



EMERGENCY MEDICAL TECHNICIAN

STUDENT MANUAL

RESA 6
30 G. C. & P. ROAD
WHEELING WV 26003

PUBLIC SERVICE TRAINING EMERGENCY MEDICAL TECHNICIAN STUDENT MANUAL

INTRODUCTION

The Public Service Training Emergency Medical Technician program is a 150 hour course which covers the basic information needed to function as an EMT level pre-hospital provider. The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight, and perform interventions with the basic equipment typically found on an ambulance. This course includes classroom didactic sessions, practical skills sessions, and an EMS clinical rotation component to prepare students to function in the capacity of an EMT.

This course does not certify students as an EMT. Successful completion of the course will allow the student to be considered eligible to take the certifying exams.

The West Virginia state certifying exam includes a practical skills evaluation at the conclusion of the course in which the student must successfully pass all required skill stations. The second part of the exam process is the written exam. The written exam is currently a 100 question multiple choice exam that is administered by the West Virginia Office of EMS staff. Passing requires a 70 % score. Another option for written testing is the National Registry of EMTs computer adaptive exam. This is scheduled by the student and taken at a Pearson Vue testing site. There is a fee required by the NREMT for testing.

Once the student has passed both the written and practical certifying exams, and completed the state required fingerprinting and background check, they can be a certified by the West Virginia Office of EMS as an EMT. In order to maintain certification, the EMT must complete all state recertification requirements every 2 years.

Course Requirements:

1. Students must meet attendance requirements and cannot miss more than 10% of the total course hours. For the EMT course, students can only miss 15 hours of classroom time. Being late for class or leaving early counts toward the attendance requirement. At the beginning each class session, all students must sign the attendance sheet.
2. There is a great deal of information to be covered in a relatively short period of time. You must stay organized. Plan to spend approximately two hours outside of class in study time for each one hour of classroom time for the course.
3. The training you receive requires emotional maturity. This is a demanding field of study and not everyone is emotionally prepared to be successful.
4. If you feel you need assistance with reading, study skills, etc. you can contact Adult Basic Education services for free and confidential assistance. The ABE Coordinator at RESA 6 can be reached at 304-231-3819.
5. Any student caught cheating on an examination, displaying unethical conduct, disturbing/harassing others during class or exhibiting argumentative or unruly behavior will be asked to leave the class.
6. Cellular phones, pagers and similar devices should be kept turned off while in the classroom setting.
7. A state and federal background check is a requirement of the West Virginia Office of EMS for state EMS certification. Your fingerprinting should be completed early in the class in order to allow time for processing of the background check. Certain misdemeanor and felony convictions will preclude your ability to receive certification. Students with questions on background checks should contact WV Office of EMS at 304-558-3956.
8. Payment is due by the 4th class session and is the responsibility of the student. Students who request an invoice to their affiliate agency must provide documentation of the agency's willingness to pay the costs. Non-payment of fees will result in the student's dismissal from the course. Fees are non-refundable. Book fees must be paid in full before a course book is issued.
9. The primary course textbook will be the current recommendation of the West Virginia Department of Education, Public Service Training director.
10. Due to the required clinical rotation, it is strongly recommended that students have current immunizations. Agencies for clinical practice may require proof of freedom from tuberculosis and immunity to rubella, rubeola, mumps, tetanus, varicella, and Hepatitis B through vaccination or titer.

11. Americans with Disabilities Act (ADA) and Accommodation Services: Qualified students with documented disabilities have the right to accommodations to ensure equal access to educational opportunities through Public Service Training. For assistance and clarification of services provided under the ADA, contact the Public Service Training Director.

Student Responsibilities:

1. Act professionally during the course (no gossip during breaks, do not refer to names of individuals when talking about personal experiences, approach the instructor if you have a problem with another student or the instructor, etc.).
2. Be dressed appropriately for classroom and practical skills sessions.
3. If you have any issues or complaints with the instructor, another student, or the class and you feel that your issues were not handled correctly or to your satisfaction, please feel free to call the Public Service Training Coordinator at 304-231-3815.
4. Read assigned chapters prior to class, come to class prepared, bring required materials/paperwork to each class session and be attentive during class.
5. Be on time for the class and return from breaks at designated times.
6. Actively participate in the class, including practical skills learning sessions in order to become proficient in the course material.
7. Abide by policies and regulations set forth by governing agencies.

Instructor Responsibilities:

1. Present material in a professional manner, using acceptable teaching methods.
2. Be prepared for class and have appropriate materials present for class when needed.
3. Foster a positive learning environment, model appropriate behaviors, and present a professional appearance.
4. Class sessions and break periods will begin and end at designated times.
5. Give tests when scheduled and provide appropriate student feedback.
6. Privately speak with students who appear to be having difficulty.

COURSE CONTACT NUMBERS:

TRAINING:

RESA 6, PUBLIC SERVICE TRAINING

30 G. C. & P. Road
Wheeling WV 26003

Ralph Kosar, DIRECTOR

304-231-3815

rkosar@access.k12.wv.us

Mary Ellen Fry

PROGRAM Facilitator

304-231-3806

mfry@access.k12.wv.us

YOUR COURSE INSTRUCTOR:

Name: _____

Phone: _____

Email: _____

CERTIFICATION

(Credentialing Information System (CIS), Certification/Recertification, Protocols)

WV DEPARTMENT OF HEALTH & HUMAN RESOURCES,

WV BUREAU FOR PUBLIC HEALTH,

OFFICE OF EMERGENCY MEDICAL SERVICES

350 CAPITAL STREET, ROOM 425

CHARLESTON, WV 25308

Website: <http://www.wvoems.org>

Toll-free (888) 747-8367

Phone (304) 558-3956

WVOEMS Fax (304) 558-3856

Certification Unit Fax (304) 558-8379

MARK WIGAL, DIRECTOR, OFFICE OF EMS

CHRISTINA TURLEY, CERTIFICATION COORDINATOR

Memorandum of Understanding

I, _____, acknowledge receipt of the
(student's printed name)
Public Service Training Emergency Medical Technician Student Manual. I have had
an opportunity to ask questions regarding the course requirements and
expectations. I further agree to abide by these standards and expectations, which
includes the ethical and behavioral standards. I also affirm that I have all of the pre-
requisites required to take this class.

Student Signature

Date

Student Address (please print clearly)

City State Zip

Telephone Number (best number to be reached)

E-mail

_____ I authorize RESA 6 Public Service Training to release my grade in this
(student's initials) course to my affiliate agency.

AUTHORIZATION TO BILL FOR RESA 6 PUBLIC SERVICE TRAINING COURSES

AUTHORIZATION TO BILL FOR: **EMERGENCY MEDICAL TECHNICIAN COURSE**

THIS FORM MUST BE RETURNED TO THE COURSE INSTRUCTOR BY THE 4TH CLASS SESSION.

NAME OF AGENCY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

Registration and Lab fee (WV resident) \$ 225.00

Textbook AAOS 10th ed. *Emergency
Care & Transportation* \$ 90.00

TOTAL FEES per student \$ 315.00

Student Name(s):

Student Name: First, Middle, Last please print clearly	Tuition	Book	Total
1.			
2.			
3.			
4.			
5.			
6.			

I hereby authorize RESA 6 Public Service Training to invoice the above named agency for registration, lab fees, and book fees associated with this course for all students listed. Payment will be made in full via department/agency check or money order payable to RESA 6 upon receipt of invoice.

Authorized Agency Representative Signature: _____

Agency Position: _____

Date: _____

CLINICAL ROTATION COURSE REQUIREMENT

In order to successfully complete the course requirements, each Emergency Medical Technician student is required to complete a minimum of eight (8) hours of clinical time with a pre-hospital EMS provider. During this clinical rotation which will occur outside of the normal classroom setting, the student must complete and document TEN (10) patient assessments on real medical or trauma patients while under the direct observation of an EMS field preceptor. Since call volumes vary from one EMS agency to another, the 8 hour clinical time requirement is a minimal time to consider in order to complete this component of the course..

Assessments are to be documented on the enclosed form – “EMT Student Patient Assessment”- and submitted to your course instructor. **Students who have not completed the required ten patient assessments prior to the end of the course will not be permitted to test until all course requirements have been met. (is this what we want to say here?)**

In order to complete the clinical rotation, the student:

1. Must schedule - in advance- with the pre-hospital agency.
2. Read, understand, and comply with any terms and conditions of the agency required for students.
3. If required, sign the agency's ride along release and confidentiality agreement.
4. Maintain strict patient confidentiality. Failure to maintain patient confidentiality will be cause for dismissal from the EMT course.
5. Only perform the clinical rotation with an approved agency preceptor.
6. Comply with the dress code described in this policy, or the dress code required by the agency.

Dress Code: All students performing their clinical rotation must abide by the dress code requirements of the agency, or at a minimum, are in compliance of the following dress code:

1. Approved closed toe footwear (black) – no sandals or sneakers
2. Black/Navy socks
3. Black/Navy trousers – no jeans
4. White Shirt (dress or golf type)
5. Black/Navy sweater or jacket (optional)
6. A watch with a second hand and a stethoscope is suggested
7. Student identification name tag, if required.
8. A regular fire department uniform, if deemed appropriate by the agency, may be worn.
9. Students are not permitted to wear any advertising or trademark that may be deemed inappropriate.
10. Hair clean and pulled away from face, facial hair neatly trimmed, no dangly earrings, and no “facial” jewelry
11. Good personal hygiene must be utilized. No strong perfumes.

Agencies have been advised to send students home if they do not meet the standards or are not properly cleaned and dressed.

GUIDELINES FOR SUBMITTING PATIENT ASSESSMENT DOCUMENTATION

1. Each EMT student must submit to their course instructor ten (10) patient assessments on the appropriate forms.
2. One patient assessment should be completed on each patient.
3. A patient assessment may be repeated on the same patient IF;
 - a. The patient is handed over to another healthcare provider for further treatment, then patient contact is re-initiated (i.e. patient transported to physician’s office or clinic, then transported home or to another healthcare agency)
 - b. There is a significant change in the patient’s condition.

PUBLIC SERVICE TRAINING

EMT STUDENT PATIENT ASSESSMENT DOCUMENTATION FORM

Student Name:
Clinical Site
Started shift:

Course Instructor:
Date:
Ended shift:

Patient Sex: ☐ M ☐ F
Patient Complaint:

Patient Age:

Scene Assessment

Scene Survey	MOI	NOI	Assistance Required	Patient Condition
<input type="checkbox"/> Scene Safe	<input type="checkbox"/> MVA	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Additional EMS	<input type="checkbox"/> Stable
<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> GI	<input type="checkbox"/> Rescue / FD	<input type="checkbox"/> Potentially Unstable
<input type="checkbox"/> Traffic	<input type="checkbox"/> Fall	<input type="checkbox"/> GU	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Unstable
<input type="checkbox"/> Violence	<input type="checkbox"/> Blunt Trauma	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Mutual Aid	<input type="checkbox"/> Critical
<input type="checkbox"/> Weather	<input type="checkbox"/> Penetration	<input type="checkbox"/> Stroke/TIA	<input type="checkbox"/> Aeromedical	<input type="checkbox"/> Full Arrest
<input type="checkbox"/> Electrical	<input type="checkbox"/> Burn	<input type="checkbox"/> Poison/ OD	<input type="checkbox"/> Extrication	<input type="checkbox"/> DOS
<input type="checkbox"/> Drowning	<input type="checkbox"/> Other _____	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Explosion		<input type="checkbox"/> Seizure		
<input type="checkbox"/> Other _____		<input type="checkbox"/> OB/Gyn		
		<input type="checkbox"/> Behavioral		
		<input type="checkbox"/> Environmental		
		<input type="checkbox"/> Other _____		

Primary Patient Assessment

Level of Consciousness	Airway	Breathing	Circulation	Skin Condition	Critical Interventions
<input type="checkbox"/> Alert	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL	Color: _____	<input type="checkbox"/> Maintain Airway
<input type="checkbox"/> Oriented x 3	<input type="checkbox"/> Adjunct:OPA	<input type="checkbox"/> Labored/Noisy	<input type="checkbox"/> Irregular	Temperature _____	<input type="checkbox"/> Spinal Immobilization
<input type="checkbox"/> Verbal	<input type="checkbox"/> Combitube	<input type="checkbox"/> Irregular	<input type="checkbox"/> Bounding/Weak	Condition: _____	<input type="checkbox"/> Ventilation
<input type="checkbox"/> Pain	<input type="checkbox"/> King	<input type="checkbox"/> Deep/Shallow	<input type="checkbox"/> Rapid/Slow		<input type="checkbox"/> Control Bleeding
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> ET Intubation	<input type="checkbox"/> Rapid/Slow	<input type="checkbox"/> Absent Carotid/Radial	<input type="checkbox"/> Cap. Refill _____ secs.	<input type="checkbox"/> CPR/Defibrillation
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Focused History/Physical Exam

Head	Neck	Chest	Abdomen	Critical Interventions
<input type="checkbox"/> WNL	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL	<input type="checkbox"/> Oxygen @ _____
<input type="checkbox"/> DCAP-BLS	<input type="checkbox"/> DCAP-BLS	<input type="checkbox"/> DCAP-BLS	<input type="checkbox"/> DCAP-BLS	<input type="checkbox"/> Suctioning
<input type="checkbox"/> Fluid Nose/Ears/Mouth	<input type="checkbox"/> Trachea Deviation	<input type="checkbox"/> Breath Sounds R/L	<input type="checkbox"/> Tender RU/LU/RL/LL	<input type="checkbox"/> Breathing Treatment
<input type="checkbox"/> Pupils R/L Dil/Const	<input type="checkbox"/> JVD	<input type="checkbox"/> Diminished/Absent	<input type="checkbox"/> Rigid	<input type="checkbox"/> Pulse Ox _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Pelvis	L/E	U/E	Back	Critical Interventions
<input type="checkbox"/> WNL	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL	<input type="checkbox"/> WNL	<input type="checkbox"/> APGAR
<input type="checkbox"/> DCAP-BTLS	<input type="checkbox"/> DCAP-BTLS right	<input type="checkbox"/> DCAP-BTLS right	<input type="checkbox"/> DCAP-BTLS	<input type="checkbox"/> _____
<input type="checkbox"/> Unstable	<input type="checkbox"/> DCAP-BTLS left	<input type="checkbox"/> DCAP-BTLS left	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Pupils R/L Dil/Const	<input type="checkbox"/> PMS Deficit	<input type="checkbox"/> PMS Deficit	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**RESA PUBLIC SERVICE TRAINING
EMT Student Clinical Rotation Documentation**

Student Name: _____

RESA Course Number: _____ **Course Instructor:** _____

Site Of Clinical Rotation: _____

Date: _____ **Time in:** _____ **Time out:** _____

Total hours completed for shift: _____

Check all that applies:

- ☐ Received orientation to facility from the duty supervisor, team leader, and/or paid staff member
- ☐ Was assigned a preceptor for shift.
- ☐ Reviewed location of equipment on response unit for scheduled shift with assigned preceptor.
- ☐ Instructed on location of protective equipment in case of needed for an emergency call.
- ☐ Responded on routine transports/emergency calls. Number of calls: _____
- ☐ Completed _____ patient assessments (copies attached).

Signature of EMT Student: _____

Signature of Preceptor: _____

Training Institute use only:

Hours approved: _____ **Assessment completed:** _____ **Follow-up required:** _____

