency Evaluations by Condition or Complaint
Trauma	Minimum of one pediatric and one adult trauma simulated scenario must be successfully completed prior to capstone field internship.	18	9	27
Psychiatric/Behavioral	Minimum of one psychiatric simulated scenario must be successfully completed prior to capstone field internship.	12	6	18
Obstetric delivery with normal newborn care	N/A	2 (simulation permitted)		
Complicated obstetric delivery (e.g., breech, prolapsed cord, shoulder dystocia, precipitous delivery, multiple births, meconium staining, premature birth, abnormal presentation, postpartum hemorrhage)	Minimum of two complicated obstetric delivery simulated scenarios must be successfully completed prior to capstone field internship including a prolapsed cord and a breech delivery.	2 (simulation permitted)	2 (simulation permitted)	6



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CoAEMSP Student Minimum Competency by Pathology or Complaint	Simulation	Column 1 Formative Exposure in Clinical or Field Experience Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with development of a management plan in patient exposures with some assistance for evaluation	Column 2 Exposure in Clinical or Field Experience and Capstone Field Internship Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance	Total Formative & Competency Evaluations by Condition or Complaint
Distressed neonate (birth to 30 days)	Minimum of one distressed neonate following delivery simulated scenario must be successfully completed prior to capstone field internship.	2 (simulation permitted)	2 (simulation permitted)	4
Cardiac pathologies or complaints (e.g., acute coronary syndrome, cardiac chest pain)	Minimum of one cardiac-related chest pain simulated scenario must be successfully completed prior to capstone field internship.	12	6	18
Cardiac arrest	Minimum of one cardiac arrest simulated scenario must be successfully completed prior to capstone field internship.	2 (simulation permitted)	1 (simulation permitted)	3
Cardiac dysrhythmias	N/A	10	6	16



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CoAEMSP Student Minimum Competency by Pathology or Complaint	Simulation	Column 1 Formative Exposure in Clinical or Field Experience Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with development of a management plan in patient exposures with some assistance for evaluation	Column 2 Exposure in Clinical or Field Experience and Capstone Field Internship Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance	Total Formative & Competency Evaluations by Condition or Complaint
Medical neurologic pathologies or complaints (e.g., transient ischemic attack, stroke, syncope, or altered mental status presentation)	Minimum of one geriatric stroke simulated scenario must be successfully completed prior to capstone field internship.	8	4	12
Respiratory pathologies or complaints (e.g., respiratory distress, respiratory failure, respiratory arrest, acute asthma episode, lower respiratory infection)	Minimum of one pediatric and one geriatric respiratory distress/failure simulated scenario must be successfully completed prior to capstone field internship.	8	4	12



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CoAEMSP Student Minimum Competency by Pathology or Complaint	Simulation	Column 1 Formative Exposure in Clinical or Field Experience Conducts patient assessment (primary and secondary assessment), performs motor skills if appropriate and available, and assists with development of a management plan in patient exposures with some assistance for evaluation	Column 2 Exposure in Clinical or Field Experience and Capstone Field Internship Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance	Total Formative & Competency Evaluations by Condition or Complaint
Other medical conditions or complaints (e.g., gastrointestinal, genitourinary, gynecologic, reproductive pathologies, or abdominal pain complaints, infectious disease, endocrine disorders or complaints [hypoglycemia, DKA, HHNS, thyrotoxic crisis, myxedema, Addison's, Cushing's], overdose or substance abuse, toxicology, hematologic disorders, non-traumatic musculoskeletal disorders, diseases of the eyes, ears, nose, and throat)	Minimum of one geriatric sepsis simulated scenario must be successfully completed prior to capstone field internship.	12	6	18
Totals:		88	46	134



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Table 3 Skills

CoAEMSP Recommended Motor Skills Assessed and Success	Column 1 Successful Formative Individual <i>Simulated</i> Motor Skills Assessed in the Lab	Column 2 Minimum Successful Motor Skills Assessed on a <i>Patient</i> in Clinical or Field Experience or Capstone Field Internship *Simulation permitted	Totals	Column 4 Cumulative Motor Skill Competency Assessed on <i>Patients</i> During Clinical or Field Experience or Capstone Field Internship
Establish IV access	2	25	27	Report Success Rate
Administer IV infusion medication	2	2*	4	
Administer IV bolus medication	2	10	12	Report Success Rate
Administer IM injection	2	2	4	
Establish IO access	4	2*	6	
Perform PPV with BVM	4	10*	14	
Perform oral endotracheal intubation	2	10*	12	Report Success Rate
Perform endotracheal suctioning	2	2*	4	
Perform FBAO removal using Magill Forceps	2	2*	4	
Perform cricothyrotomy	2	2*	4	
Insert supraglottic airway	2	10*	12	
Perform needle decompression of the chest	2	2*	4	
Perform synchronized cardioversion	2	2*	4	
Perform defibrillation	2	2*	4	
Perform transcutaneous pacing	2	2*	4	
Perform chest compressions	2	2*	4	
Totals:	36	87	123	



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Table 4 Field Experience/Capstone Field Internship

Field Experience	Capstone Field Internship
Conducts competent assessment and management of prehospital patients with assistance while TEAM LEADER <i>or</i> TEAM MEMBER	Successfully manages the scene, performs patient assessment(s), directs medical care and transport as TEAM LEADER with minimal to no assistance
30	20



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Table 5 EMT Skills Competency

EMT or Prerequisite Skill Competency (must document reasonable evidence of motor skill competency)	Evidence
Insert NPA	
Insert OPA	
Perform oral suctioning	
Perform FBAO - adult	
Perform FBAO - infant	
Administer oxygen by nasal cannula	
Administer oxygen by face mask	
Ventilate an adult patient with a BVM	
Ventilate a pediatric patient with a BVM	
Ventilate a neonate patient with a BVM	
Apply a tourniquet	
Apply a cervical collar	
Perform spine motion restriction	
Lift and transfer a patient to the stretcher	
Splint a suspected long bone injury	
Splint a suspected joint injury	
Stabilize an impaled object	
Dress and bandage a soft tissue injury	
Apply an occlusive dressing to an open wound to the thorax	
Perform uncomplicated delivery	
Assess vital signs	
Perform a Comprehensive Physical Assessment	
Perform CPR - adult	
Perform CPR - pediatric	
Perform CPR - neonate	