UMBC Paramedic Concentration

Program Handbook

2022-2023

Acceptance/Adoptive Statement:

This 1st edition of the UMBC Department of Emergency Health Services Handbook for the Paramedic Concentration is current for the 2022–2023 academic year.

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Introduction

Welcome

I want to welcome you to the Paramedic Concentration within the Department of Emergency Health Services at UMBC. The design of the Paramedic Concentration is to not only prepare students as medical professionals in the out-of-hospital environment; it encompasses course work to expose them to finance, management, research, and leadership. Our program is one of thirteen accredited institutions offering a baccalaureate degree in Emergency Health Services.

The UMBC Department of Emergency Health Services has a long and rich history as a leader in the field of emergency services education.

Originating with Dr. R Adams Cowley, MD, founder of the Shock Trauma Center of the Maryland Institute for Emergency Medical Services Systems (MIEMSS), formulated the concept for the EHS department at a Shock Trauma Center staff meeting in 1979. He assigned Dr. Dorothy Gordon, DNS, to be the Department's first director and bring his idea to fruition. She negotiated a home for the new and innovative academic Department on the UMBC campus. Dr. Gordon then hired Jeffrey T. Mitchell, Ph.D., a former Maryland EMS Regional Coordinator, as the first faculty member in the Department. Soon, in July 1980, the Department began operations as an academic program, accepting its first students in September of that year.

The first courses taught in the Department were EHS 200, Introduction to Emergency Health Services, and EHS 302, Clinical Concepts and Practice (the EMT course). They quickly developed other courses such as Stress and Burnout in Emergency Medical Personnel, Disaster Management, and Emergency Response to Crisis. The Department hired several EHS Management courses and additional faculty members to teach these courses in 1981. The University elevated the EHS program to a full academic department early in 1982.

By the fall of 1982, the paramedic program was instituted, and the details for the management track courses were finalized. The first graduate of the EHS department was John Donohue in 1984. The graduate master's degree program was also planned and instituted that year. Ron Levine, who eventually became a cardiologist, graduated first in the EHS Master's degree program in 1986.

The UMBC EHS department has demonstrated consistent leadership in the EMS and related fields for over 40 years. It organized, for example, the first international conference on Stress and Burnout in Emergency Services Professions in 1983. The EHS department also developed the Critical Care Emergency Medical Transport Program (CCEMTP) program, which remains a benchmark program in the EMS continuing education field.

Our faculty are frequent presenters at national and international conferences and hold or held leadership positions for various professional organizations. The UMBC EHS faculty members have also published numerous books and articles that continue to influence the EMS field. Most notably, Dr. Jeffrey Mitchell, the founding father of Critical Incident Stress Management, has served as a consultant on stress to the United Nations, numerous military organizations, and emergency services programs worldwide. UMBC EHS faculty members

The history of the UMBC EHS department includes many success stories among its graduates. EHS department graduates have led at least three state EMS agencies. In 2018, Bill Seifarth became the Executive Director of the National Registry of EMTs (NREMT). Then in 2022, the National Highway and Traffic Safety Administration appointed alumni Gamunu Wijetunge as the director of the Office of EMS. About three dozen graduates have become physicians, physician's assistants, or nurses. Others have migrated toward the military and law enforcement fields; two are agents with the US Secret Service. Many serve as paramedics, firefighters, supervisors, or hospital emergency department managers.

Department Mission, Vision, Values

Mission

The EHS Department at UMBC educates practitioners, clinicians, scholars, and leaders to support community & emergency health and disaster management where we live and work.

Vision

Our Vision is to improve the well-being of individuals and communities and increase health equity by leading innovative research, education, policy development, practice, and service in community & emergency health and disaster management.

Values

We value human dignity, health and safety, diversity, equity, collegiality, innovation, and the pursuit of excellence.

Paramedic Concentration

Throughout this handbook, we will be using two terms: Paramedic Concentration and Paramedic Program. The latter refers to students who are in their third and fourth-year paramedic-specific classes and are considered to be actively meeting their requirements for National Certification. The former includes all students, from first to fourth-year enrollment, who are in the process of completing their degree requirements.

The Paramedic Concentration is a Bachelor of Science degree. The first two years focus on completing the program's prerequisites, such as biology, chemistry, anatomy, and physiology. During the spring semester, generally around January, we begin taking applications for the care paramedic program. Students gain a unique experience in emergency health services through this baccalaureate degree. The program stresses academic and clinical abilities, interpersonal and leadership skills, and the capacity for appropriate judgment. The primary objective of the degree program is to prepare students for work in various occupational settings relating to emergency health services systems. The primary emphasis is on developing leadership skills and promoting personal and professional growth.

We prepare graduates of our program to:

- Coordinate and manage emergency health systems
- Interact effectively with other professionals in the emergency medical services system, as well as with community agencies and the general public
- Satisfy certification requirements for EMT-Basic or paramedic
- Conduct or use research
- Pursue graduate study

The Department of Emergency Health Services offers a unique perspective for the education of future EMS professionals. This goal is accomplished by providing broad liberal arts and sciences education and enhancing graduates' employment opportunities as pre-hospital providers and managers. The Department of Emergency Health Services also prepares graduates for advancement to graduate and professional studies.

Faculty

Department Chair

Lauren Clay
Associate Professor
Sherman Hall, Room 317
lclay@umbc.edu
410/455.3223

Education

- Ph D University of Delaware 2014
- Master of Public Health Drexel University 2010
- BA La Salle University 2005

About

Lauren Clay is a disaster scientist and public health researcher. Her research focuses on individual, household, and community recovery from disasters. She has studied Hurricanes Katrina, Sandy, Harvey, and Florence, the Deepwater Horizon Oil Spill, the 2013 Moore, OK tornadoes, and the Camp Fire among other disasters and public health emergencies. Her expertise is in disaster disruption to the local food environment and food insecurity. Currently, she has several studies underway examining long-term recovery and public health impacts from Hurricane Katrina, food insecurity following Hurricane Florence and the Camp Fire, and several studies looking at food access and security during the COVID-19 pandemic.

Program Director

Kyle David Bates
Clinical Assistant Professor
Sherman Hall, Room 311
KyleDavidBates@umbc.edu
410/45. 3782

Education

- MS UMBC 2004
- BS Rochester Institute of Technology 1997
- AAS Mohawk Valley Community College 1992

About

Kyle has been in EMS for over 30 years, many of those spent teaching in rural areas. A few years ago, he moved to Maryland to work at the Maryland Fire and Rescue Institute, University of Maryland as an instructional designer. There he applied Lev Vygotsky's theories of sociocultural learning and zone of proximate development to create a unique paramedic refresher program utilizing what he calls,

"Interactive Learning Case Studies." He has since moved on to the University of Maryland, Baltimore County where he is a clinical assistant professor and the Paramedic Program Director. He hopes to explore his delivery method in more detail while at UMBC and to share his experiences with his EMS education colleagues.

Clinical Coordinator

Gary Williams
Senior Lecturer

Sherman Hall, Room 309

garywil1@umbc.edu

410/455.1659

Education

- MS UMBC 2019
- Graduate Certificate UMBC 2019
- BS UMBC 2004

About

Gary has been in EMS since 1996. He has worked as a field paramedic and field supervisor in Louisiana and Maryland. In 2007 he transitioned to teaching full-time in Louisiana before coming to Maryland and UMBC in 2009 to continue teaching in EMS.

Medical Director

Matthew Levy
Medical Director

Sherman Hall, Room 316

Matthew.Levy@umbc.edu

410/455.3223

Department Faculty

Lucy Wilson
Professor and Graduate Program Director

Sherman Hall, Room 312

wilsonl@umbc.edu

Education

- Infectious Disease Fellowship-Research and Clinical Training The Johns Hopkins University School of Medicine 2002
- Infectious Disease Fellowship-Clinical Training Yale New Haven Hospital 1999
- Internal Medicine Internship and Residency Yale New Haven Hospital 1998
- MD University of Maryland School of Medicine 1996
- MS Harvard University School of Public Health 1993
- BA The Johns Hopkins University 1989
- Semester Completed Northeastern University 1988

About

Dr. Wilson is a public health trained and board-certified infectious disease physician with experience in infectious disease epidemiology (Johns Hopkins University) and public health response (Maryland Department of Health) who is Professor/Graduate Program Director in UMBC Department of Emergency Health Services and Senior Advisor the University for Public Health and Pandemic Response.

Jeffrey Mitchell
Clinical Professor

Sherman Hall, Room 311

jmitchell@umbc.edu

410/455.3777

Crista Lenk
Clinical Associate Professor; Director, PACE

Sherman Hall, Room 307

clenk@umbc.edu

410/455.3781

Education

- MA West Virginia University 1999
- BS Pennsylvania State University 1997

About

Crista is a long time paramedic with extensive ties to, and family history in, public service. She has a background in sports medicine, kinesiology, healthcare administration and EMS.

Her expertise is in critical care emergency medical transports and healthcare provider continuing education.

Additionally, Crista enjoys participating in functions supporting humans and their service animals; teaching students how to best manage service animals and interacting with service animals and/or household dogs in emergency situations; and training her dogs in obedience and protection work.

Jaeyoung Yang
Visiting Lecturer

Sherman Hall, Room 310

jaeyang1@umbc.edu

Education

- MS UMBC 2021
- Post-Bacc Certificate UMBC 2019
- BS UMBC 2016

About

Jae has been in EMS since 2011 working in the field initially as an EMT and moving to the rank of Paramedic in 2015. In 2016, Jae started his EMS academic career working at several different educational institutions throughout the state of Maryland. Jae is an alum of UMBC receiving both his undergraduate and graduate degrees in EHS. Jae's academic and research interests include simulation education and policy related to emergency management.

Program Faculty

- Nicholas Boer
- Michael C. Elwarner
- Suzanna Fitzpatrick
- Ethan Freyman
- Chloe Natividad
- Mustafa Sidik
- Casey Ross
- Jennifer Ross

Staff

Renee Decker
Program Management Specialist/
Grad Program Coordinator

Sherman Hall, Room 316

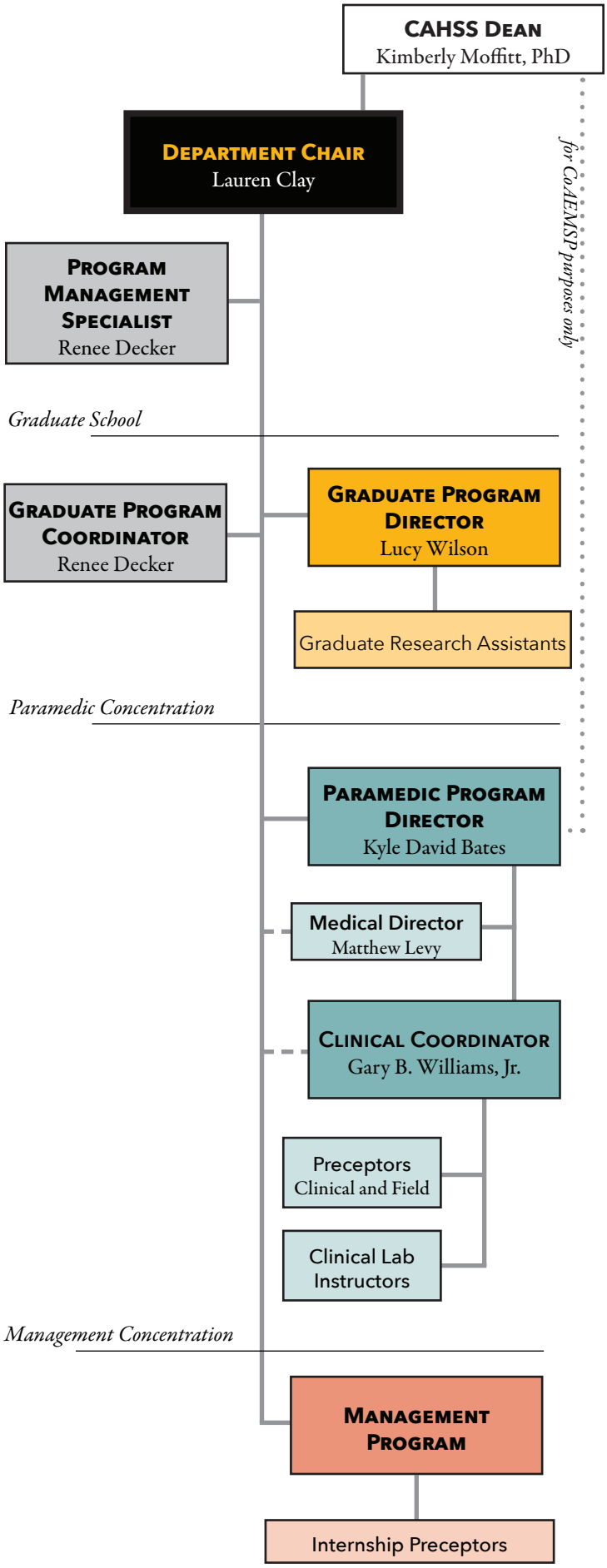
rdecker@umbc.edu

410/455.3223

About

Renee Decker is an Administrative Specialist with more than 20 years of experience. Using her degree in Communication with concentrations in Computer Science, Data Administration, and Secondary Education, she focuses on the smooth operation of non-profits, small-businesses, and university department support systems, including data management, HR processes, and day-to-day operations. Currently, she is a Program Management Specialist and Graduate Program Coordinator for the Emergency Health Services Department.

Organizational Chart



University Admission

Application and Admission

Students receiving a letter of acceptance into the Paramedic Program does not constitute or guarantee admission to UMBC. Students must apply to and be accepted by UMBC before starting classes in the upcoming fall semester.

UMBC has many resources available for prospective students. First-year students should refer to the university's "Getting Started" page – https://undergraduate.umbc.edu/first-year-students/ – which will provide information on UMBC's academic and cultural environment, how to apply, costs and financial aid, majors and programs, scholars programs, and information for international students.

Students wishing to transfer to UMBC may refer to the "Transfer Students" page, which students may find at https://undergraduate.umbc.edu/transfer-students/. To help in planning, students may refer to https://undergraduate.umbc.edu/transfer-students/plan/ where they can schedule an appointment with a UMBC transfer advisor or use our transfer tool to see how their current courses may be applied.

Enrollment Dates and Deadlines

Whether applying as a first-year student or transferring, students must know several dates and deadlines. As these change yearly, we recommend that interested students refer to the Dates and Deadlines webpage. Students may find these dates at https://undergraduate.umbc.edu/dates-deadlines/.

Registration

Registering for classes is the student's responsibility, but UMBC has a terrific advising program that helps students select the proper courses to graduate on time. After meeting with an orientation advisor when first arriving at UMBC, students will meet with the Paramedic Program Director, who will be their advisor throughout their academic career during part of the EHS Department. Many times students will have double majors. In these cases, the advisors will work together to ensure timely graduation. Students may find information about registering for classes, the number of credits they may take, and other information on the Registrar's Registration webpage: https://registrar.umbc.edu/services/registration/information-about-registration/.

University and Program Refund Policy

Any questions regarding refunds should be directed to the Student Business Services Office, as the Paramedic Program is not involved in obtaining refunds for students or their parents. Students may find more information about this topic on the Student Business Services Refund website at https://sbs.umbc.edu/tuition-info/refunds/.

Core Program Admission

Application

Applying to and admission into the core paramedic program is separate from using to and being accepted to UMBC. Typically, students begin the application process in the spring semester of their second year. Applications are generally available in mid-January and may be downloaded from our website or by contacting the Paramedic Program Director to have one emailed.

Applicants must submit official transcripts from all colleges or universities they have attended, except for UMBC. This requirement is in addition to the application to UMBC. Current UMBC students may provide an unofficial transcript printed from myUMBC.

References that the applicants provide will receive an email from our program with directions on how the reference process works. Please note that we will only accept those recommendations we receive through our process and not accept letters of reference.

Clinical sites require us to provide documentation of completing a background check and drug test on each paramedic intern.

Though the deadline for the application packet is typically in early March, we encourage applicants to complete it early so we may process the application and solicit the needed references.

Eligibility

To be eligible to start the core paramedic program, acceptance to UMBC by all applicants must occur before the first day of classes in the fall semester, and applicants must understand that acceptance into the paramedic program does not equal endorsement to UMBC. Students must complete all EHS paramedic concentration lower-division requirements with a grade of "C" or higher before

being admitted into the Paramedic Program. These include:

- Concepts of Emergency Health Services (EHS 200/200Y)
- English Composition (ENGL 100)
- Introduction to Psychology (PSYC 100)
- Abnormal Psychology (PSYC 285)
- Introduction to Statistics (STAT 121 or STAT 350)
- Concepts of Biology (BIOL 101 or BIOL 141)
- Anatomy & Physiology 1 with lab (BIOL 251/251L)
- Anatomy & Physiology 2 with lab (BIOL 252/252L)
- General Chemistry 1 (CHEM 101 or CHEM 123)
- General Chemistry 2 with lab (CHEM 102/102L or CHEM 124/124L)

Candidates must also possess:

- Valid Maryland EMT certification or valid EMT certification from another state (NREMT and provisional are not accepted)
- Documentation of 100 patient contacts as a certified EMT
- Current grade point average of 2.5
- Additional Requirements if Admitted:
- Paramedic concentration students must purchase malpractice insurance through the university.
- Paramedic concentration students must purchase scrubs and clinical uniforms from the department while engaged in clinical and field experience.
- Other fees and costs may be associated with participation in clinical and field training.
- Students are required to provide their transportation to clinical and field experience sites.
- Personal health insurance coverage is strongly recommended.
- Acceptable verification of the status of physical health and immunizations
- Actively engaged in patient care with a Maryland fire or EMS agency is STRONGLY encouraged.

Interview Process

Once all application materials are received and reviewed, applicants who meet the GPA requirements will be offered to participate in the interview and testing process, which is often in mid-April.

The day involves interviews with five pairs of interviewers, who are a mixture of current students and alumni. Each panel will pose several prewritten questions or scenarios and note the answers provided by the candidate. Candidates will also be required to take an EMT and a mathematics exam.

Acceptance

Acceptance to the paramedic program is competitive. Therefore, the information gained through the application and interview process will be reviewed and scored. From this information, the selection committee will recommend to the faculty which candidates they feel will be successful in our program.

Final notification of class selection will be in early May. For those applicants who apply after the April interview date, the program and medical director will review the application, and the Program Director will schedule a separate interview day. Candidates not initially selected may receive an offer to fill an alternate spot when a candidate cannot accept a seat in the upcoming class.

Late Applications

Often students wish to transfer into the Paramedic Program from other schools and may have missed the original application and interview period. Those students wishing to apply to the program with hopes of starting in the fall semester should reach out to the Paramedic Program Director to receive an application.

Upon receiving the application, the Paramedic Program Director, Medical Director, and other faculty members will review the application for completeness and eligibility. The applicant will receive an email from the program director, which will provide instructions on the next steps, including an interview and the same eligibility examinations we administered to the original candidate pool.

Advanced Placement

UMBC EHS Paramedic Concentration does not offer Advanced Placement, such as RN to Paramedic.

Transfer of Credit

The UMBC EHS Paramedic Concentration does not accept core paramedic courses from other institutions. However, it does waive EHS 202 and EHS 203 (EMT) for those students coming into the program who already possess a valid EMT certification. Transfer credit for EHS 202 and 203 and other courses are available through the Registrar's Office.

Experiential Learning

The UMBC EHS Paramedic Concentration does not award credit based upon experience.

Funding Opportunities

We believe that a high-quality yet affordable education is imperative to those students wishing to advance themselves in the EMS industry. Knowing this, we encourage future and current students to apply for grants, scholarships, and financial aid.

Grants and Scholarships

The Maryland State Firemen's Association administers two scholarships: The Shock Trauma Board of Visitors Scholarship Award and The Delmarva Power Scholarship Award. Information on these scholarships, their amounts, application procedures, and deadlines is available on the MSFA website: https://www.msfa.org/committees/scholarship/.

The Charles W. Riley Firefighter and Ambulance and Rescue Squad Member Scholarship Program is a scholarship for those currently working or volunteering as a firefighter, ambulance, or rescue squad member in the State of Maryland who wish to further their education. This scholarship is renewable. Students may find more information at https://mhec.maryland.gov/preparing/Pages/FinancialAid/ProgramDescriptions/prog_fire.aspx.

The Sander Cohen Scholarship Foundation provides scholarships to individuals seeking a two or four-year degree in firefighting, law enforcement, or EMS. By following this link, https://firstrespondersr.us/, interested applicants may find more information on the foundation's website.

The National Association of EMTs (NAEMT) offers the Diversity Scholarship to support underrepresented groups in the EMS profession. Students of color who are not currently certified as EMS practitioners may apply for this scholarship. Those students interested may find more information on this on the NAEMT website at https://naemt.org/initiatives/diversity-and-inclusion/diversity-scholarships.

Financial Assistance

Beyond grants and scholarships, UMBC offers a wide range of financial aid and payment options to attend this highly ranked institution. These options may come from grants, work, student loans, parent loans, scholarships, and other awards. Students may find more information at the UMBC Financial Aid and Scholarships website: https://financialaid.umbc.edu/.

Veteran's Benefits

Students wishing to apply for Veteran benefits must contact the Registrar's Office. The Office can be reached by telephone at (410) 455-2500 or by email at veterans@umbc.edu.

Description of the Profession

The United States Bureau of Labor Statistics describes Emergency medical technicians (EMTs) and paramedics as those caring for the sick or injured in emergency medical settings. People's lives often depend on the quick reaction and competent care these workers provide. EMTs and paramedics respond to emergency calls, perform medical services, and transport patients to medical facilities.

A 911 operator sends EMTs and paramedics to the scene of an emergency, where they often work with police and firefighters.

Duties

- EMTs and paramedics typically do the following:
- Respond to 911 calls for emergency medical assistance, such as cardiopulmonary resuscitation (CPR) or bandaging a wound
- Assess a patient's condition and determine a course of treatment
- Provide first-aid treatment or life support care to sick or injured patients
- Transport patients safely in an ambulance
- Transfer patients to the emergency department of a hospital or other healthcare facility
- Report their observations and treatment to physicians, nurses, or other healthcare facility staff
- Document medical care is given to patients
- Inventory, replace, and clean supplies and equipment after use

When transporting a patient in an ambulance, one EMT or paramedic may drive the ambulance while another monitors the patient's vital signs and gives additional care. In addition, some paramedics work as part of a helicopter or an airplane's flight crew to transport critically ill or injured patients to a hospital.

EMTs and paramedics also transport patients from one medical facility to another. For example, some patients may need to be transferred to a hospital specializing in treating their particular injury or illness or to a facility that provides long-term care, such as a nursing home.

If a patient has a contagious disease, EMTs and paramedics decontaminate the ambulance's interior and may need to report the case to the proper authorities.

EMTs and paramedics' specific responsibilities depend on their certification level and the state where they work. The National Registry of Emergency Medical Technicians (NREMT) provides national certification for EMTs and paramedics at four levels: EMR, EMT, Advanced EMT, and Paramedic. Some states, however, have their certification programs and use similar titles.

Emergency Medical Responders, or EMRs, are trained to provide basic medical care with minimal equipment. These workers may provide immediate lifesaving interventions while waiting for other emergency medical services (EMS) resources to arrive. Jobs in this category may also go by various titles, including Emergency Care Attendants, Certified First Responders, or similar.

An EMT, also known as an EMT-Basic, cares for patients at the scene of an incident and while taking patients by ambulance to a hospital. An EMT has the skills to assess a patient's condition and manage respiratory, cardiac, and trauma emergencies.

An Advanced EMT, also known as an EMT-Intermediate, has completed the requirements for the EMT level and instruction in more advanced medical procedures, such as administering intravenous fluids and some medications.

Paramedics provide more extensive pre-hospital care than EMTs. In addition to doing the tasks of EMTs, paramedics can give medications orally and intravenously, interpret electrocardiograms (EKGs)—which monitor heart function—and use other monitors and complex equipment.

The specific tasks or procedures EMTs and paramedics can perform may vary by state.

Functional Job Analysis

The National Highway and Traffic Safety Administration writes that the paramedic must be a confident leader who can accept the challenge and high degree of responsibility entailed in the position. The paramedic must have excellent judgment and be able to prioritize decisions and act quickly in the best interest of the patient, must be self-disciplined, able to develop patient rapport, interview hostile patients, maintain a safe distance, and recognize and utilize communication unique to diverse, multicultural groups and ages within those groups. Must be able to function independently at optimum level in a non-structured

environment that is constantly changing.

Even though the paramedic is part of a two-person team generally working with a lower skill and knowledge level Basic EMT, the paramedic is held responsible for the safe and therapeutic administration of drugs, including narcotics. Therefore, the paramedic must not only be knowledgeable about medications but must be able to apply this knowledge in a practical sense. Knowledge and practical application of medications include thoroughly knowing and understanding the general properties of all types of drugs, including analgesics, anesthetics, anti-anxiety drugs, sedatives and hypnotics, anti-convulsants, central nervous stimulants, psychotherapeutics which include antidepressants, and other anti-psychotics, anticholerginics, cholergenics, muscle relaxants, anti-dysrythmics, anti-hypertensives, anticoagulants, diuretics, bronchodilators, ophthalmics, pituitary drugs, gastro-intestinal drugs, hormones, antibiotics, antifungals, antiinflammatories, serums, vaccines, anti-parasitics, and others.

The paramedic is personally responsible, legally, ethically, and morally for each drug administered, for using correct precautions and techniques, for observing and documenting the effects of the medications administered, and for keeping one's pharmacological knowledge- base current as to changes and trends in administration and use, keeping abreast of all contraindications to administration of specific drugs to patients based on their constitutional make-up, and using drug reference literature.

The paramedic's responsibility includes obtaining a comprehensive drug history from the patient, including names of drugs, strength, daily usage, and dosage. The paramedic must consider that many factors, in relation to the history, can affect the type of medication to be given. For example, some patients may take several medications prescribed by several doctors, and some may lose track of what they have or have not taken. Some may be using non-prescription/over-the-counter drugs. Awareness of drug reactions and the synergistic effects of drugs combined with other medicines and, in some instances, food is imperative. The paramedic must also consider the possible risks of medication administered to a pregnant mother and the fetus, keeping in mind that drugs may cross the placenta.

The paramedic must be aware of the impact of medications on pediatric patients based on size and weight, special concerns related to newborns and geriatric patients, and the physiological effects of aging, such as how skin can tear in the geriatric population with relatively little to no pressure. In addition, there must be an awareness of the high abuse potential of controlled substances and the potential for addiction. Therefore, the paramedic must be thorough in report writing and justify using a particular narcotic and a particular amount given. The ability to measure and re-measure drip rates for controlled substances/medications is essential. Once a medication is stopped or not used, the paramedic must send back unused portions to the proper inventory arena.

The paramedic must be able to apply basic principles of mathematics to the calculation of problems associated with medication dosages, perform conversion problems, differentiate temperature reading between centigrade and Fahrenheit scales, be able to use proper advanced life support equipment and supplies (i.e., the proper size of intravenous needles) based on patient=s age and condition of veins, and be able to locate sites for obtaining blood samples and perform this task, administer medication intravenously, administer medications by gastric tube, administer oral medications, administer rectal medications, and comply with universal precautions and body substance isolation, disposing of contaminated items and equipment properly.

The paramedic must be able to apply knowledge and skills to assist overdosed patients to overcome trauma through antidotes, have knowledge of poisons and be able to administer treatment. In addition, the paramedic must know the stages drugs/medications go through once they have entered the patient's system and be mindful that the route of administration is critical in relation to the patient's needs and the effect that occurs.

The paramedic must also be capable of providing advanced life support emergency medical services to patients, including conducting and interpreting electrocardiograms (EKGs), electrical interventions to support cardiac functions, performing advanced endotracheal intubations in airway management and relief of pneumothorax, and administering appropriate intravenous fluids and drugs under the direction of an off-site designated physician.

A paramedic is a person who must not only remain calm while working in difficult and stressful circumstances but must be capable of staying focused while assuming the leadership role inherent in carrying out the functions of the position. Sound judgment, advanced knowledge, and technical skills are essential in directing other team members to assist as needed. In addition, the paramedic must be able to provide top-quality care, concurrently handle high levels of stress, and be willing to take on the personal responsibility required of the position. This includes all legal ramifications for precise documentation and the responsibility for using the knowledge and skills acquired in real life-threatening emergencies.

The paramedic must be able to deal with adverse and

often dangerous situations, including responding to calls in districts with high crime and mortality rates. Self-confidence is critical, as is a desire to work with people, solid emotional stability, a tolerance for high stress, and the ability to meet this position's physical, intellectual, and cognitive requirements.

Physical Demands

Aptitudes required for work of this nature are good physical stamina, endurance, and body condition that would not be adversely affected by frequently having to walk, stand, lift, carry, and balance more than 125 pounds. In addition, motor coordination is necessary because, over uneven terrain, providers must not jeopardize the patients, the paramedics, and other workers' well-being.

Comments

The paramedic provides the most extensive pre-hospital care and may work for fire departments, private ambulance services, police departments, or hospitals. Response times for the nature of work depend upon the call's nature. For example, a Paramedic working for a private ambulance service that transports the elderly from nursing homes to routine medical appointments and check-ups may endure somewhat less stressful circumstances than the paramedic who works primarily with 911 calls in a district known to have high crime rates. Thus, the particular stresses inherent in the role of the paramedic can vary depending on place and type of employment.

However, in general, in the analyst=s opinion, the paramedic must be flexible to meet the demands of the ever-changing emergency scene. The situation can be complex when emergencies exist, and paramedics must start caring for the patient immediately. In essence, the paramedic in the EMS system uses advanced training and equipment to extend emergency physician services to the ambulance. The paramedic must be able to make accurate, independent judgments while following oral directives. The ability to perform duties in a timely manner is essential, as it could mean the difference between life and death for the patient.

Use of the telephone or radio dispatch to coordinate prompt emergency services is required, as is a pager, depending on the place of employment. Accurately discerning street names through map reading and correctly distinguishing house numbers or business addresses are essential to task completion in the most suitable manner. Concisely and accurately describing one's impression of a patient's condition to the dispatcher and other concerned staff is critical as the paramedic works in emergency conditions where there may not be time for deliberation. The paramedic must also be able to report all relevant patient data orally, accurately, and in writing. Reporting may sometimes require a detailed narrative on extenuating circumstances or conditions beyond what is required on a prescribed form. In some instances, the paramedic must enter data on a computer from a laptop in an ambulance. Verbal skills and reasoning skills are used extensively.

Paramedicine Technical Job Description

The University of Maryland, Baltimore County, Department of Emergency Health Services has recognized physical, cognitive, psychomotor, affective, and social abilities as required in unique combinations to provide safe and effective emergency medical care.

Admission, progression, and graduation are contingent upon the student/applicant's ability to demonstrate the essential functions delineated for the UMBC EHS Department with or without reasonable accommodations throughout the program of learning. The purpose of this document is to state the physical and mental qualifications necessary to be successful in the workplace.

The UMBC EHS Department and its affiliated clinical agencies may identify additional essential functions. The UMBC EHS Department reserves the right to amend the essential functions as deemed necessary.

The paramedic's essential function requirements include but are not limited to the ability to:

Physical Demands

- Have the physical ability to walk, climb, crawl, bend, push, pull, or lift and balance over uneven and less than ideal terrain
- Have good physical stamina and endurance, which would not be adversely affected by lifting, carrying, and balancing at times more than 125 lbs., 250 lbs. with assistance.
- See different color spectrums.
- Hear essential audible stimuli, including radio traffic, alarms, and warning sounds, as well as audible findings on the physical exam
- Have good hand-eye coordination and manual dexterity to manipulate equipment, instrumentation, and medications

Problem Solving Abilities, Data Collection, Judgment, and Reasoning

- Be able to send and receive verbal messages and operate

current technology's communication equipment appropriately.

- Be able to collect facts and organize data accurately, to communicate clearly both orally and in writing in the English language (12th-grade level or higher)
- Be able to differentiate between normal and abnormal findings in human physical conditions using visual, auditory, olfactory, and tactile observations.
- Make sound judgment decisions and exhibit problem-solving skills under stressful situations.
- Be attentive to detail and be aware of standards and rules that govern practice and implement therapies based upon mathematical calculations (12th-grade level or higher)
- Possess sufficient emotional stability to be able to perform duties in life or death situations and potentially dangerous social situations
- Be able to handle stress and work well as part of a team.
- Be oriented to reality and not mentally impaired by mind-altering substances.
- Not be addicted to drugs.
- Be able to work shifts of 24 hours in length.
- Be able to tolerate being exposed to extremes in the environment, including variable aspects of weather, hazardous fumes, and noise.
- Possess eyesight in a minimum of one eye correctable to 20/20 vision and be able to determine directions according to a map. Students who desire to drive an ambulance must possess approximately 180° peripheral vision capacity, include a valid driver's license, and be able to safely and competently operate a motor vehicle according to state law.
- An individual who discloses a disability may request reasonable accommodations. Individuals will be asked to provide documentation of the disability to assist with the provision of appropriate reasonable accommodations. The University will provide reasonable accommodations but is not required to substantially alter the requirements or nature of the program or provide accommodations that inflict an undue burden on the University. Requests for reasonable accommodations should be directed to UMBC Student Disability Services and the Paramedic Program Director at the UMBC EHS Dept. at least 30 days before the beginning of class.

Non-Discrimination Statement

It is the official policy of the UMBC EHS Dept. that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, sexual orientation, or age, be excluded from participation in, be denied the benefits of, or shall be subject to discrimination under any program, activity, or employment.

Career and Academic Paths

Federal, state, and local efforts in the past decade have resulted in innovative programs designed to improve the quality and efficiency of emergency health care services. As a result, several career fields have been created. As a result, health professionals are needed at all levels in today's emergency medical services system. Depending on experience and education, EMS health professionals will serve as emergency medical technicians, educators, supervisors, coordinators, planners, consultants, managers, and directors. Additionally, EMS activities are relevant to ambulance providers, fire and rescue services, hospitals, industrial health services, and military and volunteer EMS organizations.

The solid academic basis of the EHS baccalaureate degree also prepares students for advanced studies in the sciences, medicine, public health, hospital administration, and other health management programs.

Accreditation

Program Accreditation Status Statement

CAAHEP Accredited Paramedic Programs and CoAEMSP Letter of Review (LoR) Programs track and report outcome measures annually to the Committee on Accreditation for the Emergency Medical Services Professions (CoAEMSP).

The most current CoAEMSP Annual Report was for the calendar year 2020.

The most recent success rate for the National Registry of EMT Paramedic/State Cognitive exam was 100%.

The most recent positive placement rate for graduates was 77.8%. Positive placement is defined by the CoAEMSP as 'Employed full or part-time in a related field and/or continuing his/her education and/or serving in the military'. Positive placement is measured at the completion of the program.

The most recent retention rate was 81.8%.

Program Accreditation and Professional Education Standard

The University of Maryland Baltimore County (UMBC) Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs (www.caahep.org) upon the recommendation of the Committee on Accreditation of Educational Programs for the EMS Professions.

CAAHEP
25400 US Highway 19 N., Suite 158
Clearwater, FL 33763
727-210-2350
https://www.caahep.org

To contact the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP):

8301 Lakeview Parkway, Suite 111-312
Rowlett, TX 75088
Phone: 214-703-8445
Fax: 214-703-8992
www.coaemsp.org

UMBC is a Maryland EMS Board approved paramedic educational program.

653 West Pratt Street
Baltimore, MD 21201
1-800-762-715
https://www.miemss.org/home/

Program Philosophy

As one of thirteen baccalaureate paramedic programs in the United States, it is our philosophy to develop paramedics who will one day be the next generation of leadership in the out-of-hospital environment.

Our educational philosophy is to provide each student with high-quality educational experiences in the classroom and laboratory that will allow each student to reach their full potential while thinking critically and acting in the best interest of their patients. Additionally, we strive to provide our students with diverse, high-quality, and effective applied learning experiences in clinical and field settings.

Program Goal

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.

To prepare students to enter the field with introductory knowledge of the following additional areas:

- Leadership
- Supervision
- Finance and planning
- Research
- Program Format and Schedule

The UMBC paramedic program is a full-time program that follows the UMBC academic calendar. Classes are offered Monday through Friday, predominantly during the daytime hours. Whereas hospital and field clinical shifts are both daytime and evening hours, seven days a week. Most classes are in-person with a few expectations that may be offered in a hybrid format or entirely online.

Program Location

Classes and Labs

The courses that comprise the Paramedic Program are, for the most part, offered in rooms 304 and 305 of Sherman Hall on the main UMBC campus. However, occasionally classes may be offered in other classrooms based on class size and room availability.

Specific courses may require the students to meet at an off-campus location, such as at the state EMS office or anatomy lab. Students will find these sessions in the course syllabus and schedule. It is an expectation that students are responsible for their transportation to and from these sites.

Field and Clinical Rotations

A significant portion of the Paramedic Program is the students' exposure and experience during their clinical and field rotations. Clinical rotations are at healthcare facilities in the Greater Baltimore area, where field sites are throughout Central Maryland.

Satellite Site and Out-of-State Clinicals

The UMBC Paramedic Program does not utilize a satellite educational system, and all classroom courses are on the main campus of UMBC.

Additionally, there are no clinical or field-applied learning opportunities outside the State of Maryland.

Program Curriculum

National EMS Competencies

The UMBC Paramedic Program follows the current National EMS Education Standards, which outline the minimal competencies for entry-level clinicians. Additionally, these standards address the expected clinical behaviors and judgments these clinicians must make. To learn more about the National EMS Education Standards and other supporting documents, please visit the Office of EMS website at https://www.ems.gov/education.html.

Core Courses

Introduction to Paramedic Practice

EHS 461

Course Description

This is an introductory course to the paramedic track. Topics include roles and responsibilities of the paramedic, EMS systems and communications, documentation, ethics, ambulance operations, MCI command, rescue awareness, hazardous materials incidents, terrorism, and crime scene awareness.

Course Goals and Objectives

The primary goal of this course is to introduce entry level EMS students to the key foundations of our field. Provider wellness, roles and responsibilities of the paramedic, professionalism, documentation, personal and radio communication, medical consultation, ethics, and career and life-long learning are among the topics to be discussed.

Students who complete this course will be able to work in both an individual and team environment to:

- Discuss key tenets of professionalism and ethics and what makes one a professional.
- Describe what roles personal and therapeutic communication serves to our patient, peers, and members of the in-hospital medical team.
- Understand and discuss the concept of a team and the role that each participant plays.
- Discuss the roles and responsibilities of a paramedic.
- Outline the value of life-long learning.

Fundamentals Of Patient Management

EHS 462

Course Description

This course introduces students to the fundamentals of prehospital patient management. Topics include the pharmacodynamics and pharmacokinetics of medications, administration techniques, and therapeutic communications. Additional topics include medication mathematics, intravenous fluid and oxygen administration, basic and advanced airway management, surgical and non-surgical airways, and pharmacologic adjuncts used in airway management and ventilation.

Course Goals and Objectives

The primary goal of this course is to introduce entry level EMS students to the principles of pharmacology and various levels of airway management.

Students who complete this course will be able to work in both an individual and team environment to:

- Discuss differentiate between pharmacodynamics and pharmacokinetics and then explain those concepts given any medication presented in this course.
- Calculate correct drug dosages given a variety of medication routes of administration.
- Successfully manage a patient with a compromised airway using basic airway devices.
- Successfully manage a patient with a compromised airway using advanced airway devices.
- Discuss and demonstrate how to successfully paralyze and place an advanced airway device into a patient in

extremis.

Basics of Cardiology

EHS 463

Course Description

This is an intense course designed to discuss the principles of basic electrocardiography and cardiovascular disease. Topics include: 3-lead EKG rhythm strip interpretation, management of cardiovascular related illness, ischemic heart disease and failure, cardiogenic shock, pericardial disorders, and hypo- and hypertensive emergencies. Patient specific assessment and associated pharmacologic interventions will also be discussed.

Course Goals and Objectives

The primary goal of this course is to introduce entry level EMS students to the principles of basic electrocardiography and cardiovascular disease.

Students who complete this course will be able to work in both an individual and team environment to:

- Identify key cardiac dysrhythmias given a 3-lead EKG rhythm strip.
- Discuss the pathophysiology, symptomatology, and prehospital treatment for each of the following conditions:
  - Ischemic heart disease
  - Congestive heart failure
  - Cardiogenic shock
  - Various pericardial disorders
  - Hypotension
  - Hypertension
- Demonstrate how to properly assess a patient complaining of a variety of cardiovascular symptoms.
- Discuss the mechanism of action, indications, contraindications, side effects, and dosage for a variety of cardiac related medications.

Advanced Cardiology and Respiratory Emergencies

EHS 464

Course Description

This is an intense course designed to discuss the principles of advanced electrocardiography and respiratory system disease. Topics include: 12-lead EKG strip interpretation, introduction to Advanced Cardiac Life Support (ACLS), and the recognition and treatment of illnesses related to the airway and respiratory system. Patient specific assessment and associated pharmacologic interventions will also be discussed.

Course Goals and Objectives

Students who complete this course will be able to work in both an individual and team environment to:

- Discuss how transport decisions are made for patients with respiratory distress.
- Describe interventions available for treating patients with dyspnea.
- Explain the pathophysiology, assessment, and management of a patient with upper airway inflammation caused by infection.
- Explain the pathophysiology, assessment, and management of a patient with an obstructive lower airway disease.
- Explain the three features that characterize asthma and how each is treated.
- Compare the signs and symptoms of asthma, emphysema, chronic bronchitis, and restrictive lung diseases.
- Explain the pathophysiology, assessment, and management of a patient with pulmonary infections, atelectasis, cancer, toxic inhalations, pulmonary edema, and acute respiratory distress syndrome.
- Explain the pathophysiology, assessment, and management of a patient with pneumothorax, pleural effusion, and pulmonary embolism.
- Give examples of indications for using a 12-lead ECG.
- Indicate the placement of 12-lead ECG electrodes.
- Define contiguous leads and precordia leads.
- Indicate the placement of 15- and 18-lead ECGs.
- Explain a systematic approach to the interpretation of the 12-lead ECG.
- Recognize the characteristic ECG changes associated with myocardial ischemia, injury, and infarctions.
- Identify ways to advocate for patients' rights to health care services.
- Discuss treatment and transport concerns for patients with a chronic illness.
- Describe specific clinical and management concerns related to bariatric patients, patients with terminal illnesses, and patients with cognitive impairment.

Medical Emergencies I

EHS 465

Course Description

The medical emergencies I course focuses on assessing and managing patients with specific medical conditions. Topics include: neurologic emergencies, HEENT

diseases, abdominal, genitourinary, and renal emergencies, toxicology, anaphylaxis, hematologic and immunologic emergencies, infectious disease, and home health care. Patient specific assessment and associated pharmacologic interventions will also be discussed.

Course Goals and Objectives

Students who complete this course will be able to work in both an individual and team environment to:

- Define communicable disease
- Describe the paramedic's obligation to protect the public from infection and what steps the paramedic can take to meet it
- Describe how communicable disease are transmitted by direct and indirect contact, droplet transmission and airborne transmission.
- Explain proper follow-up after exposure to a patient's blood or other potentially infectious materials (OPIM), including documentation of the event and communication with a designated infection control officer and public health authorities.
- List the general management principles when caring for a patient with a suspected communicable disease.
- Describe the cycle of infection, including factors that affect susceptibility to communicable diseases.
- Describe the purpose of the immune system
- Explain the difference between a local and systemic response to allergens.
- Explain the various treatment options and pharmacologic interventions used to manage anaphylaxis
- Discuss the role of glucose as a major source of energy for the body, including the relationship of glucose to insulin.
- Compare hyperglycemic and hypoglycemic diabetic emergencies, including their pathophysiology, assessment, and management.
- Describe the incidence, morbidity, and mortality of gastrointestinal emergencies.
- Explain how to integrate pathophysiologic principles and assessment findings to formulate a field impression and implement a treatment plan for the patient with a gastrointestinal emergency.
- Describe the incidence, morbidity, and mortality of neurologic emergencies.
- Review the standard guidelines and interventions for treating a patient with a neurologic illness.
- Review the standard guidelines and interventions for treating a patient with a neurologic illness.
- Discuss the composition and functions of blood's essential components.
- Outline the steps in the primary survey and management of a patient with a hematologic disorder
- Describe the primary survey and secondary assessment processes for patients with renal and genitourinary emergencies.
- Specify factors that influence transport decisions for patients with renal and genitourinary emergencies.
- Compare visceral pain and referred pain.
- Define toxicology, poison, and overdose
- Explain the importance of situational awareness and an accurate scene size-up when responding to a toxicological emergency.
- Discuss the major toxidromes and their use in the assessment and management of toxicological emergencies.
- Describe the assessment and management in the patient with suspected poisoning or overdose.
- Identify the main types of poisons and their effects.
- Identify the common signs and symptoms of poisoning.

Medical Emergencies II

EHS 466

Course Description

The Medical Emergencies II course focuses on assessing and managing patients with specific medical conditions. Topics include: obstetrics and gynecology, neonatology, pediatrics, gerontology, psychiatric and behavioral emergencies and patients with special challenges. Patient specific assessment and associated pharmacologic interventions will also be discussed.

Course Goals and Objectives

Students who complete this course will be able to work in both an individual and team environment to:

- Recall the anatomy and physiology of the female reproductive system.
- Describe the assessment process for patients with gynecologic emergencies.
- Discuss the general management of a patient with a gynecologic emergency.
- Discuss special concerns, assessment, and management, when caring for a suspected sexual assault patient.
- Describe the process of conception and fetal

development, from ovulation to the fetal stage.

- Understand the normal changes that occur in the various body systems during pregnancy.
- Be aware of special considerations involving pregnancy in different cultures and with teenage patients.
- Differentiate between the three stages of labor.
- Explain the steps involved in normal delivery management.
- Discuss management of complications of labor, including premature rupture of membranes, preterm labor, fetal distress, and uterine rupture.
- Discuss management of complications of delivery.
- Discuss management of postpartum complications.
- List antepartum and intrapartum risk factors that can lead to a need for neonatal resuscitation.
- Discuss the initial steps of assessment for neonates, including drying and warming, positioning, suctioning, and stimulation.
- Explain how to measure essential parameters including pulse rate, color, and respiratory effort.
- Discuss APGAR scores, including how and when to obtain them.
- Discuss methods used to improve oxygenation during neonatal resuscitation.
- Describe vascular access consideration in the neonate.
- Discuss pharmacologic consideration pertaining to the neonate.
- Discuss the pathophysiology, assessment, and management of specific emergencies in regards to the neonate.
- Explain some of the challenges inherent in providing emergency care to pediatric patients and why effective communication with both the patient and his or her family members is crucial to a successful outcome.
- Describe the development stages of children.
- Describe the steps in the primary survey for providing emergency care to a pediatric patient, including the elements of the Pediatric Assessment Triangle, hands-on ABCDEs, and transport decision considerations.
- Describe the social, economic, and psychosocial factors affecting the older population.
- Identify the physiologic changes that occur in the various body systems as people age.
- Identify special considerations when performing patient assessment of a geriatric patient.
- Describe the role of hospice and end of life care.

Introduction to Trauma Emergencies

EHS 467

Course Description

This course covers the pathophysiology, assessment and management of adult and pediatric patients with injuries involving various body systems. Successful completion of all written and practical skills will result in ITLS certification.

Students must wear appropriate clothing for participation in physical activities commonly encountered by EMS providers. Students will be working on the floor, in the ambulance simulator, and various other locations. Students will be required to wear eye protection during any invasive procedure. If you cannot wear goggles or safety glasses due to corrective lenses, you will be required to provide your own eye protection subject to approval by the instructor. Students are also encouraged to provide their own stethoscope. Any student not able to participate as a partner in the lifting of a normal adult male should discuss his or her continued participation in the paramedic track with their advisor and the laboratory instructor. Temporary medical conditions preventing full participation in laboratory exercises must be documented with a note from a licensed health care professional clearly stating the extent and time frame of limited activity.

Course Goals and Objectives

The primary goal of this course is to prepare the student to respond to, assess, and manage a variety of patients with conditions that have resulted from blunt or penetrating trauma.

Students who complete this course will be able to work in both an individual and team environment to:

- Discuss the proper response to a trauma scene.
- Differentiate between the mechanisms of injury caused by blunt and penetrating trauma.
- Discuss and manage patients with trauma due to the following conditions or specific body system(s)
  - Multi-system trauma
  - Musculoskeletal system
  - Burn trauma
  - Soft tissue trauma
  - Trauma to the face and neck
  - Trauma to the head and spine
  - Chest trauma
  - Abdominal and genitourinary trauma
  - Orthopedic trauma

> Environmental trauma

EMS Capstone Experience

EHS 468

Course Description

This course serves as a capstone experience course at the end of the four semester paramedic program and prepares the student for sitting for national board examinations. Topics include: responding to the field cardiac arrest, ACLS and PALS certification, oral board examinations, cumulative practical skill evaluations, overview of the Candidate Physical Ability Test (CPAT), and preparation for the National Registry written and practical paramedic examination.

Course Goals and Objectives

The primary goal of this course is to prepare the student for the National Registry Paramedic written and practical examinations

Students who complete this course will be able to work in both an individual and team environment to:

- Using high fidelity simulation manikins, respond and appropriately manage a simulated adult patient in cardiac arrest.
- Using high fidelity simulation manikins, respond and appropriately manage a simulated pediatric patient in cardiac arrest.
- Prepare and correctly respond to a variety of oral board style questions based on course material in the national standardized paramedic curriculum.
- Correctly identify and manage simulated patients based on the National Registry of EMT Paramedic practical examination.
- Complete the ACLS, PALS, and ITLS certification courses with a passing score.
- Complete the OSPE practice written examination with a passing score.

ALS Field and Clinical Experience I

EHS 481

Course Description

This field and hospital internship is an introduction to the clinical experience. Students will concentrate on patient assessment and intravenous access techniques while in the clinical setting. Students will also work on ALS skills and techniques in a laboratory setting. Appropriate treatment modalities will be stressed.

Course Goals and Objectives

Students will be expected to attend lab during class time every Friday from 0900 - 1600. During this time students will be introduced to new ALS skills needed for the clinical setting. Students will be expected to complete all skills on the Psychomotor Competency Portfolio including both peer and instructor evaluations. All skills must be completed by the last day of the course. Students will also be required to fill out appropriate paperwork and input data into FISDAP for the skill evaluations. Points will be deducted for late entry or completion of data on FISDAP.

Please note that due to time taken up by lecture and other skill demonstrations during class time, student may have to attend open lab sessions in order to complete all skills on the Portfolio. In the past, students who only relied on class time have failed to complete all skills in a timely manner.

Field and Clinical Experience II

EHS 482

Course Description

This field and hospital internship is designed to integrate clinical experience with knowledge, skills and techniques presented in EHS paramedic track course work. Supervised experience is provided in hospital and field settings. Emphasis is placed on patient assessment, trauma, respiratory pharmacology, cardiology, pediatrics, geriatrics and medical emergencies. Appropriate treatment modalities will be stressed.

Course Goals and Objectives

The primary goal of this course is to prepare the student for the National Registry Paramedic examination and complete the clinical internship component of the paramedic program.

Paramedic students who complete this course will be able to work in both an individual and team environment to:

- Using high fidelity simulation manikins, respond and appropriately manage a simulated adult patient in cardiac arrest with a passing score.
- Using high fidelity simulation manikins, respond and appropriately manage a simulated adult patient in either medical or BLS trauma scenarios with a passing score.
- Attend 10 Hospital ER shifts without error.
- Attend 10 Field shifts without error.
- Attend 3 simulation lab shifts without error.
- Attend 2 Poison Control shifts without error.
- Given the FISDAP application, complete clinical paperwork and appropriately document clinical experiences.
- Complete all field clinical skills evaluations with a passing score.

ALS Field and Clinical Experience III

EHS 483

Course Description

This is the first course of a two-semester "capstone" field and hospital internship designed to integrate clinical experience with knowledge, skills and techniques presented in EHS paramedic track course work. Supervised experience is provided in hospital and field settings. Emphasis is placed on patients in crisis and refining the skills to assess and appropriately treat patients experiencing a variety of medical and trauma-related illnesses.

Course Goals and Objectives

Each student will be required to perform a certain number of hours at each clinical and field site. The student must complete a set number of hours required for each clinical site to be successful in EHS 483.

Clinical sites that you will be going too:

- Johns Hopkins Adult ER
- Johns Hopkins Lifeline (Critical Care) - In-house Team & Out-House Transport Team
- Johns Hopkins Pediatric ER
- Johns Hopkins Outpatient Burn Unit
- Johns Hopkins Psych ER
- Johns Hopkins Kennedy Krieger Institute
- St. Agnes Hospital ER
- St. Agnes Hospital OB
- Mercy Medical Center ER
- Simulation Lab
- Cadaver Lab (Anatomy Gift Registry)

Ambulance Shifts:

- Anne Arundel County FD EMS
- Queen Anne's County EMS
- Freestate Ambualnce**

All sites and required hours are subject to change upon availability and without notice.

Field and Clinical Experience IV

EHS 484

Course Description

This is the second course of a two-semester "capstone" field and hospital internship designed to integrate clinical experience with knowledge, skills and techniques presented in EHS paramedic track course work. Supervised experiences provided in hospital and field settings. Emphasis is placed on refining the skills to assess and appropriately treat patients experiencing a variety of medical and trauma-related illnesses. Additional internship time is spent with local EMS agencies learning about the role of supervisors in the field environment.

Course Goals and Objectives

Paramedic students who complete this course will be able to work in both an individual and team environment to:

- Using high fidelity simulation manikins, respond and appropriately manage a simulated adult patient in cardiac arrest with a passing score.
- Using high fidelity simulation manikins, respond and appropriately manage a simulated pediatric patient in cardiac arrest with a passing score.
- Using high fidelity simulation manikins, respond and appropriately manage a simulated adult and or pediatric patient in either medical or trauma scenarios with a passing score.
- Given "Student Minimal Competencies" as a guide, complete all minimum required skills.
- Given an assigned EMS agency, complete the "Capstone Clinical Experience" during the month of April.
- Given the FISDAP application, complete clinical paperwork and appropriately document clinical experiences.
- Complete all field clinical skills evaluations with a passing score.

Clinical-Field-Lab Requirements

A paramedic intern must complete all of the following requirements for the Clinical Coordinator to sign off on successfully completing the clinical-field-lab portion of their intern education with the UMBC EHS Paramedic Program.

Students will complete these requirements within the following courses; EHS 481, EHS 482, EHS 483, and EHS 484.

Laboratory Skills	Number of Peer Evaluations	Number of Instructor Evaluations
Junior Year – Fall Semester (EHS 481)		
Spinal Motion Restriction - Supine	1	1
Joint Splinting - Elbow	1	1
Joint Splinting - Knee	1	1
Joint Splinting - Ankle	1	1
Long Bone Splinting - Forearm	1	1
Long Bone Splinting - Tib/Fib	1	1
Long Bone Splinting - Humerus	1	1
Stabilize an impaled object	1	1
Traction Splinting	1	1
Hemorrhage Control - Life Threatening	1	1
Hemorrhage Control - Non-Life Threatening	1	1
Hemorrhage Control - Large Vessel of the Neck	1	1
Current Adult CPR with AED	1	1
Current Child CPR with AED	1	1
Current Infant CPR with AED	1	1
BVM Technique & Rescue Breathing for Adult	1	1
BVM Technique & Rescue Breathing for Child	1	1
BVM Technique & Rescue Breathing for Infant	1	1
Relief of Choking in Infants	1	1
Relief of Choking in 1 year of age and older	1	1
Obtain a Patient History from an Alert and Oriented Patient	2	2
Comprehensive Normal Adult Physical Assessment Techniques	2	2
Adult Trauma Assessment	2	2
Intravenous Therapy	2	2
External Jugular access	2	2
Intravenous Bolus Medication Administration	2	2
Intramuscular Medication Administration	2	2
Intranasal Medication Administration	2	2
Inhaled Medication Administration	2	2
Accessing a Central Line	2	2
Accessing an Implanted Port	2	2
Intraosseous Infusion - jamshidi	2	2
Establish IO access - drill (proximal tibia)	2	2
Establish IO access - drill (proximal humerus)	2	2
Intravenous Piggyback Infusion	2	2
Glucometer	2	2
Direct Orotracheal Intubation - Adult	4	4
Video Intubation	2	2
Nasotracheal Intubation - Adult	2	2
Supraglottic Airway Device - King Airway	2	2
Supraglottic Airway Device - LMA	2	2
Supraglottic Airway Device - iGel	2	2
Airway Obstruction dislodgement by DL	2	2
CPAP	2	2
Nasogastric Tube Insertion	2	2
Orogastric Tube Insertion	2	2
Synchronized Cardioversion	2	2
Defibrillation	2	2
Transcutaneous Pacing	2	2
Transvenous Pacing Monitoring	2	2
Junior Year – Spring Semester (EHS 482)		
Direct Orotracheal Intubation - Pediatric	4	4
Normal Delivery	2	2
Abnormal Delivery	2	2
Neonatal Resuscitation	2	2
Comprehensive Normal Pediatric Physical Assessment Techniques	2	2
Medical Including Cardiac Physical Assessment - Adult	2	2
12-lead	2	2
Senior Year – Fall Semester (EHS 483)		
Trauma Endotracheal Intubation	2	2
Rapid Sequence Intubation (RSI)	2	2
Pleural Decompression (Needle Thoracostomy)	2	2
Wound Packing	2	2
Sucking Chest Wound	2	2
Needle Cricothyrotomy	2	2
Surgical Cricothyrotomy	2	2

Simulation Experience

Simulation Lab	Number of shifts
EHS 482 – Junior Year - Spring	4
EHS 483 – Senior Year - Fall	8
EHS 484 – Senior Year - Spring	5

Formative Simulations

Students must complete a minimum of 16 formative simulations of various etiologies during their second semester in the program, junior year spring semester (EHS-482). In addition, the student must complete no less than 76% of their total number of formative simulations in EHS 482.

Summative Simulations

Students must complete an array of summative simulations during their simulation lab experiences in their senior year during EHS 483 and EHS 484. The following chart shows the types of scenarios to be completed and the age groups. Only the identified boxes with a "483 or 484" designation must be passed as a team leader by each paramedic intern during that class.

Each student must pass two additional "elective" simulations as a team leader. Any age group or patient complaint that doesn't already have a 483 or 484 designation in its box will qualify as an elective simulation.

Summative Simulation Team Leads			
	Age		
Patient Complaint	0–18	19–65	≥66
Respiratory Distress and/or Failure	483		483
Chest Pain		483*	
Cardiac Dysrhythmia			
Cardiac Arrest		483*	
Stroke			483
Overdose			
Abdominal Pain			
Allergic Reaction and/or Anaphylaxis			
Hypoglycemia or DKA or HHNS			
Psychiatric		483*	
Seizure			
Obstetric or Gynecologic			
Complicated Delivery		483**	
Delivery with Neonatal Resuscitation	483		
Trauma (blunt, penetrating, burns, hemorrhage)	484	484	
Shock			
Sepsis			484
Other			

* Only one (1) patient must be passed, it can be in any age group

** Two (2) complicated delivery simulations must be successfully passed

Field & Clinical Preceptor Evaluations of skills

All students must be evaluated on the following skills by a preceptor in the field or clinical setting. Each skill requires only one successful evaluation, which students must complete on a human patient and cannot through simulation. The completion of these evaluations can occur during EHS 482, EHS 483, and EHS 484. In addition, students must meet these evaluations before the start of the field internship during EHS 484.

- 12 lead ECG Acquisition
- Glucometer
- IV Therapy
- Medication Administration IM or SQ
- Medication Administration IV
- Ventilation using BVM device

Field & Clinical Experience

Clinical Site	Minimum # of shifts
St. Agnes Adult ED (8 hr)	13
St. Agnes OB (8 hr)	3
Maryland Poison Control Center (4 hr)	2
Johns Hopkins Peds ED (8 hr)	3
Johns Hopkins Psych ED (8 hr)	3
Johns Hopkins Lifeline - In-house (12 hr)	1
Kennedy Krieger (12 hr)	2
Mercy Adult ED (8 hr)	3
Anatomy Gift Registry (5 hr)	1
Field Site	**Minimum # of shifts**
Baltimore City Fire Dept (8 hr)	10
Anne Arundel Co. Fire Dept (12 hr)	12
Queen Anne's County EMS (12 hr)	3
Johns Hopkins Lifeline - Out-house (12 hr)	2
JFK Ultra-Marathon (14 hr)	1
Field Internship	**Minimum # of shifts**
Anne Arundel Co. Fire Dept (12 hr) *	12
Queen Anne's County EMS (12 hr) *	12
* Student needs to complete their field internship at one (1) of the locations listed above during the month of April in their senior year.	

Student Minimum Competencies

The Student Minimum Competency requirements are recommended by the CoAEMSP but set by the Program Medical Director and then endorsed by the Program's Advisory Board. The design These competencies are designed to ensure students have the opportunity to demonstrate minimum competency in various age groups, complaints, and skills.

To meet the terminal competency requirements of the program, students must complete all of the following criteria, which students will complete within the following courses: EHS 481, EHS 482, EHS 483, and EHS 484.

Table 1 – Ages

	Column 1 Formative Exposure in Simulation, Clinical, or Field Experience	Column 2 Exposure in Clinical, Field, or Capstone Field Experience	Total	Minimum Recommendations by Age * (* included in the total)	
	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.	Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance		Minimum Exposure	Age
Pediatric patients with pathologies or complaints	21	21	42	3	Neonate (birth to 30 days)
				4	Infant (1 mo - 12 mos)
				9	Toddler (1 to 2 years)
				5	Preschool (3 to 5 years)
				11	School-Aged / Preadolescent (6 to 12 years)
				11	Adolescent (13 - 18 years)
Adult	51	51	102	(19 - 65 years of age)	
Geriatric	27	27	54	(older than 65 years of age)	
Total	**99**	**99**	**198**		

Table 2 – Pathology / Complaint (Conditions)

	Column 1 Formative Exposure in Simulation, Clinical, or Field Experience	Column 2 Exposure in Clinical, Field, or Capstone Field Experience	Total
	Conducts patient assessment (primary and secondary assessment) and performs motor skills if appropriate and available, and assists with development of a management plan on a patient with some assistance for evaluation.	Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance	
Trauma	22	11	33
Psychiatric / Behavioral	14	6	20
OB delivery with normal newborn care	3 (simulation permitted)	4 (simulation permitted)	10
Complicated OB delivery	3 (simulation permitted)		
Distressed neonate (birth to 30 days)	2 (simulation permitted)	2 (simulation permitted)	4
Cardiac pathologies or complaints	20	10	30
Cardiac Arrest	2 (simulation permitted)	2 (simulation permitted)	4
Cardiac dysrhythmias	10	6	16
Medical neurologic pathologies or complaints	12	6	18
Respiratory pathologies or complaints	26	12	38
Other medical conditions or complaints	20	10	30
Totals	**134**	**69**	**203**

Table 3 – Motor Skills			
	Column 1 Formative Exposure in Simulation, Clinical, or Field Experience	**Column 2** Exposure in Clinical, Field, or Capstone Field Experience	**Total**
	Conducts patient assessment (primary and secondary assessment) and performs motor skills if appropriate and available, and assists with development of a management plan on a patient with some assistance for evaluation.	Conducts a patient assessment and develops a management plan for evaluation on each patient with minimal to no assistance	
Establish IV access**	2	25	27
Administer IV infusion medication	2	2*	4
Administer IV bolus medication**	2	10	12
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
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
Hospital notification consult	2	3*	5
Hospital physician order consult	2	3*	5
Totals	**40**	**93**	**133**

** Must report success rate of these skills by total number of successful attempts divided by total number of attempts multiplied by 100

Table 4 – Field Experience / Capstone Field Internship	
Column 1 Field Experience	**Column 2** Capstone Field Internship
Conducts competent assessment and management of prehospital patients with assistance while Team Leader or 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

Column 1 - Student must score a 3, 4, or 5 on the team lead evaluation score sheet by their preceptor and 80% of their calls must be ALS evaluations.

Column 2 - Student must score a 4 or 5 on the team lead evaluation score sheet by their preceptor and 90% of their calls must be ALS evaluations.

Each student must have their column 2 that is shaded light blue reported to CoAEMSP after completion of the UMBC EHS Paramedic program.

Table 5 – EMT Skills Competency
(The following are motor skills for which the paramedic intern should have competency in prior to starting the UMBC EHS paramedic program. Competency will be verified by completing the laboratory skill peer / instructor evaluations.)

EMT or Prerequisite Skill Competency	Evidence
Insert NPA	481
Insert OPA	481
Perform oral suctioning	481
Perform FBAO - adult	481
Perform FBAO - infant	481
Administer oxygen by nasal cannula**	EMT certification
Administer oxygen by face mask**	EMT certification
Ventilate an adult patient with a BVM	481
Ventilate a pediatric patient with a BVM	481
Ventilate a neonate patient with a BVM	481
Apply a tourniquet	481
Apply a cervical collar	481
Perform spine motion restriction	481
Lift and transfer a patient to the stretcher**	EMT certification
Splint a suspected long bone injury	481
Splint a suspected joint injury	481
Stabilize an impaled object	481
Dress and bandage a soft tissue injury	481
Apply an occlusive dressing to an open wound to the thorax	483
Perform uncomplicated delivery	482
Assess vital signs**	EMT certification
Perform a comprehensive physical assessment	481
Perform CPR - adult	481
Perform CPR - pediatric	481
Perform CPR - neonate	481

** Having a valid EMT certification will be enough evidence for this particular skill

Program Completion

The curriculum leading to an Emergency Health Services Bachelor of Science combines courses in the arts and humanities, social sciences, mathematicv s, and emergency health services.

University Requirements

Completion of Minimum University Requirements for an Undergraduate Baccalaureate Degree.

- Minimum 120 credits and minimum GPA of 2.0
- Completion of 45 upper-level credits residence requirement, Writing Intensive requirement, and General Education requirement

Major Requirements

- Minimum 81 credits. Students complete the Paramedic Concentration in 129-132 total credits.
- A minimum grade of 'C' in courses applied to the major
- Completion of the Paramedic concentration

Course Requirements

EMT Certification (6 credits)

Students without a current, acceptable EMT certification complete the following:

- EHS 202 – Clinical Concepts and Practice I (3)
- EHS 203 – Clinical Concepts and Practice II (3)

Emergency Health Services (24–25 credits)

Complete the following:

- EHS 115 – Medical Terminology (3)
- EHS 200(Y) – Concepts of Emergency Health Services (3) or (4)
- EHS 301 – Planning Emergency Health Systems (3)

- EHS 320 – Disaster Management (3)
- EHS 350 – Supervision and Operations in Emergency Health Service Systems (3)
- EHS 351 – Financial Management, Budgeting, and Resource Allocation for Emergency Health Administrators. (3)
- EHS 360 – Instructional Concepts in Emergency Health Services (3)
- EHS 430 – Research Topics in Emergency Health Services (3)

Mathematics Courses (4 credits)

Complete one course from the following:

- STAT 121 – Introduction to Statistics for the Social Sciences (4)
- STAT 350 – Statistics with Applications in the Biological Sciences (4)

Emergency Health Services Paramedic Concentration (47–78 credits)

The Paramedic Concentration consists of the core requirements of the Emergency Health Services, B.S. and a minimum of 76 credits in the concentration. Students pursuing the Paramedic Concentration must be EMT certified and provide documentation of a minimum of 100 patient contacts by the fall of junior year.

Science Courses

Complete 20–22 credits of science courses.

Introductory Biology Course

Complete 3 or 4 credits from the following:

- BIOL 101 – Concepts Of Biology (3)
- BIOL 141 – Foundations of Biology: Cells, Energy, and Organisms (4)

Anatomy and Physiology

Complete the following eight credits:

- BIOL 251 – Human Anatomy and Physiology I (3)
- BIOL 251L – Human Anatomy and Physiology I Laboratory (1)
- BIOL 252 – Human Anatomy and Physiology II (3)
- BIOL 252L – Human Anatomy and Physiology II Laboratory. (1)

Chemistry Sequence

Complete 9 or 10 credits from one of the following chemistry sequences:

- CHEM 101 – Principles of Chemistry I (4) and
- CHEM 102 – Principles of Chemistry II (4) and
- CHEM 102L – Introductory Chemistry Lab I (2)

-or-

- CHEM 123 – Introduction to General Organic and Biochemistry I (4) and
- CHEM 124 – Introduction to General Organic and Biochemistry II (3) and
- CHEM 124L – General Organic and Biochemistry Lab (2)

Social Science Courses

Complete the following seven credits:

- PSYC 100 – Introduction to Psychology (4)
- PSYC 285 – Abnormal Psychology (3)

Paramedic Core Courses

Complete the following 46 credits:

- EHS 461 – Introduction to Paramedic Practice (3)
- EHS 462 – Fundamentals of Patient Management (3)
- EHS 463 – Basics of Cardiology (3)
- EHS 464 – Advanced Cardiac and Respiratory Emergencies (3)
- EHS 465 – Medical Emergencies I (3)
- EHS 466 – Medical Emergencies II (3)
- EHS 467 – Introduction to Trauma Emergencies (3)
- EHS 468 – EMS Capstone Experience (3)
- EHS 470 – Emergency Response to Crisis (3)
- EHS 481 – ALS Field and Clinical Experience I (3)
- EHS 482 – ALS Field and Clinical Experience II (4)
- EHS 483 – ALS Field and Clinical Experience III (6)
- EHS 484 – ALS Field and Clinical Experience IV (6)

Upper-Division Elective

Complete three credits from the following:

- EHS 311 – Stress and Burnout: Personal and Professional Issues (3)
- EHS 330 – Management of Search and Rescue Operations (3)
- EHS 340 – Cultural Diversity in Healthcare (3)
- EHS 345 – Death and Dying (3)

Program Hours

The 2020 cohort attended 1,531 total clock hours in the core paramedic program. The overall breakdown of those hours is as follows:

- Didactic (classroom, lecture): 504 hours
- Laboratory: 341 hours

- Clinical (in-hospitals, clinics, etc.): 301 hours
- Field Experience (excluding Capstone): 241 hours
- Capstone Field Internship: 144 hours

These hours do not include those courses in the students' first two years or those outside the clinical paramedic program.

Checkoff tool

Determining Student Terminal Competency is an accreditation requirement for graduation from the Paramedic Education program as a minimally competent, entry-level, Paramedic and, as such, is eligible for the state and national certification written and practical examinations in accordance with our published policies and procedures.

Below is the form that we are currently using to attest to competency:

UMBC

Terminal Competency Form

Paramedic Concentration
DEPARTMENT OF
EMERGENCY HEALTH SERVICES
Program Number: 600075

We hereby attest that the candidate listed below successfully completed all of the Terminal Competencies required for graduation from the Paramedic Education program as a minimally competent, entry-level, Paramedic and as such is eligible for State and National Certification written and practical examination in accordance with our published policies and procedures.

GRADUATE INFORMATION

Name | Date of Program Completion

2022 Program Completion Requirements (COVID-19)

COURSE COMPLETION WITH A 'C' OR BETTER

☐ EHS 461	☐ EHS 464	☐ EHS 467
☐ EHS 462	☐ EHS 465	☐ EHS 468
☐ EHS 463	☐ EHS 466	☐ EHS 483
☐ EHS 481	☐ EHS 482	☐ EHS 484

COAEMSP COVID-19 REQUESTED INFORMATION

Completed capstone field internship hours - hours that were simulated	0
Percentage completed capstone field hours - hours that were simulated	0%
Percent of ages encountered	0%
Percent of complaints encountered	0%
Percent of skills completed	0%

ADJUSTED GRADUATION REQUIREMENTS

Requirement	%/#
☐ Completed revised team lead requirements	0
☐ Completed revised Capstone requirements	0
☐ ≥ 95% of FISDAP requirements met	0%
☐ Successfully completed the OSPE	0.0%
Successfully completed the practical exam	
☐ Oral boards A	
☐ Oral boards B	
☐ Static cardiology	
☐ Dynamic cardiology	
☐ Trauma assessment	
☐ Integrated Out-of-Hospital	

SUMMATIVE PROGRAM COMPLETION

- ☐ **Cognitive requirements met**
- ☐ **Psychomotor requirements met**
- ☐ **Affective requirements met**

VERIFICATION OF COMPLETION

Clinical Coordinator: Gary Williams — Date

Program Director: Kyle Bates — Date

Medical Director: Matthew Levy, DO — Date

AFTER GRADUATION OUTCOME

National Registry certification on

Program Completion versus Graduation

The Paramedic Program itself does not have a graduation requirement but does have completion requirements to be eligible to test for the NREMT examination.

In addition to the required coursework, students must complete all skill goals and patient and condition contacts as identified in the Student Minimum Competencies (SMS) listed in the Clinical Handbook.

Students who meet the Terminal Competencies as stated in the previous section meet this eligibility whether they meet graduation requirements or not. However, completing the Paramedic Program does not constitute meeting the university's graduation requirements. Completing any required coursework must occur before the semester's deadline the student wishes to graduate. Students may learn more about degree requirements on the Registrar's Office https://registrar.umbc.edu/services/degree-requirements/

Advising

Advising Resources and Procedures

The Office for Academic and Pre-Professional advising website (https://advising.umbc.edu/academic-advising/) is an excellent resource for both first-year and transfer students. In addition, during orientation, all students will meet with a general advisor who will introduce them to the registration system and assist them in creating their first schedule for the upcoming semester.

We strongly encourage incoming students to contact the Paramedic Program Director before their orientation session. During this meeting, the Program Director can explain the Paramedic pathway and enter advising notes for the orientation advisor. After the orientation, we strongly encourage students to reach back out to review the upcoming semester. The Program Director will be their resource and academic advisor for the remainder of the student's academic career in the Paramedic Program. About mid-semester, students will receive an email that will provide information about scheduling classes for the upcoming semester. In that email, there will also be information on how students can schedule their advising appointment. Students will not receive permission to register for classes until they meet with the Program Director.

Frequently, students may be in multiple concentrations, such as Pre-PA. In these instances, students will work with both the

Course Load

It is the goal of UMBC for students to graduate within four years. Although UMBC considers 12 credits or more in a fall or spring semester or summer term to be full-time, most students must complete at least 15 credits per semester or, on average, 30 credits per year to progress to timely four-year degree completion.

Occasionally, students working on minors or double majors may wish to register for more than 19.5 credits in a fall or

spring semester, more than 4.5 credits in a winter session, or more than eight credits in one of the two summer sessions. In this case, students must complete an excess credit form and obtain written approval from their advisor and the Office for Academic and Pre-Professional Advising. In addition, students may refer to the Enrollment Forms section of the Registrar's webpage at https://registrar.umbc.edu/forms/enrollment-forms/.

Accommodations

We desire to provide reasonable accommodations whenever possible. The Office of Student Disability Services evaluates these accommodation requests. In addition, students may request accommodations by referring to the SDS "Getting Started" website at https://sds.umbc.edu/getting-started/.

However, the accommodations issued by UMBC will not apply to the NREMT examination. Students requesting accommodations for the NREMT exam must refer to the NREMT's ADA Accommodations page at https://www.nremt.org/Policies/Examination-Policies/ADA-Accommodations.

Pathway to Graduation

Prerequisite Courses

First Year

Fall (16–18 Credits)

- (EHS 115) Medical Terminology
- (EHS 200) Concepts of Emergency Health Services
- (EHS 202) Emergency Medical Technician I
- (BIOL 101) Concepts of Biology or (BIOL 141) Foundations of Biology (Pre-Professional option)
- (CHEM 123) Introduction to General Organic and Biochemistry I or (CHEM 101) Principles Chemistry I (Pre-Professional option)

Spring (15–16 Credits)

- (EHS 203)Emergency Medical Technician II
- (ENGL 100) English Composition
- (CHEM 124 and 124L) Introduction to General Organic and Biochemistry II with Lab or (CHEM 102 and 102L) Principles of Chemistry II with Lab (Pre-Professional option)
- Introduction to Psychology – PSYC 100

Second Year

Fall (16 Credits)

- (BIOL 251 and 251L) Anatomy and Physiology of the Body I with Lab
- (PSYC 285) Abnormal Psychology
- (EHS 320) Disaster Management
- (EHS 360) Instructional Issues in EHS
- An Arts & Humanities GEP course

Spring (18 Credits) – *Apply to Program*

- (BIOL 252 and 252L) Anatomy and Physiology of the Body II with Lab
- (STAT 121) Intro to Statistics or (STAT 350) Statistics with Applications to Biological Sciences (Pre-Professional option)
- Foreign Language Requirement
- An Arts & Humanities GEP course
- A culture course

Core Paramedic Program

Third Year

Fall (15 Credits)

- (EHS 301) Planning Emergency Health Systems
- (EHS 461) Introduction to Paramedic Practice
- (EHS 462) Fundamentals of Patient Management
- (EHS 463) Basics of Cardiology
- (EHS 481) ALS Field and Clinical Experience I

Spring (16 Credits)

- (EHS 351) Financial Management and Budgeting
- (EHS 464) Advanced Cardiac and Respiratory
- (EHS 465) Medical Emergencies I
- (EHS 466) Medical Emergencies II
- ALS Field and Clinical Experience II – EHS 482

Fourth Year

Fall (15 Credits)

- (EHS 430) Research Topics in EHS
- (EHS 467) Introduction to Trauma Emergencies
- (EHS 470) Emergency Response to Crisis
- (EHS 483) ALS Field and Clinical Experience III

Spring (15 Credits)

- EHS Elective (pick one)
  - EHS 311: Stress and Burnout
  - EHS 330: Search & Rescue
  - EHS 345: Death and Dying
- (EHS 350) Supervision & Operations
- (EHS 468) EMS Capstone Experience
- (EHS 484) ALS Field and Clinical Experience IV

Program Costs

Tuition and Fees

The university sets the tuition and fees for the program. Please refer to the UMBC 2020-2021 Undergraduate Cost of Attendance website at https://sbs.umbc.edu/tuition-info/.

Testing

The UMBC Paramedic Program prepares students to sit for the paramedic written examination administered by the National Registry of Emergency Medical Technicians (NREMT). In addition, the program also prepares students to take the NREMT psychomotor examination as well. The cost of these examinations is the responsibility of the student.

The NREMT sets the cost of the written examination and, as of the publication of this manual, is $152.

The hosting entity establishes the cost of the practical exam. The current cost to UMBC students attending this examination at UMBC is $75.

Certifications

Several topic-specific educational programs are commonplace in the industry and maybe a requirement for employment. However, as UMBC does not own these courses, there are costs to obtain these certifications.

Certifications	
AHA Advanced Cardiac Life Support	Included
AHA Pediatric Advanced Life Support	$40
International Trauma Life Support	$25
Digital Resources	
FISDAP	$230
LC Ready	$38.99
Uniforms	
Scrub top, Scrub bottom, Program Polo shirt	$76
Approved EMS footwear (boots/shoes)	Student cost
EMS pants	Student cost
Program Picture ID	$10
Equipment	
Stethoscope	Student cost
Medical	
Background, Health, and Drug Screenings	$75/yr
Medical and Physical	Student cost
Vaccinations	Student cost
Miscellaneous Expenses	
Skill laboratory fee – Junior Year	$150
Skill laboratory fee – Senior Year	$200
Malpractice Insurance	$18
Travel, tolls, parking	Student cost

Communication

Webpages

Students may find information about the Department of Emergency Health Services and the Paramedic Program on the department's website at https://ehs.umbc.edu/. This site is an excellent resource for learning about the department, its programs, and the faculty and staff who make it successful.

The Registrar's Office also publishes the Undergraduate Catalog on their website: https://catalog.umbc.edu. As programs are constantly changing and updating, the Registrar's Office publishes the catalog every academic year.

Listserv

Many departments and even the university uses email to keep students informed of the latest events, news, and other important information. New students or students considering applying for UMBC may sign-up with Undergraduate Admissions to receive information about admissions and orientation. Students may subscribe to this listserv by referring to this website: https://undergraduate.umbc.edu/join-our-mailing-list/.

Additionally, the Department of Emergency Health Services has a couple of listservs that current students and alumni may subscribe to. For more information or to subscribe to a specific EHS listserv, contact Renee Decker at rdecker@umbc.edu.

Social Media

In addition to the website, the EHS Department uses various social media outlets to communicate important information, provide program updates, and make timely announcements. Check out and follow our Facebook (https://www.facebook.com/UMBCEHS/) and Instagram (https://www.instagram.com/umbc_ehs/?hl=en) accounts.

Student Affairs

UMBC is much more than academia and embraces its dedication to providing a strong, vibrant, and healthy life on campus.

The Division of Student Affairs (https://studentaffairs.umbc.edu/) provides a valuable resource to students. All

students should take advantage of the available information on their site.

Additionally, the Campus Life webpage (https://campuslife.umbc.edu/), also maintained by the Division of Student Affairs, is a fantastic resource for learning about the numerous student organizations and available leadership opportunities. Students may also find upcoming events here.

Student Assessment

Student assessment in the Paramedic Program includes assessment of their cognitive, affective, and psychomotor performances. The review consists of quizzes, examinations, homework and assignments, presentations, practical skills performance, formative and summative performance assessments, and affective evaluations. In addition, students can track their progress and performance using the Blackboard learning management system. The submission of letter grades occurs at the end of each semester.

Grading Method

The courses within the Paramedic Program will follow UMBC's Grades and Academic Grading System, which students can find in the current course catalog. The latest statement is as follows:

For all courses in which a student is enrolled at the end of the 10th week of the semester, the following letter symbols will be posted to the permanent record: "A," indicates superior achievement; "B," good performance; "C," adequate performance; "D," minimal acceptable achievement; "F," failure; and "I," incomplete work. "W" indicates a course dropped after the end of the Schedule Adjustment Period. "NA" (non-applicable) denotes a course that does not apply to a degree program and does not enter into GPA (grade point average) calculations.

UMBC calculates grade point averages by assigning numerical values to letter symbols:

A = 4 quality points

B = 3 quality points

C = 2 quality points

D = 1 quality point

F = 0 quality points

The semester grade point average is determined by multiplying the credit value of each course by the numerical equivalent of each grade to produce a quality point total and then dividing total quality points by total credit hours attempted in courses that are included in the GPA. The same method is used to compute cumulative grade point averages.

Courses that are included in the GPA calculation are, in general, courses taken in residence at UMBC for academic credit and for which a letter grade has been earned. Following this principle, grades from education abroad courses taken under the auspices of UMBC and from courses taken through inter-institutional enrollment are included in the GPA calculation. Although courses taken on a "Pass/Fail" basis are usually excluded from the GPA, such courses are included in the GPA if a grade of "Fail" is earned. Explicitly excluded from the GPA calculation are grades from developmental courses, zero-credit courses, transfer courses, and test credits (i.e., AP, IB, Credit by Exam). Also excluded from the GPA calculation are courses for which a "W" or "I" grade is displayed and courses with grades marked "excluded" or "non-applicable" due to operation of the policies on course repeats, academic clemency, and the non-applicable semester.

The calculation of the final grade is the responsibility of each instructor. However, students may find this information in the syllabus for each class.

Pass/Fail Option

Currently, the Paramedic Program does not recognize the Pass/Fail option for courses considered to be prerequisite courses for the program. Additionally, the Paramedic Program does not and will not utilize a Pass/Fail approach to grading the core courses.

Incomplete Grades

The decision for a student to receive an incomplete grade is not taken lightly at the university and the program levels. The student must work with the faculty member to develop a specific plan and timeline to complete the course. However, a student with an unresolved incomplete in a core paramedic course may not begin classes in the upcoming semester. Students with an unresolved incomplete will be dropped from the program and should refer to the Program Separation Policy.

Grade Change

Per the UMBC course catalog, "once a course grade is recorded on the transcript, a grade change form may be submitted by the original course instructor only if there is an exceptional circumstance that is documented."

Grade changes submitted within one year from the original grade posting deadline require approval by the actual course instructor and the department chairperson.

Grade changes submitted more than one year after the grade posting deadline, post-degree, or in the absence of

the original course instructor require additional approval by the Vice Provost and Dean, Division of Undergraduate Academic Affairs."

As students can access their grades on Blackboard, they should be able to predict their final grades. However, if a student has concerns about their grade, they are to meet with their instructor before the end of the semester.

Credentialing

The UMBC Paramedic Program does not provide credentialing, certification, or licensure as a paramedic. Instead, the program prepares students to be eligible to test for the NREMTs Nationally Registered Paramedic (NRP) examination.

However, students do receive credentialing in the following:

- AHA CPR
- AHA ACLS
- AHA PALS
- ITLS Trauma certification

Academic Integrity

UMBC and the Department of Emergency Health Services value professional and academic integrity. Therefore, faculty and administration will address the failure to abide by integrity policies accordingly.

Attendance

Absences

The courses of the paramedic program are expansive in their breadth and depth. Additionally, the information one will learn in this class applies to other courses throughout their educational journey in the Emergency Health Services Program. Therefore, to be successful in their course of study to become a paramedic, it behooves every student to attend all course sessions. Failure to do so may impact the learning in the current class and other courses that the student is enrolled in and in which they plan to enroll.

As with any job, on-time attendance is essential. The recording of arrival and departure times generally occurs through electronic tracking. To acclimate students to this process, they will electronically record their arrival time to the classroom by scanning the appropriate cohort-specific QR code. This QR code will take the student to a Google Form that will automatically register their email and ask them to fill in their campus ID number and name and then select which course they are signing in. Students who do not have a smartphone or have issues signing in with their phone may use a computer by following this URL. Students who fail to sign in, or sign in late, will fall under the below rules for tardiness. Students recorded as present are expected to stay for the remainder of the class session.

Because "life happens," it is understood that students may miss a class session due to illness, injury, or other justifiable emergencies. In these cases, it is the student's responsibility to notify the instructor before the start of class. Students may leave a message on the instructor's voice mail or send a text message, and the instructor will return their call as soon as possible. If a student opts to send an email instead, the time of the notification will not occur until the instructor replies. With enough warning, the student may attend class virtually. In this case, the instructor will create a Webex event, sending the login information to the student. Students who attend this virtual session, remain on camera, and interact throughout will not receive an absence.

The instructor may grant an "excused absence" on a case-by-case basis, but the student must discuss this with the instructor at least 24 hours before class starts.

If a student is absent from any class, in part or whole, it is their responsibility to learn the information missed and complete any assigned work. If a student were to miss a written examination, taking the exam would be case-by-case and at the instructor's discretion. If the instructor determines that the student may not take the examination, the student will receive a zero for the grade. If the instructor allows the student to take the examination, the student may incur a 10-point deduction.

Each unexcused absence may result in a 5-point deduction, half a letter grade, from the student's overall grade. If a student incurs two or more absences, academic counseling will occur. Considering the circumstances surrounding the absences and evaluating the student's current Affective Assessment, the student may be subject to probation or failure of the course and ultimate dismissal from the program. The program medical director will also review these cases at the end of the semester. He may withhold his approval for a student to continue the program at his discretion.

Technological Failures

If there is a technical failure, such as the loss of internet connectivity, the student should contact the instructor immediately via phone. If the student attends class virtually, the student should immediately send the instructor a text message. The student is to make every attempt to rejoin the class as soon as possible, as they will be responsible for any information they miss. The student must find a reliable internet connection if this becomes a common occurrence.

For students needing assistance with technology resources, they should visit UMBC's Division of Information Technology's Student Resources Page at https://doit.umbc.edu/students/.

Punctuality

Employers expect that employees arrive and be ready to work at a specific time. Therefore, tardiness will impact the employee and whomever they are inconveniencing by showing up late. Working in EMS, it is customary for the oncoming crew to arrive at least 15 to 30 minutes early, thus reducing the off-coming crew's likelihood of taking a late

call. This "cushion" also allows time to ensure an adequate stock of supplies and that equipment is functioning correctly.

Education is no different, and it is an expectation that students will be in their seats or online and prepared to begin that day's lesson promptly at the start of class. For online sessions, the virtual classroom will open 10 minutes before the start of class. Whether the class session is in-person or virtual, a student's readiness to learn includes having writing utensils, notebooks, laptops, and homework out and ready to go. In addition, students should have filled their water bottles and taken care of any biological needs they may need. Not being prepared disrespects the instructor and classmates but disrupts the learning process.

Each instructor will address attendance and tardiness within their course.

Background Check

Students will pay for and complete a background check annually through the current vendor, Viewpoint.com, while enrolled in the Program.

Class Cancellations

Pandemic Event

Suppose a change in the campus operational situation is related to COVID-19, the influenza virus, or other emergent situations.

In that case, the instructor reserves the right to alter the course schedule, requirements, and delivery method.

Other Cancellations or Closure of UMBC

If instructor illness, significant weather events, or other reasons for canceling classes on campus, the instructor reserves the right to alter the course schedule, requirements, and course delivery method. Most likely, students will complete the session via Webex.

Class Representatives

In the first quarter of the fall semester, the junior class will select a class representative; this is a two-year term.

The class representative will have a seat on the Paramedic Program's Advisory Board. Additionally, the class representative will be responsible for communicating and working with the Program Director regarding projects, events, and course issues.

If the class representative is unable or unwilling to fulfill the position's responsibilities, the class will select a new representative who will complete the two-year term.

Classroom Behavior

The classroom allows students to interact in person with instructors, subject matter experts, and peers. Students are encouraged to participate in discussions, debates, small and large group learning, and other educational activities during this time. For this to happen effectively and efficiently, a certain level of classroom decorum must occur. Students must be attentive, focused, and prepared to participate. Sidebar or off-topic conversations, inappropriate comments or stories, working on assignments for courses other than the one the student is attending, readings that are not for the current lesson, and sleeping are all behaviors that can be distracting to the instructor and classmates. These behaviors may indicate that the student is not interested in or willing to take responsibility for their education. The instructor will ask any student to leave the class, which engages in conduct the instructor feels disruptive to the learning environment. If dismissed from a class, this will impact the student's Affective Evaluation. The student may not return to class until the student has met with the Paramedic Program Director.

Clinical Experience

Previously unannounced field trips or field/clinical opportunities may present during the program, and it is an expectation that the student will participate.

Suppose a student becomes injured outside of the classroom/clinical setting. In that case, it is their responsibility to notify the program director and clinical coordinator about continued participation in the field and clinical experience until the injury heals and the student receives clearance from their healthcare provider to resume their educational activities. This procedure holds for illness as well. Students are not to participate in any field or clinical experience when they are ill or present with signs and symptoms of disease, including but not limited to fever, vomiting, diarrhea, eye infection, respiratory infection, or other potentially infectious diseases. Students who do not attend class due to an illness may not participate in a clinical experience within 24 hours of the end of the course. Additionally, if the student had a fever, they must be afebrile for 24 consecutive hours before attending any clincial experience.

Students must be current with their vaccinations, including annual influenza vaccination and any other vaccinations that a clinical site or UMBC requires. The intern and the intern's insurance company will be responsible for immunizations, medications, and medical care. Due to mandatory requirements set forth by the clinical and field sites, vaccines are compulsory unless a medical problem or religious reason is associated with the vaccine. In

writing, the intern must request a waiver from the Clinical Coordinator should they desire an exemption. This waiver must be reviewed and approved by the Program Medical Director to be official.

Confidentiality

Students will require information to perform their duties as an intern for the Department of Emergency Health Services. This information will include patient information, medical, family, and social history, and other items, which must be held in strict confidence.

Patient Information

Students must understand that any patient information, medical, or non-medical, belongs to the patient and that the precepting agency only permits them to access such information to the extent that providing or supporting patient care is confidential, and unless directly related to the care of patients, they will not reveal it or discuss it with other patients, associates, friends, relatives, or anyone else within or outside of UMBC.

Business Operations Information

Students must understand that any information regarding the business operations of any agency, which includes, but not limited to, financial operations, quality assurance, risk management, computer security information, etc., belongs to that agency and that agency only permits them to access such business information to the extent that it is necessary in the performance of their duties. They must understand that all operation information is confidential, and unless directly related to their duties, they will not reveal it or discuss it with any source including other associated, friend, patients, relatives, or anyone within or outside of UMBC.

Computer Access Information

Students must understand that if they are issued a computer access security code, they will safeguard it from disclosure to any unauthorized person. They will be held responsible for any information entered or manipulated by their assigned security code. They agree to access information through any means that the agency does not authorize. This includes using another student's access code. They understand that their access code will be used as their electronic signature and is comparable to their legal written signature.

Community Service

Paramedic students will participate as care providers during the JFK Ultra-Marathon on a designated Saturday in November in Williamsport, MD. This race is an all-day event lasting from approximately 1100 to 2200 hours and is mandatory.

Counseling

For this policy, counseling will refer to communication between the Paramedic Program Director, Medical Director, and other paramedic program faculty. It will not encompass student advising sessions addressed in a previous section in this handbook.

Students shall receive frequent feedback each semester on their progress within each learning domain. These counseling sessions may include but are not limited to meetings to discuss academic successes, difficulties, and deficiencies. All sessions should provide academically related advice or guidance for each of the three learning domains. Additionally, counseling sessions will include all program-related disciplinary meetings.

For each counseling session, documentation shall minimally include the following:

- Date of the session
- Reason for the session
- Essential elements of the discussion of the session
- Corrective action and the timeline for that action, if applicable
- The decision of the result of the counseling, if applicable
- Signature of the school official doing the counseling
- Student's response to the counseling, if applicable
- Signature of the student acknowledging receipt of the counseling completed the form, if applicable

The program director will maintain a record of all program-specific counseling in the student's digital file held within the department. In addition, the university will maintain any university-related counseling through the university; the department may keep copies in the student's departmental file as well.

Discipline

It is the hope and desire of the faculty of the Paramedic Program to prevent or correct behavior before disciplinary action or separation from the program is required. However, as most issues are not intentional or egregious and are often the result of poor training or communication, the Paramedic Program believes in setting clear expectations. Students will be aware of these through course orientations and syllabi in combination with the clinical and program handbooks.

If there is a deviation from the accepted behavior or practice, the faculty and instructors of the program must retrain or coach the student, providing constructive feedback when

appropriate. Documentation of the counseling session should be made in these instances to help determine if there is a pattern of behavior. Faculty and staff should consult the program director or clinical coordinator in these situations.

Depending on the severity or intent of the infraction, the Program Director may opt to elevate the action to the level they may find appropriate. The Program Director will make this decision once they have spoken with all those involved, which may include but is not limited to the clinical coordinator and the medical director.

The Program Director is responsible for documenting all steps of the progressive discipline process, which will be as such:

- Counseling session
- Verbal warning
- Written warning
- Course or clinical suspension
- Program suspension
- Program dismissal

Refer to the Counseling section for the required documentation of all disciplinary counseling sessions.

Please note that this policy does not supersede that of UMBC. Depending upon the infraction, the Paramedic Program may take additional disciplinary action beyond that of UMBC.

Diversity Statement on Civil Dialogue

Paramedics will encounter people of all different backgrounds and with other opinions and viewpoints. Throughout this program, we will engage in dialogue that may push how we think personally, politically, and medically to allow students to develop different ways of thinking and acting. As the instructor, I welcome questions, personal insights, experiences, and emotions that help us grow in how we think. Please know that I may not share the same views, which is not bad, for these differences can lead to a vibrant discussion. I encourage students to interject and present their beliefs during a disagreement. However, we must do so professionally and respectfully. These shared experiences enrich the learning experience and make it more interesting.

Drug Testing

The Department of Emergency Health Services Paramedic Concentration supports the concept of a "drug-free" lifestyle. Further, students understand that completing a drug screen by an agency selected by the program, similar to the application process, is an annual requirement and student expense.

The program and those associated with it reserve the right to require immediate random drug screening or testing-for-cause of any student (individual or group) at any time. Failure to comply with the requested screening will result in consultation with the Program Medical Director, UMBC Office of Legal Affairs, and the student's dismissal from the program. Removing classes may result in either a "W" or "F" on the student's transcript. In addition, the student will not be allowed to re-enter the program.

However, students concerned that they might have a substance abuse problem are encouraged to contact the Program Director and the University Counseling Center for assistance.

Electronic Devices

Technology has become an integral part of our lives, society, and even our culture today than ever. When used properly, these devices can augment the learning process. However, when misused, they can become a distraction to the student, their classmates, the instructor, and the overall learning environment. It is the latter that all electronic devices such as watches, pagers, or cell and smartphones are either turned off or placed into silent mode; vibrate mode does not count as being silent, even when the class is online.

If a student must remain in contact with family due to injury or illness, they should make prior arrangements with the instructor. They may place the device on vibrate if the instructor permits. If contacted, the student is to quietly leave the classroom or put their microphone on mute before answering the phone or returning the call. Otherwise, no student may interrupt the class to take or return a message or phone call. Cellphones with cameras are not allowed in the class sessions, either on-site or virtual. Due to our program's sensitive and sometimes private nature, students will not take any photographs or videos unless as part of a lesson and with the permission of the instructor.

Students are also not to make screen captures without the consent of the instructor. Students must have a computer or tablet available for use in the physical classroom and the virtual one. Students will only use a computer or tablet while attending an online class, completing lab evaluations, performing student note-taking, completing instructor-directed research, facilitating the recording of group activities, or preparing reports. Using a computer, tablet, or other similar devices in the classroom will be a privilege for the student.

Students are not to check e-mail or messages, browse the

internet, or use social media sites such as Facebook or Instagram in class. Using these devices in the physical classroom will be at the instructor's discretion, who reserves the right to restrict electronic devices in the physical classroom if they are deemed disruptive.

Because we know that students have a life outside of this program, breaks are provided in all classes to have ample time to take care of personal business.

EMT Certification and Affiliation

Students must maintain a current National Registry EMT, equivalent, or higher certification and a current healthcare provider CPR certification throughout the program.

Flexibility

Every effort is to follow the published schedule. However, unexpected events often occur that require moving or rescheduling class meetings. Therefore, cooperation and flexibility will be needed to create a successful learning environment.

Many students need to work to support themselves financially throughout the program. Therefore, we recommend that students work no more than 10 hours per week. While the faculty acknowledges this, students should not expect the program or schedule to change to accommodate their outside responsibilities.

Grievances

Suppose a student has a grievance with a course, a faculty member, instructor, another student, or the program itself. First, the student or students should attempt to communicate directly with the person responsible for the complaint. So often, these issues result from miscommunication or misunderstanding that we can often resolve quickly and efficiently between the parties concerned. If the student does not feel comfortable confronting the person, then they should speak with a faculty member, preferably the course's lead instructor. If the issue is with the faculty member, they should talk with the Paramedic Program Director. Finally, the student should seek an audience with the EHS Department Chair if the issue is with the Program Director.

Health and Physical Examination

Before classes, students must complete the health and physical examination form, including immunizations. The student must be mentally and physically capable of performing all duties of an EMT throughout the 21 months of the program. In addition, the student must maintain health insurance throughout the paramedic program. Students needing health insurance may consider Aetna Student Health Insurance through UMBC. Students may find more information about this on the Retriever Integrated Health website at https://health.umbc.edu/coverage-and-costs/aetna-student-health-insurance/.

Legal Situations

The student is responsible for notifying, in writing, the Paramedic Program Director of any legal issues, including but not limited to tickets and arrests, regardless of adjudication, that occur after beginning the program. Failure to promptly notify the Program Director may be grounds for dismissal from the program. Pending the resolution of an arrest, suspension of the student from clinical sites and the program will occur. In addition, removal of the student from the program will occur for any student who fails to convey any related information accurately.

Maximum Hours for Out-of-Class Work

The UMBC Paramedic Program is an intense program requiring students to spend countless hours outside of class time to attend clinical and field rotations, study for quizzes and examinations, and complete homework assignments. For these reasons, we recommend that students not work more than ten hours per week. For example, 15 academic credits are equal to working 40 hours per week, a full-time job. Students must weigh the necessity of paying for school and the desire to gain more experience against the time spent on coursework. Additionally, each student handles workload differently. Therefore, students should feel comfortable approaching the faculty to discuss this guideline.

Personal Grooming And Appearance

Our appearance is often our source of personal identity. From the clothes we wear to the color and style of our hair, we desire to be individual. The public, especially patients and their families, sees us before talking to us; they often form their opinions early in the encounter. The public safety industry is a uniformed service to create a sense of professionalism and identity. Therefore, how we present ourselves is essential to how people interact with us. To help students transition towards the appearance that employers and the public have come to expect, their appearance in class will be part of their Affective Evaluation. Students wishing to receive the highest grade in this area wear business casual or the EHS-approved uniform. A writer for

Indeed.com, Whitney Headen, wrote an article entitled, What Does "Business Casual" Mean? (With Example Outfits) and provides a substantive depth to the topic. In certain situations, and with permission from the instructor, students may choose to wear their UMBC scrubs instead.

The grooming and hygiene of the student will be impeccable, with their hair worn appropriately for the environment. The student should also be free of excessive jewelry with makeup, perfume, or cologne usage being discreet and tasteful. Some clothing and appearances will not be tolerated in the classroom, resulting in dismissal from that class session. Some examples of inappropriate dress include, but are not limited to:

- Flip-flops or slides
- Clothing with holes
- Extreme shorts or short skirts
- Tank tops or strapless shirts unless paired with a blazer, jacket, or cardigan
- Clothing that reveals a bare midriff
- Clothing with inappropriate logos, text, or a visible abdomen
- T-shirts
- Pajamas

Safety is another reason for these grooming and appearance guidelines. For example, specific loose clothing or jewelry can get caught on equipment injuring the provider.

These are general guidelines on how students should present themselves. Of course, each instructor may interpret and even alter these guidelines as they see fit. Instructors will inform students of their expectations at the beginning of each course or when they change.

Whenever in uniform, students will follow these guidelines:

Field Uniform

Shirt

- UMBC Department of EHS Polo shirt.
  - Shirt MUST be tucked into pants at all times.
  - If an undershirt is worn, it may only be crew or "V" neck and may only be blue or white.

Pants

- Blue Work Pants or EMS pants.
  - Pressed and clean.
  - Black belt must be worn.

Job Shirt

- UMBC, Department of EHS "job shirt" is appropriate.

Footwear

- Black shoes or work boots.
  - Boots must be black, scuff- and tear-free, in good repair.

ID Badge

- A UMBC-issued ID badge must be worn at all times while at a clinical and field site.

Hair

Head Hair

- Neat, clean, and well-groomed at all times.
- Restrained when extending below the collar.
- Gathered together and restrained between the shoulder blades, not visibly extending below the shoulder blades.
  - Restrained with pins, braids, or a soft navy blue or black restraining device.
  - Remain restrained during the tour of duty or when in uniform.
- Not be worn so that it poses a risk of being entangled or falling into a patient's face during patient care.
- Be of color naturally occurring in humans.
  - Hair colors that would be regarded as extreme, faddish, or artificial, such as purple, pink, or green, are PROHIBITED.
  - Includes wigs, tracks, and hairpieces
- Be prohibited if worn in an extreme or fad hairstyle.
  - These styles include but are not limited to those that incorporate designs or sculptures using the hair designs cut into the hair, or any style that presents an unprofessional or disheveled appearance.
  - Includes wigs, tracks, and hairpieces

Facial Hair

- Sideburns will not extend below the lowest part of the ear and end with a trimmed, clean-shaven line.
- Mustaches can be worn; handlebar, rolled, curled, or excessively thick mustaches are PROHIBITED.
- Goatees, beards, and other facial hair styles except those described herein are PROHIBITED.

Makeup

- May wear makeup that is subtle and professional in appearance.
  - Lip color, eye shadow, and cheek color must be natural in color.

- False eyelashes, heavy eyeliner, and bright colors are PROHIBITED.

Fingernails

- Kept neat and clean and shall not extend longer than 1/4" beyond the tip of the finger.
- With nail polish and designs that are conservative in color.
  - All nails will be the same.
- No acrylic nails.

Ornamentation

Jewelry

- Earrings are limited to one studded type in each ear.
  - Dangling or hoop-type earrings are PROHIBITED.
- Rings will be limited to one on each hand.
  - An engagement ring and wedding band is worn on the same finger will be considered one ring.
- Bracelets are limited to one on each wrist and should not interfere with the fit or donning of protective equipment.
- Necklaces and pendants must only be worn underneath the uniform.
- Jewelry or personal ornaments will not be affixed to any part of the uniform, equipment, or visible part of the body (i.e., tongue. lip, nose, etc.), excluding the ears unless otherwise stated in this policy.

Tattoos and Body Mutilation

- Objectionable tattoos, intentional body mutilations, or other body adornments shall not be visible.
- Objectionable tattoos, intentional body mutilations, or other body adornments on/in the hands, neck, face, head and ears are PROHIBITED.
- Objectionable adornments include but are not limited to:
  - Split or forked tongue
  - Foreign objects inserted under the skin to create a design or pattern
  - Foreign objects inserted in the tongue or mouth
  - Enlarged or stretched holes in the ears
  - Intentional scarring or branding
- Students with objectionable tattoos, intentional body mutilations, or other body adornments on the neck, forearms, wrists, or legs, will wear a long sleeve uniform shirt during all seasons to fulfill the requirements of this policy.

Dental Ornamentation

- The use of temporary gold, platinum, or other veneers or caps for ornamentation are PROHIBITED.
- Teeth, whether natural, capped, or veneer, shall not be ornamented with designs, jewels, initials, etc.

Photography and Video

Taking or sharing photographs or videos with any device, involving but not limited to a patient or a scene, is strictly prohibited during hospital or ambulance clinicals and may be considered a HIPAA violation. Violation of this policy may result in disciplinary action or expulsion from the program.

With the student's approval, the use of photographs or videos taken in the classroom, laboratory, or clinical/field visits can be used for publication in marketing materials, UMBC and Department of EHS websites, and social media for publicity or recruiting for the program.

Privacy and Confidentiality

During education and clinical experiences, students will interact with instructors and patients who may share privileged and private information. Students are under legal and ethical obligation to respect the privacy of all individuals and acknowledge the standards and guidelines set forth by all state and federal laws, such as HIPAA. Violation of confidentiality could result in termination from the paramedic program and legal action.

Program Separation

Program separation only applies to those students who have been accepted and are currently in the core program. Typically there are third and fourth-year students.

There are many reasons that a student may separate from the program. Student-initiated causes may include financial, physical, psychological, emotional, or personal reasons. However, Program-initiated reasons may include, but are not limited to, failure of any core paramedic course, failure to maintain an average of a 'C,' unacceptable affective behavior, violation of university or program policies and guidelines, academic dismissal, and criminal charges or convictions.

If there is separation from the program, the separation will be for the academic year's duration. Following separation, the student must schedule a meeting with their advisor, the Program Director. They will discuss the next steps, which may include scheduling non-core paramedic courses for the upcoming semester, selecting a new major, or providing other forms of assistance so that the student may succeed academically at UMBC.

In orientation, students will review and acknowledge the Re-Entry Policy.

Re-entry Policy

In the instance a student were to separate from the Paramedic Program during either the junior or senior year for whatever reason (personal, accident, medical, psychological, etc.), the following are the guidelines for re-entry:

1. The student must write a letter to the Program Director requesting re-entry.
    a. The Program Director and Medical Director will both review this request.
2. Upon determining that the student is eligible, the Program Director will set a date for a re-entry examination consisting of both a written and practical evaluation.
    a. At that time, the Program Director will provide the student with a letter detailing exactly which didactic and psychomotor material they are responsible for completing.
    b. The written examination will cover any didactic material from the course sequence of EHS 461–468 that the student has completed and will not include material from any failed or withdrawn course.
    c. The practical examination will cover psychomotor skills from EHS 461–468 or 481–484 that the student has completed and will not include the material from any failed or withdrawn course.
3. In consultation with the Medical Director, the Program Director reserves the right to request a letter of clearance from a licensed physician or nurse practitioner if the withdrawal was due to medical reasons.
4. In consultation with the Medical Director, the Program Director reserves the right to request a letter of clearance from a licensed psychiatrist or mental health professional (LCSW-C or LCPC) if the withdrawal was due to psychological reasons.
5. To be readmitted, the student must be successful in ALL aspects of the re-entry examination.
    a. The student must pass the written examination with a minimum score of 70%.
    b. The student must pass all the stations of the practical examination.
6. Failure of any component of the re-entry examination process will result in the student failing the entire evaluation.
    a. The Program Director will deny readmission to the student.
    b. No additional re-entry exams will be administered.
7. Should the student wish, they may submit a new and complete application packet for the next paramedic class.
8. All decisions made by the Program Director and Medical Director are final.

Record Keeping

The Department will maintain student records digitally with the Program Director, Clinical Coordinator, Medical Director, Chair, and the Department's Program Specialist having access. Students may request to view their file by contacting the Program Director or through the chain of communication established in the Grievance Policy.

Each cohort will have its folder. Each student's folder will live in the folder of their respective cohort or with the cohort with which they graduated.

Each folder will contain the student's Academic Pathway/ Progression, their Terminal Competency Forms, and several subfolders labeled as and containing information pertaining to:

- Agreements and MOUs
- Certifications
- Affective Evaluations
- Medical and Background Screenings
- UMBC-Related Communications
- Clinical Related
- Application Documentation
- Disciplinary
- Course Paperwork

Students should know that these records are not all-inclusive and that the university Registrar maintains the student's official records and transcripts. Additionally, advising meeting documentation is maintained digitally through the UMBC Advising Center.

Recording of Class Sessions

Audio or video recording of class sessions and lectures is not allowed without the instructor's written permission. Posting class recordings on YouTube or other file-sharing sites is prohibited and will result in removal from the course. However, the instructor may choose to record and post individual lectures on the course site. All students will be aware of when these recordings are occurring.

Repeating a Course

If a student is to remain in their current cohort, they may not repeat a course of study. If the student separates from the program due to a course failure and the student enacts the Re-entry policy, they must retake the course or courses in which they were unsuccessful. However, if the student wishes to repeat any of those classes in the sequence, they may. However, as per UMBC policy, students may only register for a class twice. If they wish the third attempt, they must petition the Academic Success Center.

Safeguards

Students Identified as Students

The health and safety of patients/clients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. Paramedic students must be readily identifiable as students. All activities required in the program must be educational, and students must not be substituted for staff.

Student Work Policy

Students not attending a clinical or field rotation scheduled by the UMBC Clinical Coordinator may not perform any skills that are out of their scope of practice at their current level of certification.

The performance of any skill outside this scope of practice will result in immediate suspension from the program until reviewed by the Program Medical Director and Program Director. After review, the student may be dismissed from the Paramedic Program without the opportunity to re-apply, expulsion from the university, revocation of current certification following a MIEMSS review, and possible criminal and civil charges.

Skills Laboratory

In addition to published coursework, the program will offer a required skill laboratory in the fall semester of the junior year, EHS 481.

Students must wear appropriate clothing for participation in physical activities commonly encountered by EMS personnel. Any student unable to participate as a partner in lifting a 200-pound adult patients should discuss their continued involvement in the paramedic track with the Program Director. Temporary medical conditions preventing full participation in laboratory exercises must be documented with a licensed health care professional note stating the extent and time frame of limited activity.

To gain patient empathy and clinical skill, students should expect to experience and participate in administering at least one subcutaneous, intramuscular, and intravenous injection of normal saline.

Students will need to provide access to their thorax for instruction and skill practice. For male students, this will require the removal of a shirt. Female students should wear either a two-piece swimsuit top or sports bra. The area below the left breast must be accessible for 12-lead ECG monitoring.

Social Boundaries with Patients and Staff

During all classroom, clinical, and field experiences, students represent the University, the EHS Department, and themselves. Therefore, students must always maintain a high level of professionalism. They will not solicit non-job/task-related information, such as personal phone numbers and email addresses, from patients, patients' friends and family members, or staff members of clinical sites, including field stations. Likewise, at no time will students solicit or accept any gifts or any other kind of remuneration for services from anyone.

Social Networking Sites

The UMBC Department of Emergency Health Services recognizes that some use social media websites to communicate and network. We also know that current clinical sites, future employers, classmates, and faculty visit these sites frequently. In addition, those potential employers may research social networking sites when considering applicants for future employment. Any information on these social media websites is never wholly deleted; therefore, students should think carefully before posting any information on a website. Dialogue must always be professional and respectful and should never include individuals' identifying health information of others.

Each student's responsibility, as a Department of Emergency Health Services representative in the Paramedic Program and as a future health care professional, must be professional and respectful when using social media. Therefore, students must not post any information that:

1. Identifies patients or other individuals, including, but not limited to pictures, test results, or any additional information that would allow the reader to recognize the identity of the specific individual;
2. Comments on or places judgment on a clinical site, its staff, other paramedic students, classmates, or faculty members;
3. May represent the student or others in an unprofessional manner. This consideration should

include posting pictures, language, or activities that others may misinterpret as condoning alcohol use, substance abuse, sexual promiscuity, or other inappropriate behavior. Students who have violated the above, who violate patient confidentiality, who post inappropriate, unethical, unprofessional, or defamatory material will be subject to discipline. This discipline includes but is not limited to suspension or dismissal from the program, academic probation or dismissal, criminal prosecution, and personal civil liability.

Netiquette

"Hey, prof, I'm in ur online course... i need more time for the essay...is this ok? "

What is netiquette?

Netiquette is a set of guidelines to help students communicate effectively and appropriately in online environments with their instructor and classmates.

Why do we need guidelines?

Students communicate with their friends and family in many ways, such as text messages, chat, Facebook, and email. These communication channels are fast and easy to use, but how we talk to each other using them is very different from how we should communicate with each other in a professional environment. For example, when students do not meet their instructor or classmates in person, the basis of everything they know about them is through this electronic communication. Therefore it is crucial not to offend or alienate anyone deliberately or accidentally.

Behind Every Name, There is a Person:

- Respect the privacy of classmates and what they share in class.
- Ask classmates for clarification if a discussion posting is offensive or difficult to understand.
- Avoid sweeping generalizations. Back up stated opinions with facts and reliable sources.
- Understand that we may disagree and that exposure to other people's opinions is part of the learning experience.
- Be respectful of each other; we are all in this together.
- Before posting a comment, ask if it would be said to a person's face.
- Keep in mind that everything word and every mouse click remains on the network server.
- On the internet, there are no take-backs.
- Keep in mind that this is a college class. Something inappropriate in a traditional classroom is also unacceptable in an online classroom.

Basic Online Communication:

- Be aware that typing in ALL CAPITAL LETTERS indicates shouting.
- Be careful with humor and sarcasm as there are often misunderstandings.
- Review all discussion board postings BEFORE posting to prevent redundancy and repetition.
- Check for errors by reviewing before submitting the communication.
- Acronyms, such as LOL and emoticons (smiley faces), are common for informal communication, but be careful not to overuse them.

Remember that communication with the instructor or fellow students may be best through the Discussion Boards; please use email if the question is confidential. By posting so everyone can read it, fellow students can benefit from the question and the answer.

Student Conduct

We anticipate an informal yet professional classroom atmosphere to accomplish the paramedic program's objectives. It is an expectation that students attend and participate in class. A classroom or synchronous online learning is to allow direct, real-time personal interaction between the instructor and students. For this to occur, students must share in the educational process. This sharing can only happen if students are present, attentive, and focused. Such behaviors as talking, reading, working on assignments for other classes, surfing the web, answering emails, text messaging, and even sleeping indicate to the instructor that students are not interested or willing to take responsibility for their education. These behaviors are just plain disrespectful to the instructor and their classmates. Any student engaging in conduct that the instructor feels is disruptive to the learning environment will be asked to leave the class. Such behaviors will directly impact the student's Affective Assessment. It is an expectation that students conduct themselves in a manner consistent with the UMBC Policy for Academic Misconduct in Undergraduate Courses and the Student Conduct Code.

The Paramedic Program reserves the right to suspend or dismiss a student for conduct detrimental to the best interest of the Paramedic Program.

The following types of behavior are considered violations of Paramedic Program standards for student conduct and may result in suspension or other disciplinary action or failure of the course:

1. Threatening the life or physical safety of others.
2. Conduct that substantially disrupts, impedes, or interferes with the operation of the Paramedic Program or any clinical site.
3. Conduct that substantially infringes upon or invades the rights of others.
4. Negligent or deliberate destruction or misuse of property belonging to the Paramedic Program, hospital, field internship sites, and equipment to fellow students, instructors, preceptors, or an in-hospital or out-of-hospital patient or visitor at the hospital.
5. Violation of conditions of probations.
6. Academic dishonesty
7. Any unauthorized manufacture, possession, use, distribution, or sale of alcohol or drugs, whether by faculty, staff, or students on college property or any Paramedic Program-sponsored event, is contrary to the purpose and policies of the Paramedic Program.
8. Conduct that has resulted in the student's conviction for any offense specified in federal or state criminal statutes. These policies do not intend to prohibit the participation in the Paramedic Program of individuals who may have a previous criminal record or have met the requirements of the law.
9. Harassment involving a Paramedic Program instructor, staff member, or student based on sex (see Harassment, including sexual Harassment).
10. Willful violation of any published regulation for student conduct adopted or approved by the Paramedic Program.
11. Violation of any rule, regulation, practice, or failure to meet the program requirements of the Paramedic Program.
12. Falsification of Paramedic Program records.
13. Loitering, loafing, or sleeping while functioning as a student.
14. Failure or refusal to follow the instructions of a duly assigned instructor or preceptor, refusal to accept an assignment.
15. Using vile, intemperate, or abusive language or acting disrespectfully toward any patient, visitor, instructor, preceptor, student, or other people at any time.
16. Disorderly conduct such as fighting, "horseplay," or annoying other students on the college premises or clinical sites.
17. Possession of any weapon of any type on the college premises or during any authorized Paramedic Program activity.
18. Gambling, conducting games of chance, or possessing gambling equipment on college premises or during any authorized Paramedic Program activity.
19. Creating or contributing by act or omission to unsafe or unsanitary conditions.
20. Smoking in unauthorized areas or at unauthorized times.
21. Unauthorized solicitation or distribution of literature on hospital/college property or during any authorized Paramedic Program activity at any time.
22. Posting or removing notices in the college/hospital or Paramedic Program activity.
23. Unauthorized possession, use, copying, or reading of hospital, Paramedic Program, patient, or business records or disclosure of information contained in such records to unauthorized persons.
24. Larceny, misappropriation, or unauthorized possession of property belonging to the college, Paramedic Program, to another student, instructor, preceptor, or to a patient or visitor at the college or Paramedic Program activities.
25. Poor personal appearance or personal hygiene.
26. Excessive absences or tardiness.
27. Behavior inconsistent with the National Association of Emergency Medical Technicians Code of Ethics.

    Professional status as an Emergency Medical Technician and Emergency Medical Technician-Paramedic is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician a the basic level or an Emergency Medical Technician-Paramedic, I solemnly pledge myself to the following code of professional ethics:

    A fundamental responsibility of the Emergency Medical Technician is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.

    The Emergency Medical Technician provides services based on human, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.

    The Emergency Medical Technician does not use professional knowledge and skills in any enterprise detrimental to the public well being.

    The Emergency Medical Technician respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.

    The Emergency Medical Technician, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the Emergency Medical

Technician has the never-ending responsibility to work with concerned citizens and other health care professionals in promoting a high standard of emergency medical care to all people.

The Emergency Medical Technician shall maintain professional competence and demonstrate concern for the competence of other members of the Emergency Medical Services health care team.

An Emergency Medical Technician assumes responsibility in defining and upholding standards of professional practice and education.

The Emergency Medical Technician assumes responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and knows and upholds the laws which affect the practice of the Emergency Medical Technician.

An Emergency Medical Technician has the responsibility to be aware of and participate in matters of legislation affecting the Emergency Medical Technician and the Emergency Medical Services System.

The Emergency Medical Technician adheres to standards of personal ethics which reflect credit upon the profession.

Emergency Medical Technicians, or groups of Emergency Medical Technicians, who advertise professional services, do so in conformity with the dignity of the profession.

The Emergency Medical Technician has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an Emergency Medical Technician.

The Emergency Medical Technician will work harmoniously with and sustain confidence in Emergency Medical Technician associates, the nurse, the physician, and other members of the Emergency Medical Services health care team.

The Emergency Medical Technician refuses to participate in unethical procedures, and assumes the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

– The National Association of Emergency Medical Technicians

28. Insubordination
29. Using social media (in any form; current, past, or future) in any means that is unprofessional toward an instructor, fellow student, preceptor, or clinical affiliate.

Student Evaluation

Each semester the student will be evaluated on three domains of learning: cognitive, psychomotor, and affective. The cognitive domain is the classroom or didactic experience. The psychomotor domain is the evaluation of hands-on skill performance. Finally, the affective domain evaluates personal and professional growth in, but not limited to, the areas of personality, professionalism, hygiene, and attitude. Failure to achieve competence in any of the three domains is grounds for failure in the Program.

Students as Victims

Since the nature of this course is to learn to assess and treat sick or injured persons in a hands-on setting rather than in a sterile academic environment, students must agree to function as victims for their classmates on a rotational basis. Every effort to ensure the dignity of each student is imperative. Improper actions or statements by students related to others who have volunteered to function as a "victim" are inappropriate. They can result in dismissal from the session and even the course. The Instructor will discuss proper apparel. Realizing that some students are reluctant to function as a "victim," it is an expectation that each student will participate fully in the class. A student cannot learn to do patient assessments correctly except by performing them on a person, and that person will be another student enrolled in the class.

It is also an expectation that students volunteer to be victims for the seniors' paramedic practical examination in May. Therefore, students should keep this in mind and plan accordingly now.

Transportation

Field trips and clinical/field internships are part of the curriculum. Students must have access to a vehicle for transportation as internship experiences may be up to 90 miles away in some situations, and group travel is not often appropriate. Students are responsible for tolls, parking, and related travel expenses.

Trauma-Informed Pedagogy

Diminished mental health can interfere with optimal academic performance. The source of symptoms might be related to a student's course work; if so, please speak with me. However, problems with other parts of a student's life can also contribute to decreased academic performance. UMBC provides cost-free and confidential mental health services through the Counseling Center to help manage personal challenges that threaten personal or academic well-being. Remember, getting help is a wise and courageous thing to do. The UMBC Counseling Center is in the Student Development & Success Center (between Chesapeake and Susquehanna Halls).

Phone: 410-455-2472.

Hours: Monday–Friday, 8:30am–5:00pm.

Use of Electronic Devices

Electronic devices such as laptops and cell phones are part of today's world. However, checking email, text

messaging, twittering, or other forms of social media or communication is not acceptable in the classroom and field /clinical setting. The faculty will not tolerate their use. EHS Department instructors reserve the right to restrict any electronic devices, including computers, at any point in the program. The recording or sharing of instructor lectures without permission is prohibited. Inappropriate use of electronic devices in the field/clinical setting could result in disciplinary action by the program and field/clinical site. Violations of privacy could result in legal action.

Variance Event Policy

Purpose

There are times when an event may occur, or seem to occur, that does not follow current policies, procedures, guidelines, and/or accepted practice. This variance from these established policies, procedures, guidelines, and/or accepted practice may require that the course of events preceding, during, and after the variance be investigated to determine if there was a deviation from those policies, procedures, guidelines, and/or accepted practice. The purpose of the Variance Event Policy is to allow faculty to determine if an incident has occurred that may have violated current policies, procedures, guidelines, and/or accepted practice without deeming it an incident until the investigation has concluded.

In the event that a variance is in fact a deviation from current policies, procedures, guidelines, and/or accepted practice, the investigation should focus on when, where, and why that deviation had occurred. Recommendations are to be made in regards to what disciplinary action should be taken, if any, and to propose a course of action as to how this deviation may be prevented in the future.

Procedure

1. An investigation into an event shall be at the discretion of the Paramedic Program Director and the investigation will be conducted by them or their designee.
    a. A Variance Event is any event that is perceived to deviate away from the current policies, procedures, guidelines, and/or accepted practice.
    b. A Variance Event may be perceived to have occurred and reported by any person directly or indirectly associated with the program and shall be submitted in writing either physically or digitally.
2. If the Paramedic Program Director, or designee, determines that the Variance Event warrants further investigation then the following shall occur:
    a. Depending upon the perceived severity of the variance, the student may be immediately suspended from any and all field and clinical shifts until such time that the Paramedic Program Director or designee is able to discuss the situation with the student.
        i. If a suspension is warranted then the Program Director or designee shall contact the student, either via phone or face-to-face, to inform them that a Variance Event has occurred and that they are temporarily suspended until such time that they meet with the Program Director or designee.
            (1) At no time shall the events be discussed over the phone, only that a complaint was received and that it is being investigated.
    b. Program Director or designee will investigate the perceived variance obtaining statements from the complainant and student as well as any witnesses.
    c. Once the investigation has concluded, the Program Director or designee, will complete a written report which will entail all details of the investigation as well as possible recommendations for disciplinary actions, if warranted, and measures to prevent future occurrences.
    d. At the conclusion of the investigation, the Paramedic Program Director will meet with the student to inform them of the findings of the investigation and if any actions are to be taken against the student.
        i. The complainant will not be informed of the specific findings of the investigation but will be informed, if request is made, if disciplinary action had been taken or not.
    e. The Paramedic Program Director shall, at any time during or after the investigation, immediately contact the appropriate university and/or governmental authorities if the variance violates any local, state, or federal laws, and/or university policies.

Land Acknowledgment

UMBC was established upon the land of the Piscataway and Susquehannock peoples. Over time, citizens of many more Indigenous nations have come to reside in this region. We humbly offer our respect to all past, present, and future Indigenous people connected to this place.

More information about the land acknowledgment and its importance may be found at https://nativegov.org/news/a-guide-to-indigenous-land-acknowledgment/.

Mission and Vision Statements

Mission Statement

UMBC is a dynamic public research university integrating teaching, research and service to benefit the citizens of Maryland. As an Honors University, the campus offers academically talented students a strong undergraduate liberal arts foundation that prepares them for graduate and professional study, entry into the workforce, and community service and leadership. UMBC emphasizes science, engineering, information technology, human services and public policy at the graduate level. UMBC contributes to the economic development of the State and the region through entrepreneurial initiatives, workforce training, K-16 partnerships, and technology commercialization in collaboration with public agencies and the corporate community. UMBC is dedicated to cultural and ethnic diversity, social responsibility and lifelong learning.

Vision Statement

Our UMBC community redefines excellence in higher education through an inclusive culture that connects innovative teaching and learning, research across disciplines, and civic engagement. We will advance knowledge, economic prosperity, and social justice by welcoming and inspiring inquisitive minds from all backgrounds.

Mascot

True Grit, a Chesapeake Bay Retriever, was selected as UMBC's mascot in 1966. Students may find the story behind how the loveable canine was selected and named in our history pages at https://umbc.edu/stories/the-true-story-of-umbcs-mascot-true-grit/. Now, take a moment to walk by the statue and rub True Grit's nose as it will bring good luck (https://umbc.edu/true-grit/_).

Leadership

The Leadership at UMBC is one working together with the university community to bring the vision statement to life. Students may find the current leadership of UMBC at https://umbc.edu/about/administration/.

Academics

University Academic Calendar

The UMBC Registrar's Office publishes the academic calendars. These calendars contain registration, course start and end dates, course drops and withdrawals, and university holidays. Students may find this information at https://registrar.umbc.edu/calendars/academic-calendars/.

UMBC Course Catalog

The UMBC Course Catalog is an excellent resource for future, current, and past students. The catalog is a digital resource found at https://catalog.umbc.edu/ and provides such information as:

- Academic Programs and Courses
- University Information
- Academic Requirements and Regulations
- Student Life and Campus Services
- Financial Information
- Faculty Listings
- Alumni Resources
- Archived Course Catalogs
- Obtaining Transcripts

Students may log in to their profile in my.umbc.edu to obtain an unofficial copy of their transcript. For an official copy of their transcript, students and alumni should refer to the Registrar's office website at https://registrar.umbc.edu/transcript/.

Accreditation

Regional Accreditation

University of Maryland, Baltimore County (UMBC) is regionally accredited by the Middle States Commission on Higher Education (MSCHE). The Middle States Commission on Higher Education is an institutional accrediting agency recognized by the U.S. Secretary of Education and the Council for Higher Education

Accreditation.

Middle States Commission on Higher Education
3624 Market Street
Philadelphia, PA 19104
267-284-5000

Period of Accreditation: Member since 1966

Last Reaffirmed: March 2, 2017

Next Evaluation Visit: 2025-2026

State Authorization

UMBC is authorized by the Maryland Higher Education Commission (MHEC), the State Licensing Authority, to confer degrees.

Maryland Higher Education Commission
6 North Liberty Street, 10th Floor
Baltimore, MD 21201
Fax: (410) 332-0270
Telephone: (410) 260-4500

Specialized Accreditation by Program

Several of UMBC's programs have gained specialized accreditation as noted below:

Maryland Institute for Emergency Medical Services Systems

Period of Accreditation: April 2013 - Present

Accredited Programs at UMBC: Advanced Life Support (ALS) Education Program

Next Review: 2023

UMBC Policies And Information

Academic integrity in the Online Instruction Environment

Academic integrity is an essential value at UMBC. By enrolling in this course, each student assumes the responsibilities of an active participant in UMBC's scholarly community in which everyone's academic work and behavior are held to the highest standards of honesty. Cheating, fabrication, plagiarism, and helping others to commit these acts are all forms of academic dishonesty, and they are wrong. Academic misconduct could result in disciplinary action that may include but is not limited to suspension or dismissal. These principles and policies apply in both face-to-face and online classes. Resources for students about academic integrity at UMBC are available at https://academicconduct.umbc.edu/resources-for-students/.

Accessibility and Disability Accommodations, Guidance, and Resources

UMBC provides support services for all students with disabilities who qualify under the Americans with Disabilities Act (ADA & ADAAA) and Section 504 of the Rehabilitation Act who request and are eligible for accommodations. The Office of Student Disability Services (SDS) is the UMBC department designated to coordinate accommodations that would create equal access for students when barriers to participation exist in University courses, programs, or activities.

If a student has a documented disability and needs to request academic accommodations in their courses, they should refer to the SDS website at sds.umbc.edu for registration information and office procedures.

- SDS email: disAbility@umbc.edu
- SDS phone: (410) 455-2459

If students are using SDS-approved accommodations in this class, please contact the instructor to discuss the implementation of the accommodations. During remote instruction requirements due to COVID, communication and flexibility will be essential for success.

Please note: Shady Grove campus (USG) student accommodation needs are arranged through the UMBC main campus SDS office.

Accommodations

UMBC dedicates itself to the success of every student. Students who feel they have any disability that may impact their learning experience are encouraged to reach out to the Office of Student Disabilities. Through SDS, students may receive certain services and accommodations that will provide them the opportunity to succeed in their chosen field of study.

Students may reach the Office of Student Disability Services through their website at https://sds.umbc.edu/.

Students should know that these accommodations will not translate to the Nationally Registry and should follow the NREMT procedure as stated in the previous section.

COVID-19: Safety Expectations and Guidelines

Students enrolled at UMBC must adhere to all UMBC policies, rules, and regulations, including COVID-19 emergency health and safety rules, policies, guidelines, and signage enacted for the UMBC community. For students attending in-person classes, signage, policies, rules, and

guidelines may include but are not limited to specific requirements for face coverings, physical distancing, and sanitization, in addition to reducing density efforts that involve reductions in seating and room capacity. Please be aware that UMBC's COVID-19 emergency health and safety rules, regulations, policies, guidelines, and signage are subject to change as our public health crisis changes. Any violation of these will subject the student to disciplinary action. This action may include but is not limited to immediate dismissal from the classroom, removal from the classroom and campus, a requirement to work remotely, and sanctions and conditions enumerated in the UMBC Code of Student Conduct that may entail suspension or expulsion from UMBC.

Enrollment Dates and Deadlines

Students must be familiar with the academic policies, enrollment dates, and deadlines published in the Undergraduate Catalog and the Academic Calendar. They are also responsible for managing their course enrollment(s) accordingly.

Hate, Bias, Discrimination, and Harassment

UMBC values safety, cultural and ethnic diversity, social responsibility, lifelong learning, equity, and civic engagement.

Consistent with these principles, UMBC Policy prohibits discrimination and harassment in its educational programs and activities or with respect to employment terms and conditions based on race, creed, color, religion, sex, gender, pregnancy, ancestry, age, gender identity, or expression, national origin, veterans status, marital status, sexual orientation, physical or mental disability, or genetic information.

Students (and faculty and staff) who experience discrimination, harassment, hate, or bias or who have such matters reported to them should use the online reporting form to report discrimination, hate, or bias incidents; reporting may be anonymous.

Pregnancy

UMBC's Sexual Misconduct, Interpersonal Violence, and Other Related Misconduct Policy expressly prohibits all forms of Discrimination and Harassment on the basis of sex, including pregnancy. Resources for pregnant students are available through the University's Office of Equity and Inclusion.

In addition, students who are pregnant may be entitled to accommodations under the ADA through the Student Disability Service Office and/or under Title IX through the Office of Equity and Inclusion.

Religious Observances

UMBC Policy provides that students should not be penalized because of observances of their religious beliefs; students shall be allowed, whenever feasible, to make up within a reasonable time any academic assignment that is missed due to individual participation in religious observances. The student must inform the instructor of any intended absences for religious observances in advance and as early as possible. For questions, please contact the Office of Equity and Inclusion at oei@umbc.edu.

Resources to Help Students Succeed in Online Courses

Many students need additional support to succeed in online courses. Click on the following links for helpful resources:

- UMBC's Academic Success Center (ASC) provides various resources to support students as they progress toward degree completion. They will continue to offer all of their services online.
- The ASC has created a specialized set of Online Learning Resources, including videos and guides, to help students succeed while learning online.

In addition, check out the following resources:

- Academic Success Center Resources
  - Online tutoring and writing support, supplemental instruction/peer-assisted study sessions (SI PASS), placement testing, FYI academic alerts, success courses, academic advocacy, academic policy, and academic success meetings.
- Tutoring and Writing Center Appointments
  - Will be online; students can make appointments using this link.
- Supplemental Instruction (SI)/ Peer Assisted Study Sessions (PASS).
  - The SI PASS program targets traditionally difficult academic courses, providing regularly scheduled, out-of-class review sessions in Blackboard Collaborate inside the existing Blackboard course.
- Academic Advocates
  - Advocates work one-on-one with students who need support navigating academic and institutional challenges, no matter how complex the concerns (i.e., personal, academic, or financial).
- Academic Success Meetings

- Schedule a one-to-one virtual meeting with an Academic Success Center Professional who can help students with time management, study skills, and accessing campus resources.

If a student has a question, they may contact the ASC at academicsuccess@umbc.edu.

Safety, Equity, and Inclusion

UMBC, its faculty and staff, and the community, in general, are dedicated to providing a safe environment for all. For this reason, all faculty and staff and all new students (undergraduate, graduate, and transfer students) must participate in the SafeColleges online training. Students may find this training at https://oei.umbc.edu/training/.

Another initiative is Green Dot. The premise of Green Dot is to reduce the "perpetration of power-based personal violence, including sexual violence, partner violence, or stalking" by changing the behavior of others. Students may find more information on Green Dot at https://conduct.umbc.edu/programs/what-is-green-dot/.

Students may find more information about creating a safe and welcoming environment for all students at the Office of Equity and Inclusion's website: https://oei.umbc.edu/.

Sex and Gender Based Violence, Harassment, and Discrimination

Any student impacted by sexual harassment, gender-based harassment, sexual assault, sexual coercion, relationship violence, domestic violence, sexual exploitation, sexual intimidation, sex, gender-based stalking or retaliation, or gender or pregnancy discrimination is encouraged to seek support and resources.

Students can access support and resources even if they do not want to take any further action. They will not be forced to file a formal complaint or police report. However, please be aware that the University may take action on its own if essential to protect the safety of the community.

Instructors are considered Responsible Employees per UMBC's Policy on Prohibited Sexual Misconduct, Interpersonal Violence, and Other Related Misconduct. Therefore, they must report disclosures of possible policy violations to the Title IX Coordinator, even if the experience occurred before the student attended UMBC.

Instructors desire to have students share information about their life experiences through discussion and written work. They also want them to understand that they must report Sexual Misconduct to the Title IX Coordinator so that the University can inform the student of their rights, resources, and support.

Suppose a student needs to speak with someone in confidence which does not have an obligation to report to the Title IX Coordinator about an incident. In that case, UMBC has the following Confidential Resources available for support:

- The Counseling Center
  - 410-455-2742
- University Health Services
  - 410-455-2542
- After-hours emergency consultation
  - 301-314-7651

Other on-campus supports and resources:

- The Women's Center (for students of all genders)
  - 410-455-2714
- Title IX Coordinator
  - 410- 455-1250
- Child Abuse and Neglect
  - Maryland law requires that instructors report all disclosures or suspicions of child abuse or neglect to the Department of Social Service and the police.

Technology: Access, Requirements, Resources, Support

To help ensure that UMBC students are equipped for academic success, the Division of Information Technology (DoIT) provides a wealth of resources and support, including tips for getting online and minimum specifications to consider when purchasing a computer. However, UMBC does require all students to be technologically self-sufficient, which entails having a reliable personal computer (preferably a laptop with a webcam) and Internet access. Since UMBC requires all students to have a computer and Internet access, students may use financial aid to meet this requirement. To learn more, students should contact their financial aid counselor at Financialaid.umbc.edu/contact.

Pandemic-Level CDC Compliant Clinical Educational Programs Policy and Guidelines

Policy Statement

Emergency Medical Services (EMS) education is regulated and prescribed by national and state entities that dictate the learning and course completion requirements. EMS is highly kinesthetic, dependent upon hands-on learning with specialized equipment that cannot occur anywhere other than in a laboratory or clinical setting. If the University is to move to a modified delivery of education or an all-online environment with the facilities' closure, the forward progression of these students will cease. If a pandemic-level event were to occur, the need to supplement the front-line medical responders would be imperative.

Purpose of the Policy

The purpose of this policy is to establish a process that will allow EHS faculty and students to continue their practical education in the instance UMBC enacts educational limitations as the result of a pandemic event, with or without an associated state of emergency. This plan's design is to be flexible based upon the current operating level of the main UMBC campus.

Culture of Safety Statement

Safety is a topic of concern within the emergency medical services community. In 2013, the National Highway Traffic Safety Administration (NHTSA) published The Strategy for a National EMS Culture of Safety. In their writing, it was their vision that EMS leaders would develop a Culture of Safety where "safety considerations and risk awareness permeate the full spectrum of activities of EMS everywhere, every day—by design, attitude and habit."

As a premier institution of paramedic education, our goal is to create an educational environment where faculty, staff, and students feel safe to work, to learn, and to report mistakes. Faculty and staff should continuously model the desired safety practices and behavior to the students. We encourage all to continuously reassess their safety and the safety of those around them, bringing forth any issues, concerns, or ideas for improvement without the fear of repercussions. We will continually evaluate our safety measures, making changes and adaptations as necessary but with the intent of being proactive. The design of this document is to be fluid, based on current and future practices.

The Safety Culture, as written in the 2013 document and defined by Douglas A. Wiegmann, Hui Zhang, Terry von Thaden, Gungan Sharma, and Alyssa Mitchell from the University of Illinois at Urbana-Champaign, will be the underlying principles that we shall adhere to:

> *"The enduring value and priority placed on worker and public safety by everyone in every group at every level of an organization. It refers to the extent to which individuals and groups will commit to personal responsibility for safety; act to preserve, enhance and communicate safety concerns; strive to actively learn, adapt and modify (both individual and organizational) behavior based on lessons learned from mistakes; and be rewarded in a manner consistent with these values."*

This statement will be the spirit of the culture that we will strive towards as we write, review, implement, and continuously reassess and update this document and our operational practices.

In our developing Culture of Safety, all participants in the program must understand and take responsibility for their safety. They must understand that the actions they take or choose not to take can directly or indirectly impact others. To maintain a safe environment, all should feel comfortable pointing out safety concerns to peers and those in leadership positions without the fear of confrontation or retribution. Through this strategy, we will continuously strive to maintain a safe environment for our students and all those we encounter outside of the classroom.

Applicability And Impact Statement

This policy will apply to all EHS faculty and instructors, and students who would be eligible for certification or licensure upon completing their academic program.

No student will be mandated to attend these face-to-face sessions. However, they must understand that they will need to make-up any missed sessions, skills, simulations, and the like upon mitigation of the pandemic event. Failure to complete these requirements may result in the student receiving a grade of incomplete for the course, delaying their program completion.

This policy should be read by the:

A. University Administration;
B. Department chair;
C. Program directors;
D. Clinical coordinator;
E. Individual faculty, instructors, and staff engaged in clinical education in the EHS Department
F. Students in taking EMS clinical courses.

Contacts

Direct any questions about this Departmental Policy to the Paramedic Program Director:

Subject	Contact	Telephone	Email
Policy clarification Faculty absence	Kyle Bates	410-455-3782 443-297-9274	KyleDavidBates@UMBC.edu
Student, staff, faculty absence	Gary Williams	443-840-6053	GaryWil1@UMBC.edu
PACE Program Director concerns	Crista Lenk	301-602-6795	clenk@UMBC.edu
PACE Program	William Dewar	443-804-4386	Wdewar1@UMBC.edu

Department Policy

A. Faculty Responsibilities

1. All faculty are to model appropriate infectious disease prevention and control behavior.

Phases I, II, III, O

a. While onsite, the highest-ranking faculty or staff member for that class or event will:
   i. Assure that all faculty, instructors, and students follow the current CDC Guidance for the use of personal protective equipment (PPE) and established infection control and prevention measures.

2. While onsite, the highest-ranking faculty or staff member for that class or event will:

Phases I, II

a. Complete all required documentation to include, but not limited to:
   i. Screening tools
   ii. Online after-action reports
b. Assure that all faculty, instructors, and students adhere to this policy.
   i. Individuals who fail to follow this policy and associated guidelines may be asked to leave by the highest-ranking faculty member.
      (1) The Program Director will review each case, and, in the event, the individual is a faculty member, will defer to the Department Chair.
c. Notify the Paramedic Program Director or designee anytime:
   i. An individual is denied admission.
   ii. An individual is sent home as the result of the screening tool or failure in adherence to this policy.

3. While in the room, the lead instructor will:

Phases I, II

a. Assure that the doors to the hallway and other rooms remain closed to allow the HVAC system to function properly.
b. Coordinate with other faculty members and instructors the movement of students:
   i. To and from the restrooms and classrooms to decrease the likelihood of student congregation and to maximize social distancing.

Phases I, II, III, O

c. Assure that all faculty, instructors, students follow current CDC Guidance for the use of personal protective equipment (PPE) and established infection control measures.
   i. These are attached to the end of this policy.

Phases I, II, III

d. Promote social distancing when appropriate by:
   i. Maintaining the currently CDC-recommended distance apart when not involved in practical learning, simulations, or other hands-on skills requiring a partner.

Phases I, II

e. Promote additional social distancing when appropriate by:
   i. Avoiding using a human-patient actor whenever possible; consider using a manikin instead.
   ii. Decreasing the amount of exposure by increasing the amount of space during scenarios and patient simulations.
      (1) Team leads work as normal.
      (2) Team members maintain the recommended distance until they are delegated to perform a task.

Phases I, II

f. Prevent potential droplet and airborne contamination by:
   i. Simulating the use of oxygen.
   ii. Not performing any skills or using any equipment that could or will result in the aerosolization of medications, whether real or simulated.

Phases I, II, III

g. Ensure that individuals remain nourished and hydrated while in the classroom.
   i. Any beverages shall be in a container that has a lid or cover.

(1) For lab or simulation settings

Phases I, II, III

(a) Consumption of beverages shall occur once the individual has doffed their gloves, perform hand hygiene, and moved at least six feet away from any individual as they remove their mask only long enough to drink. Once finished, the individual must again cover their beverage, perform hand hygiene, and don their PPE.

(2) For classroom settings

Phase III

(a) Consumption of beverages shall occur once the individual has moved at least six feet away from any individual, removing their mask only long enough to drink. Once finished, the individual must again cover their beverage don their PPE.

ii. For sessions lasting four hours or longer, or under special circumstances, individuals may take breaks to eat.

Phases I, II, III

(1) All foods should be contained in an impervious container.

(2) All foods may only be consumed in a designated area only once PPE has been doffed, hands sanitized, and appropriately distanced.

(a) The designated may be the "clean area" of the room but only when socially distant and with PPE removed for no more than five minutes.

(b) The designated area may be another room.

(3) Participants are to be more than 10-feet away from each other when eating.

(4) Participants should disinfect the area before and after eating.

(5) Participants are allowed to be out of PPE for no more than 15-minutes to consume their food.

Phases I, II, III

iii. Participants are not allowed to be eating or drinking anytime they are within 6-feet of another person and includes the third-floor lobby, or "EHS lounge" area.

Phases I, II, III, O

iv. Eliminate cross-contamination by:

(1) Perform hand hygiene whenever entering or exiting a room.

(2) Cleaning all equipment and general areas with a CDC-recognized disinfectant at the completion of individual skill stations and at the conclusion of the day.

(3) Encouraging that commonly-touched surfaces of the vehicle are disinfected.

Phase I

(4) Encouraging all persons to go directly home, leaving their shoes outside of their residence, disrobing and immediately laundering their clothing.

(5) Encouraging participants to immediately shower. *(EHS participants only)*

B. Screening

1. Self-Screening

Phases I, II, III, O

a. All faculty, instructors, and students will perform a self-assessment for illness prior to leaving their residence, and throughout the day. They must complete the UMBC Daily Symptom Monitoring Form as per University requirements.

i. If a person does not feel well or has a fever greater than 100.4° F they will:

(1) If a student, attempt to contact the lead instructor first, otherwise one of the individuals listed above.

(2) If a faculty member or instructor, notify either of the contacts listed above.

(3) Communicate their symptoms to assist in making decisions about future attendance

(4) Consider testing for an infectious disease.

(5) Contact the university response group if established.

(6) Consider contacting 211 and defer to instructions from the local health department.

(7) Understand there will be no negative consequences, such as impacting their grade.

Phases I, II, III

b. Any faculty, instructors, or students with pre-existing medical conditions should consult their primary care provider to discuss their risk of exposure and likely prognosis if they were to contract the disease.

i. There would be no disciplinary issues for those who do not attend and/or participate in lab or simulation sessions

Phases I, II

Onsite Screening

a. Screening for symptoms of potential infection will occur at a single, controlled point of entry on the arrival of all faculty, instructors, and

students. For sessions longer that four hours, these same screenings will occur midway through the session as well.

Phase I

b. Screening will occur at a designated point-of-entry, preferably before entering the building. In the instance of cold or inclement weather, participants will be allowed entry but must remain on the second-floor lobby area.
   i. There will be a designated area within the lobby that will identify where participants are to stand. There will be markings that allow for proper social distancing.
   ii. Participants should be donned in the current civilian-level personal protective equipment while they wait.

Phase II

c. Screening will occur outside the classroom area or other location identified by the instructor.
   i. Participants are not to enter the classroom area prior to instructor screening.
   ii. Participants should be donned in the current civilian-level personal protective equipment while they wait.

Phases I, II

d. Screening Tool
   i. These screenings will be performed by:
      (1) The highest-ranking faculty member who will oversee all assessments and assess all faculty and instructors throughout the day.
      (2) The second highest-ranking faculty member who will assess the highest-ranking faculty member.
      (3) The lead instructor of the room who will be responsible for assessing all students assigned to that room.
   ii. The screening tool will be based upon the current event and recommendations set-forth by the CDC and is attached to the end of this policy.
   iii. In the instance the screening tool reveals a potentially infected person, the screener will:
      (1) Deny entry into the classroom or facility.
      (2) Immediately move to another area away from other students and faculty.
      (3) Document the date, time, location, student or instructor name, Campus ID number, and specific reason(s) why they were denied entry.
      (4) Notify the highest-ranking faculty member who will immediately notify the Program Director or designee.
      (5) Submit the above information to the Paramedic Program Director or designee within one hour of the conclusion of the lab session.
      (6) Advise the individual to contact 211 and defer to instructions from their local health department.
      (7) Advise the individual to follow all current UMBC reporting requirements.
      (8) Advise the student that they may not return until cleared by their primary care physician and/or in accordance with public health guidance for returning to work and that they must contact the paramedic program director if they test positive for the current pandemic-related disease.
         (a) If the student is deemed to be positive, they must immediately contact the paramedic program director who, in turn, will notify University Health Services, the program medical director, and all persons present that day.

3. Exposure Screening

Phases I, II, III

   a. Any faculty, instructors, or exposed to a person under the investigation of pandemic-related infectious disease or person who has tested positive for the disease must notify the program director or designee and follow all current UMBC-related reporting requirements.
      i. These individuals should also quarantine as per current recommendations and UMBC requirements, even if they receive a negative test result.
         (1) There would be no disciplinary issues for those who do not attend and/or participate in lab or simulation sessions.
            (a) Every effort should be made to attend the session virtually.
               (i) Missed sessions must be made up in accordingly.
         (2) These individuals must receive permission from the University, program director, or designee to return to campus but will not incur any penalties for missed work, which they must make-up.
   b. All persons will follow-up with the University, program director, or designee if they are to

develop any signs or symptoms within 48 hours of the conclusion of their lab sessions.

i. The program director, or the student, will notify University Health Services or the designated UMBC contact tracing group and the program medical director immediately and inform them of the situation.

C. Room utilization

1. The following rooms listed with the identified maximum capacities to maintain social distancing when appropriate. These numbers are different than those designated by Campus as students are often working in pairs and wearing proper PPE.

Phase I

a. Room density

i.	Sherman 304	8 people
ii.	Sherman 304a	3 people
iii.	Sherman 305	15 people
iv.	Sherman 318	3 people

b. Students should remain in the same room for the entire session to minimize the number of different people in a room before cleaning.

c. Instructor or scheduler should consider scheduling students in longer sessions, as opposed to multiple sessions, to maximize their time while minimizing the number of times the room and equipment are disinfected.

2. The following rooms listed with the identified maximum capacities to maintain social distancing when appropriate. These numbers are different than those designated by Campus as students are often working in pairs and wearing proper PPE.

Phase II

a. Room density

i.	Sherman 304	10 people
ii.	Sherman 304a	2 people
iii.	Sherman 305	15 people
iv.	Sherman 318	5 people

D. Student and Participant Movement

1. Arrival and departure times of students should stagger every 30 minutes when multiple sessions are occurring to minimize the number of people moving through the hallways and to allow greater space for social distancing.

Phase I

a. Individuals shall not congregate outside the classroom or on University property.

b. Individuals should park in campus-approved parking areas that are closest to Sherman Hall, and ideally one parking space away from the next nearest vehicle.

c. Individuals shall only travel between their vehicle and identified training site, maintaining social distancing when possible.

d. Individuals shall only enter through an approved identified entrance and travel directly to their assigned room once they are properly screened.

e. Individuals should avoid the use of elevators but if required only one individual shall be allowed.

f. Visitors who are not approved by UMBC may not be present within the Department or EHS classrooms.

Definitions

A. Exposure

1. Any person who encounters another who is diagnosed with an emerging disease or a suspected PUI while not wearing the proper level of personal protective equipment (PPE) and/or there was a breach of that PPE.

B. Participant

1. Any person, faculty, staff, student, who is attending or working at an EHS-sponsored event.

C. Phases of Response

1. Phase I
   a. Campus and facilities are closed to students and the general public. EHS students are on campus under special permission.
2. Phase II
   a. Campus and facilities are open with restrictions and limited student capacities. Didactic classes will often be taught online.
3. Phase III
   a. Campus and facilities are open but with communicable disease-related restrictions such as masking and social distancing.
4. Phase 0
   a. Campus is fully open, operating without restrictions.

D. PPE

1. Personal Protective Equipment: "...equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, or other workplace hazards. Personal protective equipment may include items such as gloves, safety glasses and shoes, earplugs or muffs, hard hats, respirators, or coveralls, vests and full

body suits." (https://www.osha.gov/personal-protective-equipment)

E. PUI (Person Under Investigation)
   1. A person presenting with signs and/or symptoms of an emerging disease.

Approval and Procedures

A. Pre-Approval – None

B. Approval is required by the acting pandemic oversight committee

C. Approval process
   1. Review by the Faculty of the EHS Paramedic Track and PACE
   2. Review by resident expert(s) on emerging diseases and infection control
   3. Review by the Chair
   4. Review by the current established University committee(s)

Documentation

A. Current screening tools

B. Current Infection control and prevention measures

Restrictions and Exclusions

A. This policy will only be in effect in the event of a pandemic-level event occurring, the University allowing students and faculty to teach on campus in a regulated fashion, and after approval of the above identified individuals and departments.

Related Administrative Policies and Procedures

A. Current University policies and procedures as they relate to the pandemic event.

Personal Protective Equipment and Infection Control and Prevention Policy and Guidelines for COVID -19

Personal Protective Equipment

A. Gloves
   1. Must be worn whenever in the lab or lab-like setting.
      a. For certain activities the instructor may use discretion but must perform hand hygiene before and after the activity.
      b. If students are in a classroom-like setting gloves are not required but hand hygiene must occur when entering and exiting the room.
   2. Must perform hand hygiene whenever gloves are donned and/or doffed.
   3. Must be doffed when using the restrooms and donned upon returning
   4. Must be changed when visibly soiled
   5. Should be changed frequently during the lab session
      a. Ideally this is done between skill stations

B. Facemasks
   1. Must be worn at all times while on campus
   2. Must be worn so that is covers mouth and nose
   3. May be a surgical or cloth-type mask only, no Spandex or Lycra-like material
      a. Minimally. surgical masks are required for the person performing the screening for the day.
         i. Masks with exhalation valves are not permitted.
      b. N95 or KN-95 masks are not required at this time, but recommended.
         i. Are recommended for the person performing the screening for the day.
   4. Should be changed or washed when visibly dirty or before returning to the next session.
   5. During Phase 0 operations, should be worn by anyone not feeling well.

C. Eye protection
   1. Phase One Operations
      a. Must be worn at all times when in the lab, lab-like, or classroom setting.
   2. Phase Two Operations
      a. Must be worn when in the lab or lab-like setting when working within 6' of another person.

D. Face shields
   1. Are not required at this time
   2. Are recommended for the person performing the initial screening for the day.

E. Gowns
   1. Are not required at this time

Infection Control and Prevention Measures

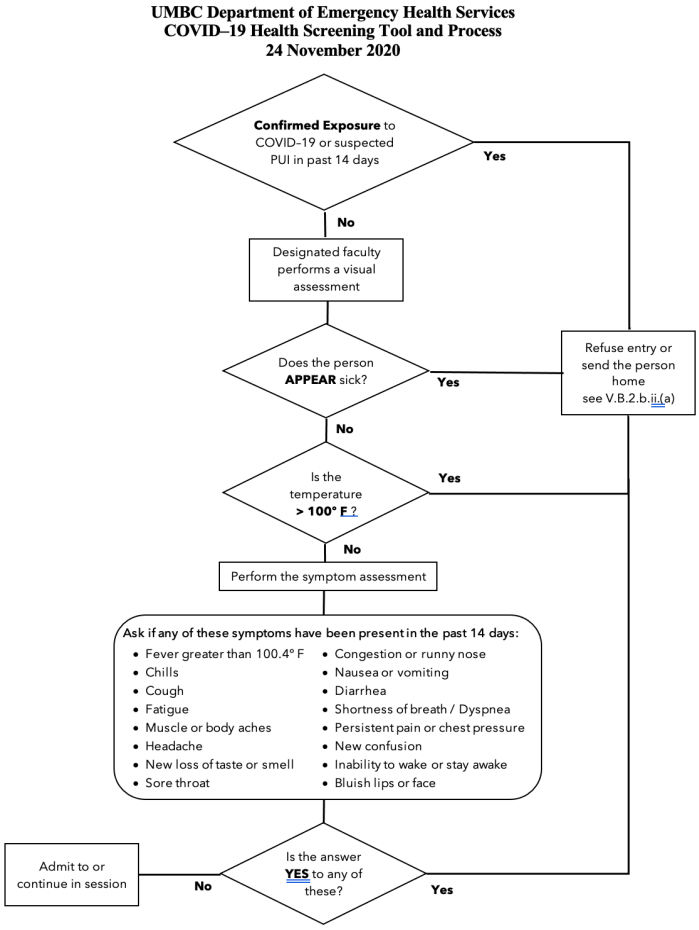
A. Handwashing
   1. Perform before and after using the restrooms.
   2. Perform after every glove change.

B. Hand sanitizer

1. Used when handwashing is not available.

Infection Control Policy

This policy is consistent with Centers for Disease Control



Recommendations for Standard Precautions.

General Principles

A. Consider all patients' blood, and body fluids as infectious materials.

B. Equipment, instruments, and utensils, which are exposed to patient excretions, secretions and body fluids, are considered contaminated.

C. Infectious waste includes, but is not limited to, the following:

1. All dressings.
2. Used soiled pads/diapers.
3. Intravenous tubing/catheters.
4. Used foleys and drainage bags.

D. All used needles/sharps.

1. Trash, gloves, gowns, masks, etc., from isolation room.
2. Sanitary napkins.
3. Used suction containers and tubing.
4. Chest tubes and other drains and tubes.
5. Specimens.
6. Disposable equipment and supplies once used on a patient.
7. Endotracheal tube, laryngoscope blades, airways.

Precautions

All health-care workers should routinely use appropriate barrier precautions to prevent skin and mucous-membrane exposure when contact with blood or other body fluids of any patient is anticipated. The purpose of protective equipment is to keep blood and other potentially infectious material from contacting skin, eyes, and mucous membranes. However, this does not mean that you must be wrapped in a head-to-toe cocoon. In some cases, solely gloves provide adequate protection. In other cases, masks and eye protection will also be needed. Moreover, in still other situations, gowns, aprons and head covering may be required.

Procedures

A. Wash hands frequently and always between patients and after glove removal. Gloves should be changed after contact with each patient and immediately if they are torn or punctured.

B. Wear gloves when exposed to any patient's blood and body excretions and/or secretions such as when touching mucous membranes or non-intact skin, handling soiled equipment or vascular access procedures such as finger or heel sticks and venipunctures. (Other examples include):

1. Collecting specimens.
2. Cleaning up fecal/urinary incontinence or handling linen and soiled garments.
3. Bathing a patient.
4. Mouth care and eye care.
5. Removing soiled bed linens.
6. Beginning/discontinuing/converting intravenous and intraosseous therapies.
7. Administering parenteral injections.
8. Emptying foleys, bedpans, urinals, emesis basins, NG drainage and wound drainage, sitz baths.
9. Changing dressings, perineal pads, and diapers.
10. Cleaning any surface the patient has contact with, spills of blood or body fluids.

11. Handling tissues or clothing contaminated with tears or perspiration.
12. Performing suctioning or intubation

C. Place disposable syringes and needles, scalpel blades, and other sharp items into designated, puncture-resistant containers. Do not recap, bend or break off needles.

D. Place all infectious waste not suitable for disposal in "sharps" container into red (biohazard) plastic bags.

E. Wear gowns if splashing or soiling by blood and body fluids is likely. After exposure, remove protective clothing to avoid contaminating self. Place in the assigned area or container.

F. Wear other protective covering (e.g., masks, goggles, face shields, etc.) as indicated by particular situations such as patients with infections, during invasive procedures, or when splashing is likely. Wash after removing protective equipment and as soon as possible after blood contact with skin, eyes, or mucous membranes.

G. Students assigned to the nursery or delivery room must wear gown and gloves when handling a newborn until the baby is given its first bath.

H. Individuals with exudative lesions or exposed skin surfaces should refrain from direct patient care and from handling patient-care equipment. Small cuts and scrapes should be covered with an occlusive adhesive dressing or bandage and monitored closely for integrity during patient care activities. Students with large open wounds even sutured ones should have a physician's release prior to attending any clinical experience.

CPR

Although saliva has not been implicated in HIV transmission, mouth-to-mouth resuscitation should not be performed. Use available resuscitation bags, mouthpieces and ventilation devices when resuscitating patients.

Exposure Incident

A. A significant exposure is defined as:

1. A needle stick or cut caused by a needle or sharp that was actually or potentially contaminated with blood or body fluids.
2. A mucous membrane exposure (i.e., splash to the eye or mouth) to blood or body fluids.
3. A cutaneous exposure involving large amounts of blood or prolonged contact with blood - especially when the exposed skin was chapped, abraded, or afflicted with dermatitis.

If you are directly exposed, report it immediately to your preceptor, clinical instructor, and program coordinator/director.

B. Use a specific solution such as alcohol or Clorox 1:10 if contaminated with blood or body fluids from a patient with, or at risk for, HIV infection, Hepatitis B or C virus.

C. If an accidental exposure occurs, faculty, students, and staff should follow the CDC guidelines for occupational exposure: if needle stick, test for HIV to establish seronegativity first, then retest at 6 weeks, 3 months, 6 months, and 1 year.

D. You will be directed to your personal physician for any treatment and follow-up required because of any exposure you encounter. UMBC and the clinical facility are not responsible for covering the costs of any associated treatments. Students are strongly urged to obtain their own health insurance.

Monkeypox (MPX)

Background

Monkeypox is a rare but potentially serious viral infection from the orthopox virus family. This family of viruses is the same one that causes smallpox, so while the symptoms are similar, the symptoms of monkeypox are milder and rarely fatal. In addition, despite the presentation being similar to chickenpox, the two are unrelated.

On May 24, 2022, in Massachusetts, the first case of monkeypox in the current monkeypox outbreak was confirmed. Before that, cases of monkeypox were more common in central and western Africa, but had been sporadically reported in the United States. The spread of monkeypox generally requires close contact with an infected animal or person, contaminated materials, or respiratory droplets which can travel as far as six feet.

Signs and Symptoms

According to the CDC, infected persons often have a rash on the hands, feet, chest, face, or mouth, and have been commonly located in the genital and anus area when transmitted during sexual activity. The rash generally will initially present as painful or itchy pimples or blisters and go through several stages, including scabs, before they heal. Before the rash appears, patients may also complain of flu-like symptoms such as fever, chills, swollen lymph nodes, exhaustion, muscle aches, backache, or headache. In addition, patients may also complain of respiratory symptoms, including nasal congestion, cough, or a sore throat. However, it is essential to note that some patients may only experience the rash.

Spread

The spread of monkeypox occurs through close contact with an infected person or objects they have come into contact with. Most commonly, it is spread through skin-to-skin contact when a healthy person makes direct contact with the infected person's rash, scabs, or bodily fluids. However, monkeypox may also spread through contacting objects, fabrics, and surfaces an infected person has come into contact with. Additionally, respiratory secretions may also transmit the virus.

Infectious Period

The symptoms of monkeypox usually present themselves within three weeks of exposure to the virus, with the rash appearing one to four days after the onset of the flu-like symptoms. Preventive treatments are available for those known to have been in contact with monkeypox and exposed individuals should contact their health provider.

Monkeypox is infectious from the onset of symptoms until the scabs have fallen off and a fresh layer of skin has formed. Generally, the illness lasts between two to four weeks, during which time the infected person should remain in isolation. treatments are available for those infected and those who suspect infection should contact their health provider.

Recommendations for EMS and Medical First Responder Personnel

To remain safe, MIEMSS recommends that EMS providers don gloves, gowns, eye protection, and a NIOSH-approved N-95 or equivalent respirator. In addition, providers should consider applying a surgical mask to the patient if they can tolerate it while covering them with a sheet if a rash is present. Providers should also use caution when performing procedures such as intubation, suctioning, CPAP, or the aerosolizing of medications.

Like COVID-19, isolate the driver's compartment from the patient compartment while turning on the patient compartment's exhaust fan to the highest setting. Additionally, the least number of providers should make contact with the patient.

Following any suspected contact with a patient suspected of monkeypox, EMS providers should follow standard cleaning and disinfection procedures. The use of an EPA-registered hospital-grade disinfectant that has an emerging viral pathogen claim is preferred. Providers may find a list of these disinfectants on the EPA website at https://www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0. As monkeypox may remain infectious on surfaces, work with facilities management to dispose of contaminated materials appropriately.

H1N1 (Swine Flu)

Interim Recommendations

Coordination among PSAPs, the EMS system, healthcare facilities (e.g. emergency departments), and the public health system is important for a coordinated response to swine-origin influenza A (H1N1). Each 9-1-1 and EMS system should seek the involvement of an EMS medical director to provide appropriate medical oversight. Given the uncertainty of the disease, its treatment, and its progression, the ongoing role of EMS medical directors is critically important. The guidance provided in this document is based on current knowledge of swine-origin influenza A (H1N1).

The U.S. Department of Transportation's EMS Pandemic Influenza Guidelines for Statewide Adoption and Preparing for Pandemic Influenza: Recommendations for Protocol Development and 9-1-1 Personnel and Public Safety Answering Points (PSAPs) are available online at www.ems.gov (Click on Pandemic News). State and local EMS agencies should review these documents for additional information. For instance, Guideline 6.1 addresses protection of the EMS and 9-1-1 workers and their families while Guideline 6.2 addresses vaccines and antiviral medications for EMS personnel. Also, EMS Agencies should work with their occupational health programs and/or local public health/public safety agencies to make sure that long term personal protective equipment (PPE) needs and antiviral medication needs are addressed.

Infectious Period

Persons with swine-origin influenza A (H1N1) virus infection should be considered potentially infectious from one day before to 7 days following illness onset. Persons who continue to be ill longer than 7 days after illness onset should be considered potentially contagious until symptoms have resolved. Children, especially younger children, might potentially be contagious for longer periods.

Non-hospitalized ill persons who are a confirmed or suspected case of swine-origin influenza A (H1N1) virus infection are recommended to stay at home (voluntary isolation) for at least the first 7 days after checking with their health care provider about any special care they might need if they are pregnant or have a health condition such as diabetes, heart disease, asthma, or emphysema.

Recommendations for EMS and Medical First Responder Personnel

Including Firefighter and Law Enforcement First Responders

For purposes of this section, "EMS providers" means prehospital EMS, Law Enforcement and Fire Service First

Responders." EMS providers' practice should be based on the most up-to-date swine-origin influenza clinical recommendations and information from appropriate public health authorities and EMS medical direction.

Patient Assessment

Interim recommendations

If there HAS NOT been swine-origin influenza reported in the geographic area (See U.S. Human Cases of H1N1 Flu Infection), EMS providers should assess all patients as follows:

A. EMS personnel should stay more than 6 feet away from patients and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.

B. Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/ rhinorrhea, sore throat, or cough).

1. If no acute febrile respiratory illness, proceed with normal EMS care.
2. If symptoms of acute febrile respiratory illness, then assess all patients for travel to a geographic area with confirmed cases of swine-origin influenza within the last 7 days or close contact with someone with travel to these areas.
   a. If travel exposure, don appropriate PPE for suspected case of swine-origin influenza.
   b. If no travel exposure, place a standard surgical mask on the patient (if tolerated) and use appropriate PPE for cases of acute febrile respiratory illness without suspicion of swine-origin influenza (as described in PPE section).

If the CDC confirmed swine-origin influenza in the geographic area

See U.S. Human Cases of H1N1 Flu Infection

A. Address scene safety

1. If PSAP advises potential for acute febrile respiratory illness symptoms on scene, EMS personnel should don PPE for suspected cases of swine-origin influenza prior to entering scene.
2. If PSAP has not identified individuals with symptoms of acute febrile respiratory illness on scene, EMS personnel should stay more than 6 feet away from patient and bystanders with symptoms and exercise appropriate routine respiratory droplet precautions while assessing all patients for suspected cases of swine-origin influenza.

B. Assess all patients for symptoms of acute febrile respiratory illness (fever plus one or more of the following: nasal congestion/rhinorrhea, sore throat, or cough).

1. If no symptoms of acute febrile respiratory illness, provide routine EMS care.
2. If symptoms of acute febrile respiratory illness, don appropriate PPE for suspected case of swine-origin influenza if not already on.

Personal protective equipment (PPE)

Interim recommendations:

- When treating a patient with a suspected case of swine-origin influenza as defined above, the following PPE should be worn:
  - Fit-tested disposable N95 respirator and eye protection (e.g., goggles; eye shield), disposable non-sterile gloves, and gown, when coming into close contact with the patient.
- When treating a patient that is not a suspected case of swine-origin influenza but who has symptoms of acute febrile respiratory illness, the following precautions should be taken:
  - Place a standard surgical mask on the patient, if tolerated. If not tolerated, EMS personnel may wear a standard surgical mask.
  - Use good respiratory hygiene – use non-sterile gloves for contact with patient, patient secretions, or surfaces that may have been contaminated. Follow hand hygiene including hand washing or cleansing with alcohol based hand disinfectant after contact.
- Encourage good patient compartment vehicle airflow/ ventilation to reduce the concentration of aerosol accumulation when possible.

Infection Control

EMS agencies should always practice basic infection control procedures including vehicle/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of FDA cleared or authorized medical personal protective equipment (PPE).

Interim recommendations:

- Pending clarification of transmission patterns for this virus, EMS personnel who are in close contact with patients with suspected or confirmed swine-origin influenza A (H1N1) cases should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g., goggles; eye shields), and gown, when coming into close contact with the

patient.

- All EMS personnel engaged in aerosol generating activities (e.g. endotracheal intubation, nebulizer treatment, and resuscitation involving emergency intubation or cardiac pulmonary resuscitation) should wear a fit-tested disposable N95 respirator, disposable non-sterile gloves, eye protection (e.g., goggles; eye shields), and gown, unless EMS personnel are able to rule out acute febrile respiratory illness or travel to an endemic area in the patient being treated.
- All patients with acute febrile respiratory illness should wear a surgical mask, if tolerated by the patient.

Faculty Responsibilities

Teach students that all patients' blood and body fluids are to be considered potentially infectious for human immunodeficiency virus (HIV), hepatitis B (HBV), hepatitis C (HCV) and other blood borne pathogens.

3. Provide a general explanation of the epidemiology, modes of transmission, and symptoms of blood borne pathogens. Exposure incidents can lead to infection from HIV, HBV, or HCV. Early symptoms of HBV are: fever, runny nose, flu-like symptoms, skin rash, loss of appetite, fatigue, headache, nausea, vomiting and diarrhea.
4. Demonstrate/describe protective barriers such as gloves, gowns, goggles and masks/face shields including use, location, removal, handling, decontamination, and disposal of personal protective equipment.
5. Emphasize that it is mandatory that Standard Precautions be followed as outlined in the Infection Control Policy.
6. Provide information on appropriate actions to take if an exposure incident occurs including the method of reporting that incident and the medical follow-up.
   a. Document the circumstances of the incident and route of exposure.
   b. The source individual's blood is tested for HIV, HBV and HCV as soon as feasible, after consent is obtained.
   c. The results of the source individual's blood test are made available to the exposed person.
   d. The exposed person's blood is collected as soon as practical and tested after consent is obtained.
   e. Post-exposure follow-up may be indicated.
7. Provide an opportunity for interactive questions and answers.
8. Students and faculty should understand and follow rules of confidentiality pertaining to test results and health records.
9. Career counseling will be initiated in a situation in which a student refuses to care for any client.

Invasive Skills

Student Preparation

Students attend a required practice session to prepare for this skill.

A review of precautions includes instructing students to wash their hands thoroughly with soap and water and to wear gloves.

Students are required to sign a release form before practicing and evaluating.

After "sharps" are used, the invasive piece of equipment is placed in a standard hospital "sharps" box. Supplies are "red bagged." Contaminated materials are disposed of at an approved site at the end of the semester or as needed.

If suspected contamination occurs, the student is instructed to soak the area with a 1:50 Clorox solution followed by thorough washing with soap and water. He/she is then referred to his/her physician or health care agency for follow-up testing. An incident report is filed through the program coordinator/director. UMBC and the clinical facility are not responsible for covering the costs of any associated testing or treatments. Students are strongly urged to obtain their own health insurance.

Bloodborne Pathogens

1. Distribution of Infection Control Policy to all nursing and allied health students, faculty and staff
2. Explanation of causes, symptoms, and methods of transmission of pathogens, particularly blood borne pathogens.
3. Explanation of methods that will prevent or reduce exposure to blood borne pathogens including work practices, and personal protective equipment.
4. Description of types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
5. Explanation of reasons for selection of personal protective equipment.
6. Description of actions to take in the event of an exposure to potentially infectious materials including method of reporting the incident, medical follow-up, post-exposure evaluation and follow- up. Follow CDC guidelines; www.cdc.gov/

7. Description of signs and labels and/or color-coding used to identify hazards.

Hepatitis B Vaccination FAQs

What IS HBV?

Hepatitis B virus (HBV) is a potentially life-threatening blood borne pathogen. It causes hepatitis, an inflammation of the liver and although most people with hepatitis B recover completely, approximately 6-10% become chronic carriers and 1-2% die. In the group of chronic carriers, many have no symptoms but can transmit the virus. Carriers also face a significantly higher risk for other liver ailments such as cirrhosis of the liver and liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues including semen, tears, saliva, urine, breast milk, and vaginal secretions. Health workers and students are at high risk of acquiring Hepatitis B because of frequent contact with blood and potentially contaminated body fluids. Approximately 8,700 health care workers each year contract Hepatitis B. Health care persons must use work practices and protective clothing and equipment to prevent exposure to potentially infectious materials. These procedures are described in the UMBC Department of EHS Infection Control Policy. However, the best defense against hepatitis B is vaccination.

What Does Vaccination Involve?

The hepatitis B vaccination is a noninfectious, yeast-based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other blood borne pathogens nor is there any chance of developing HBV from the vaccine.

The second injection should be given one month after the first, and the third injection six months after the initial dose. More than 90 percent of those vaccinated will develop immunity to the hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point it is unclear how long the immunity lasts so booster shots may be required at some point in the future.

No serious side effects or allergic reactions have been reported during the course of clinical trials. A few persons experience tenderness and redness at the site of the injection. Low-grade fever may occur. Rash, nausea, diarrhea, joint pain, fatigue/weakness, and headache have also been reported. Other more serious adverse reactions have occurred infrequently.

Each student should receive counseling from a health care professional before making a decision about vaccination. This discussion should help the student make an informed decision.

What if I Decline Vaccination?

A person, who initially declines to receive the vaccine, must sign and return the attached waiver. If the student later chooses to take the vaccine, verification must be submitted to the program coordinator/director.

Handwashing

Importance

- The simple procedure of hand washing is considered the most important way to prevent microbial infections spread by hand contact.
- This fact was demonstrated over 100 years ago by the pioneering studies of Dr. Ignaz Semmelweis who showed that deaths of young mothers from childbed fever, a form of septicemia, could be prevented by having physicians wash their hands before examining their patients.
- Prevention of nosocomial infections – those acquired by patients after they enter the hospital and that are not particularly related to their original illness – continue to present a challenge to hospital personnel.
- Hospitalized patients are especially susceptible to new infections because their normal immune mechanisms are often weakened by their illness.
- About 2 million of the 40 million patients admitted to acute care hospitals in the United States each year will acquire an infection during their stay.
- Nosocomial infections are costly. They extend a patient's hospital stay an average of four days. Each year the cost of direct patient care for such infections exceed $2.5 billion.
- Nosocomial infections cause the death of about 20,000 patients each year and contribute to the death of 60,000.

Technique

1. If necessary, push up sleeves and your watch. Do not remove jewelry, but for your safety, you should not wear jewelry on clinical rotations.
2. Turn faucets on and adjust water to as warm a temperature as you can tolerate.
3. Wet hands with water. Spread a thin film of soap over the entire skin surface. Wash thoroughly, rubbing all the surfaces of the hands together briskly for at least 30 seconds.

4. Rinse under running water with hands pointed downwards.
5. Dry with paper towels.
6. Turn off faucets using a dry paper towel and use a paper towel to open the door to exit.

When to Wash

1. Before beginning work.
2. Before and after caring for each patient.
3. After collecting a urine specimen, giving a bedpan, or handling a commode.
4. Before passing out trays or handling food.
5. After sneezing or coughing into your hand or using a Kleenex.
6. Before and after taking a temperature, either oral or rectal.
7. Before eating.
8. Before and after using the bathroom.
9. After any contaminated contact.
10. After finishing work – before leaving.

Clinical Objectives

Upon completion of clinical rotation, the paramedic student will be able to:

1. Perform a comprehensive history and physical examination to identify factors affecting the health and health needs of a patient.
2. Formulate a field impression based on an analysis of comprehensive assessment findings, anatomy, physiology, pathophysiology, and epidemiology.
3. Relate assessment findings to underlying pathological and physiological changes in the patient's condition.
4. Integrate and synthesize the multiple determinants of health and clinical care.
5. Perform health screening and referrals.
6. Effectively communicate in a manner that is culturally sensitive and intended to improve the patient outcome.
7. Anticipate and prospectively intervene to improve patient outcome.
8. Is 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.
9. Performs 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.
10. Evaluates the effectiveness of interventions and modifies treatment plan accordingly.
11. Report and document assessment findings and interventions. Collect and report data to be used for epidemiological and research purposes.
12. Function as the team leader of a routine, single patient advanced life support emergency call.
13. Ensure the safety of the rescuer and others during an emergency.

Obtaining Clinical Objectives

The purpose of clinical rotations is to apply what you have learned in the classroom to real patient situations. The knowledge you have gained thus far in the course will become more understandable and meaningful after seeing and talking to patients with various diseases and conditions. Additionally, the information and skills you learn in the hospital rotations will enable you to more accurately assess and treat patients in the field.

Although practicing your skills is an important part of clinical rotations, the most valuable asset is exposure to a wide variety of patient diseases and conditions. A partial list of these conditions is included for each area that you are assigned. You can learn something from every patient contact. Attempt to obtain a history, perform a physical assessment finding, and observe treatment for each patient. Signs and symptoms taught in class or contained in your book may or may not be present in that particular patient. The more patients you see, talk to, ask questions about, or observe the nurse and physician take care, the better able you will be to take care of patients in the field.

Suggestions for Obtaining Objectives

1. Observe the physician and nurse taking histories, and ask why certain questions were asked.
2. Interview patients on your own as to their past medical history, history of present illness, medications, etc. Compare your thoughts as to diagnosis with the patient outcomes.
3. Talk with patient's families.
4. Do physical assessments on patients with or without the nurse and physician, i.e. listen to breath sounds, palpate the abdomen, check pupils, etc.
5. Help with vital signs and other tasks in order to show your interest and to be around when advanced skills are to be done.
6. Ask a nurse if you can follow her/him around for the shift to help and to learn from her/him.

For each clinical rotation area, there is a list of learning activities. It is the responsibility of the student to seek out every opportunity possible to obtain the objectives. Document the skills you performed and the patients you have observed and cared for on the appropriate sheets provided. Patients and skills will be discussed in clinical conference.

Field and Hospital Clinical Rotation Policies

These guidelines are for all students during the paramedic field and clinical rotation:

1. At all times during the field and hospital phase of this course, a professional attitude and appearance is expected of students. Unprofessional conduct or appearance may constitute grounds for disciplinary action up to and including dismissal from the course and/or program.
2. Students will make themselves available to perform duties within the scope of their training at the basic or advanced levels. Students are to stay busy at all times. If there are neither learning opportunities available nor assistance needed by the staff, students may study paramedic material. However, the preceptor should be informed, and studying must be done within the sight of the patient care area so as not to miss any new patient that arrives, or any other possible learning experience. Patient care or learning from patients always takes priority over studying during clinical rotations.
3. Students are expected to wear uniforms, which meet the guidelines set forth by the Department of Emergency Health Services. In the field environment or optional sites (911 center, Poison Control, etc., students will wear a UMBC EHS polo with navy pants, black belt, and black shoes or boots. In the hospital clinical setting, the student will wear UMBC approved scrubs with UMBC EHS logo on the scrubs. White or black tennis shoes are recommended for your comfort.
4. While on duty, students will wear their paramedic nametags with their names clearly visible. Nametags will be worn on the right side of the polo. A watch with second hand is required. It is mandatory that each student have a stethoscope, penlight, pen or pencil, pad for notes during clinical rotations.
5. Students will report to and leave their assignments at the times indicated on the rotation schedule. If late or absent for any reason, the student shall notify the Clinical Coordinator prior to the beginning of the assigned shift. The student will make contact with the Clinical Coordinator by either voice mail or beeper after regular hours. Illness may require physician verification information to return to the clinical setting. The appropriate supervisor and your agency must also be contacted. Students will not leave at the end of a shift until all work begun by them is completed.
6. The Clinical Coordinator must approve any changes in the rotation schedule. Under no circumstances will students trade assignments without prior written approval.
7. No student at any time shall contact a clinical or field site; representative; or relation thereof via any method of communication created currently or not yet developed.
8. Students will conform to agency policy in regards to break periods and meals. Break and lunch periods are not cumulative. Breaks or lunch periods may not be used at the beginning of shift to come in late or at the end of a shift to leave early. Students may not leave the clinical or field site for meals or breaks.
9. While on duty, students will be expected to maintain a professional attitude toward all employees of the facility to which they are assigned. A professional relationship will also be maintained with all patients.
10. While a student is at a field and/or clinical site at no time is it acceptable for that student to be used as "staff" in order to replace a paid and/or volunteer employee of the clinical and or field site. If a location is asking or requiring you to do so the student is to immediately notify the Clinical Coordinator of the situation.
11. The student should never discuss the patient's treatment or condition where the patient, family members, or anyone else can hear the discussion. Questions or comments shall be saved until the student can speak to the physician, nurse, or clinical instructor privately.
12. If problems of any kind arise during the field or hospital rotation, the student shall notify the Clinical Coordinator immediately.
13. Students who are injured on duty (stuck with a dirty needle, etc.) shall notify the agency preceptor immediately. If the injury is a contamination problem from a patient; the patient's name, unit number, date, and time should be noted. The physician or nurse taking care of the patient at the receiving hospital shall be notified for recommendations, and the Clinical Coordinator contacted at the earliest opportunity with a phone call.
14. Performing tasks above the paramedic's level of training will be grounds for dismissal from the course.
15. Any form of tobacco use is prohibited in patient care areas, including the back of the ambulance. The use of alcohol or any illicit drugs is absolute prohibited and may result in termination from the program.
16. It is the responsibility of the student to follow universal

precautions and body substance isolation.

17. The use of the "urgent" or "911" to contact the Clinical Coordinator shall be used judiciously. This should be limited to emergencies such as illness requiring termination of the clinical experience, injury, or serious contamination. Questions regarding shift changes, tardiness, or assignments are examples of misuse and will be dealt with appropriately.
18. In the event of inclement weather and you are scheduled for a field or hospital clinical shift we follow the guidelines of the university. If the university is closed then you are excused from going to your shift as an excused absence. You MUST reschedule any missed shifts due to weather or other causes, as it does not lower any of your numbers that are required for successful course completion or graduation requirements. If you are already at a clinical site you are allowed to complete your clinical shift and/or you are allowed to leave early. You can also go in to a clinical shift if the university is closed but due discretion should be used to ensure your own personal safety when making that decision. The clinical coordinator reserves the right to enforce cancelling all clinical and field shifts if the weather or other situation arises that for the safety of everyone no one is allowed to go to a shift.
19. Students must "clock in" to a clinical or field shift by calling the clinical coordinator number, which they can find in the course syllabi, from a facility landline phone. This procedure must also be followed for "clocking out." When you call to clock in and clock out, you must state your name and the clinical site you are located at; please include the specific location that you are located. An example would be, "This is Gary Williams clocking in to Anne Arundel Fire Dept. Medic 21." "This is Gary Williams clocking out from St. Agnes OB." To be considered on time for clocking in you must call prior to the beginning of your posted shift time via FISDAP. To not be considered as leaving early from a shift you must clock out after the posted end time of your shift via FISDAP. Failure to utilize the facilities landline phone to clock in and clock out may result in an unexcused absence with associated penalties.

Attendance Policy

Event Description	Points
Tardy - Late clock-in or early clock-out (per incident)	2
Tardy - Late arrival to lab (per incident)	2
Excused Absence (At discretion of clinical coordinator) - Per day	1
Unexcused Absence (At discretion of clinical coordinator) - Per day	3
Clinical Suspension (FISDAP Noncompliant) - Per Incident	4
Clinical Suspension (Student Misconduct) - Per Incident	11

Points	Potential Disciplinary Action
Less than 6 Points	None
6 - 8 Points	Documented (verbal) Counseling
9 - 10 Points	Written Reprimand
Greater than 10 points	Deduction of 10% from final grade (clinical)

After the initial 10 points, the process would remain the same for any future point accumulations. For example, 16 points would result in a verbal counseling, 19 points a written reprimand, and greater than 20 points an additional 10% deduction for the final grade.

The student should also be aware that the points accumulated will be taken in account for the student's affective grade. Per standing policy, the student may be terminated from the program due to poor affect as deemed by the program faculty.

Field & Clinical Rotations

Anesthesiology (Operating Room) Rotation

Purpose

The purpose of the clinical experience is to provide the student with the opportunity to become proficient in advanced airway management, specifically with endotracheal intubation.

It should be noted that all of the students have prehospital emergency care experience on Advanced Life support

ambulances. Many of the students have already been exposed to advanced airway management techniques in the field setting, and have field experience in advanced airway management.

Objectives

The following objectives are proposed for the Anesthesia (Operating Room) Rotation. Because of patient availability, it is possible that all skills listed below will not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

The goal of the clinical experience in the Anesthesia Department is to involve the paramedic student in observation of and supervised management of the airway in both conscious and unconscious patients.

The learning objective of this clinical experience is to allow the paramedic student the opportunity to develop a more comprehensive knowledge of the physiology and pathophysiology of the respiratory system. The paramedic student will also be afforded the opportunity to acquire the skills necessary to appropriately and correctly manage the airway of all patients experiencing airway compromise, respiratory distress and respiratory arrest.

During the experience in the operating room, the student will have the opportunity to practice on actual patients under direct supervision and to demonstrate, with proficiency and to the satisfaction of the preceptor, each of the following:

1. Perform supervised endotracheal intubation on the unconscious patient in a controlled setting.
2. Perform aseptic endotracheal and or tracheal suctioning.
3. Assess vital functions of the conscious and unconscious patient, preoperative and postoperative (to include cardiac monitoring via EKG, respiratory status assessment, and neurological assessment).
4. Maintain adequate airway in the conscious and unconscious patient through head position, oropharyngeal and nasopharyngeal airways.
5. Assist with implementation of oxygen therapy delivered via cannula, mask, B-V-M, and mechanical ventilators.
6. Perform supervised endotracheal tube removal when appropriate.

Emergency Department

Purpose

The purpose of this rotation is to develop a more comprehensive understanding of the pathophysiology of disease and trauma, acute cardiac conditions, rationale for treatments rendered, and how specific treatment may alter disease or injury. This rotation will enhance the students prehospital patient care intervention and techniques, as well as provide a comprehensive understanding of the continuity of patient care.

Objectives

During this rotation, the student should observe and/or participate in the following:

1. Perform complete patient assessments including eliciting relevant past medical histories and current condition.
2. Assist with the management of medical, surgical and trauma patients.
3. Perform selected treatments and procedures under supervision, including, but not limited to:
   a. Vital signs
   b. Neurological assessments
   c. Sterile dressings, ace wraps, splinting
   d. Initiation and termination of IV therapy; venous blood drawing
   e. Hemorrhage control
   f. 3 and 12-lead ECG placement, monitoring and interpretation
   g. Medication dosage calculation, preparation, and administration
   h. Defibrillation and transcutaneous pacing
   i. CPR
   j. Airway management, including suctioning, oxygen therapy, and airway adjuncts
   k. NG tube insertion
   l. Bladder catheterization
   m. Accurately document pertinent date, including assessments, treatments, and medication
   n. Patient triage
4. Communicate effectively with patient's family and health care team.
5. Recognize the psychosocial impact of an emergency on the patient and family and relate to prehospital intervention.

6. Correlate ED patient management with field intervention
7. Review patient charts and be able to explain diagnosis, disease pathology and rationale for treatment.
8. Assist in the management of cardiac arrest
9. Assist in the management of patients complaining of chest discomfort
10. Observe and discuss the rationale for the identification and treatment of AMI and angina
11. Observe pacemaker, Swan-Ganz and arterial line insertion and discuss the management of these devices once in place
12. Observe and be able to discuss multi-lumen catheters, shunts, and other invasive devices which may be encountered in patients at home
13. Assist with the use of specialized equipment including: blood pumps, central lines, arterial lines, IV pumps, ventilators and respirators
14. Accurately report and document significant assessment findings, medications, treatments and change in patient status
15. Relate total patient management to prehospital care of the critically ill patient and identify your role as a paramedic in the ultimate prognosis.
16. Discuss Emergency Heart Attack Care (EHAC) as it relates to patient and family cardiac education

Note

Certain portions of this rotation will be observational. The student may perform any skill that the preceptor deems appropriate. Documentation of these skills should be done on the various forms found throughout the student's clinical manual.

Field Experience

Purpose

The purpose of this clinical experience is to provide the student with the opportunity to become proficient in paramedic advanced life support skills through observation and hand-on practice. It should be noted that all of the students have prehospital emergency care experience on Advanced Life Support ambulances.

Objectives

The following objectives are proposed for the Field Experience Rotation. Because of patient availability, it is possible that all skills listed below will not be performed by the student, but as many skills as possible should be observed and practiced by the student under the supervision of the preceptor.

The goal of the Field Experience is to involve the paramedic student in observation and/or supervised management of the trauma and medical patient in a variety of field settings.

The learning objective of this clinical experience is to allow the paramedic student the opportunity to develop leadership and advanced assessment and management skills.

During the clinical experience in the field, the student will have the opportunity to practice on actual patients under direct supervision, and to demonstrate with proficiency, and to the satisfaction of the preceptor, each of the following:

1. Become familiar with all phases of the Paramedic level prehospital interventions for medical emergencies and trauma.
2. Perform initial scene evaluation, with specific attention to safety, mechanism of injury, number of potential patients, and making decisions about need for additional resources.
3. Establish and maintain appropriate dialog with the patient, patient's family and/or bystanders.
4. Perform a thorough advanced level primary and secondary assessment of the patient.
5. Perform appropriate basic and advanced life support interventions.
6. Become familiar with and be able to utilize, all equipment required to deliver optimal management of the medical emergency or trauma patient.
7. Be able to utilize different types of communications and telemetry equipment and to establish communications with medical control facilities.
8. Be able to accurately interpret physician's orders, questions proper orders not within the protocol, and carry out proper orders.
9. Be able to correctly complete records and reports in an organized, legible manner, utilizing correct medical terminology.
10. Demonstrate leadership and a professional attitude by:
    a. Remaining calm and functioning in an organized manner at the scene of an emergency
    b. Establishing effective patient and family rapport.
    c. Establishing effective team rapport by gaining a leadership role in the field, developing a teamwork operational role with peers and interacting in a positive, confident manner with other healthcare providers.

d. Assuming responsibility for one's own actions
e. Showing motivation in one's own work
f. Being able to accept and utilize constructive criticism
g. Being able to accurately assess one's own performance in a variety of clinical and field settings

Human Cadaver Lab

Purpose

The purpose of this lab is to provide clinical instruction and students practice in various techniques for airway management, chest decompression, and other skills deemed appropriate by the Program Medical Director (PMD).

Location

This part of the paramedic clinical rotation will be conducted at the Maryland State Anatomy Board. Bressler Research Building, at the University of Maryland Medical school in Baltimore.

Note

Successful completion of this lab is required in order for the student to enter the operating room/anesthesia rotation for the endotracheal intubation experience. A skills evaluation form, signed by the PMD, indicating successful completion of the skills monitored in this lab is required prior to entering the OR/anesthesia rotation.

Objectives

At the completion of this lab, the student will be able to demonstrate, on a human cadaver, the following skills to the satisfaction of the PMD.

1. Basic endotracheal intubation using both the straight and curved laryngoscope blades.
2. Direct visualization and removal of a foreign body obstructing the airway.
3. Endotracheal intubation with the head held in neutral position simulating cervical spine injury.
4. Needle cricothyroidotomy with transtracheal insufflation.
5. Blind digital intubation and nasotracheal intubation.
6. Chest decompression using a large bore needle and Heimlich valve.

The student will also be able to discuss the indications, contraindications and complications associated with the procedures listed above.

Intensive Care/Critical Care Unit

Purpose

The purpose of this rotation is for the student to develop a comprehensive knowledge of the pathophysiology of the disease states of patients with acute medical, cardiac, and surgical conditions, and understand the rationale for specific prescribed treatments. This patient care involvement in the hospital setting will enhance the paramedic's prehospital patient care intervention and techniques.

Location

This rotation will be conducted at various medical facilities with intensive care and critical care capabilities.

Objectives

During this rotation, the student should observe and/or participate in the following:

1. Assist with the complete care of the critically ill patient.
2. Perform complete patient assessments including eliciting relevant past medical history and current condition.
3. Review patient charts and be able to explain diagnosis, disease pathology, and rationale for treatments.
4. Perform selected treatments and procedures under supervision including, but not limited to:
   a. Initiation and termination of IV therapy
   b. Venous blood drawing
   c. Medication dosage calculation
   d. Medication preparation and administration
   e. EKG lead placement, 3 lead and 12 lead EKG
   f. EKG interpretation
   g. Airway management, including: suctioning, oxygen therapy, and airway adjuncts
   h. Monitoring of vital signs
   i. NG tube insertion
   j. Bladder catheterization
   k. CPR
5. Assist in the management of cardiac arrest
6. Observe pacemaker, Swan-Ganz and arterial line insertion and discuss management of these once in place
7. Observe, and be able to discuss, the multi-lumen catheters, shunts, and other invasive devices, which may be encountered in patients at home.
8. Assist with the use of specialized equipment, including blood pump, central lines, arterial lines, IV pumps,

ventilators, respirators.

9. Accurately report and document significant assessment findings, medications, treatments and change in patient status.
10. Recognize the psychosocial impact of a critical illness on the patient and family, and relate this to prehospital intervention.
11. Relate total patient management to prehospital care of the critically ill patient and identify your role as a paramedic in the ultimate prognosis.

Labor and Delivery Unit Rotation

Purpose

The purpose of this rotation is for the student to develop a comprehensive knowledge of obstetric patients and the different types of scenarios that can arise with this type of patient. The student will also be able to witness/assist with the delivery of a child to better prepare the student when they go into the field setting. This patient care involvement in the hospital setting will enhance the paramedic's prehospital patient care intervention and techniques.

Location

This rotation will be conducted at various medical facilities labor and delivery capabilities.

Objectives

During this rotation, the student should observe and/or participate in the following:

1. Assist with the complete care of an obstetric patient.
2. Perform complete patient assessments including eliciting relevant past medical history and current condition.
3. Review patient charts and be able to explain diagnosis, disease pathology, and rationale for treatments.
4. Perform selected treatments and procedures under supervision including, but not limited to:
   a. Initiation and termination of IV therapy
   b. Venous blood drawing
   c. Medication dosage calculation
   d. Medication preparation and administration
   e. EKG lead placement, 3 lead and 12 lead EKG
   f. EKG interpretation
   g. Airway management, including: suctioning, oxygen therapy, and airway adjuncts
   h. Monitoring of vital signs
   i. NG tube insertion
   j. Bladder catheterization
   k. CPR
   l. Assisting with childbirth process in the delivery room
5. Assist in the management of cardiac arrest
6. Assist in the patient care of the mother post delivery
7. Assist in the patient care of the newborn patient.
8. Assist with the use of specialized equipment, including blood pump, central lines, arterial lines, IV pumps, ventilators, respirators.
9. Accurately report and document significant assessment findings, medications, treatments and change in patient status.
10. Recognize the psychosocial impact of a newborn on the patient and family, and relate this to prehospital intervention.
11. Relate total patient management to prehospital care of the obstetric patient and identify your role as a paramedic in the ultimate prognosis.

Laboratory Policies

1. Students are expected to arrive on time.
2. Smoking, eating, and drinking are not permitted in the lab.
3. Universal precautions will be observed at all times while working on the cadaver.
4. Students must sign the participant log provided by the State Anatomy Board.
5. Any injuries are to be reported to the faculty immediately.
6. All equipment must be cleaned thoroughly and returned to the proper containers at the completion of the lab session.
7. It will be the student's responsibility for assuring that his/her evaluation form has been accurately completed and returned at the end of the lab session.

Psychiatric Unit Rotation

Purpose

The purpose of the clinical experience is to provide the student with the opportunity to have exposure to patients with different psychiatric disorders in a "controlled" environment.

It should be noted that all of the students have prehospital emergency care experience on Advanced Life support ambulances. Many of the students have already been exposed to patients with psychiatric disorders. This

particular rotation will allow the students to see how to properly deal with a patient experiencing a psychiatric emergency and doing so in the safest way possible for the student and patient.

Objectives

1. Identify methods of interviewing patients with emotional, psychiatric, or chemical dependency problems.
2. Identify signs and symptoms of psychiatric illnesses and relate them to specific diagnoses and treatment modalities.
3. Identify psychotropic drugs and their side effects.
4. Identify safety measures used when caring for psychiatric patients.
5. Identify medical legal issues relating to psychiatric and chemically dependent patients.
6. Identify signs and symptoms of chemical dependency withdrawal.
7. Identify treatment modalities for chemical dependency.
8. Write a patient assessment or, a psychiatric or chemically dependent patient.

Field & Clinical Sties

Anatomy Gifts Registry

Uniform

- Blue UMBC scrubs with closed-toed shoes
- UMBC Paramedic Student Picture ID

Address

- Anatomy Gifts Registry
  7522 Connelley Dr, Suite L
  Hanover, MD 21076

Directions

When you turn onto Connelley Dr a Burger King is on your right and SHA is on your left. Please see the attached .pdf map to assist once you are on Connelley Dr. Yes the map is upside down and it is best to understand if you hold it/look at it this way.

Anne Arundel Fire Department

Uniform

- UMBC field uniform
- UMBC Paramedic Student Picture ID

Stations

Co. No.	Address/Location	PM Engine	PM Ambo	BLS Ambo
Co-1	Galesville Volunteer Fire Co. 954 Main St. Galesville, MD 20765	N/A	MU-1	N/A
Co-2	Woodland Beach Volunteer Fire Co. 529 Londontown Rd Edgewater, MD 21037	ME-2	MU-2	A2-9
Co-3	Riva Volunteer Fire Co. Riva Rd Riva, MD 21140	N/A	MU-3	N/A
Co-4	Severn Fire Station 7860 Telegraph Rd Severn, MD 21144	N/A	MU-4	N/A
Co-5	Waugh Chapel Fire Station 1300 Waugh Chapel Rd Gambrills, MD 21054	N/A	MU-5	N/A
Co-6	Herald Harbor Volunteer Fire Dept. 401 Hall Rd Crownsville, MD 21032	N/A	MU-6	A6-9
Co-7	Arundel Volunteer Fire Company 2380 Davidsonville Rd Gambrills, MD 21054	N/A	N/A	A7-9
Co-8	Annapolis Neck Fire Station 991 Bay Ridge Rd Annapolis, MD 21403	N/A	MU-8	N/A
Co-9	Harwood/Lothian Fire Station 5165 Solomons Island Rd Lothian, MD 20711	ME9-4	MU-9	N/A
Co-10	Jacobsville Fire Station 3725 Mountain Rd Pasadena, MD 21122	N/A	MU-10	N/A
Co-11	Orchard Beach Volunteer Fire Dept 7549 Solley Road Glen Burnie, MD 21060	N/A	MU-11	N/A

Co-12	Earleigh Heights Volunteer Fire Co. 161 Ritchie Hwy Severna Park, MD 21146	N/A	MU-12	N/A
Co-13	Riviera Beach Volunteer Fire Co. 8506 Fort Smallwood Rd Pasadena, MD 21122	N/A	N/A	A13-9
Co-17	Arnold Volunteer Fire Co. 1505 Ritchie Hwy Arnold, MD 21012	N/A	MU-17	N/A
Co-18	Marley Fire Station 100 Summit Ave Glen Burnie, MD 21060	N/A	MU-18 MU18B	N/A
Co-19	Cape St. Claire Volunteer Fire Dept. 1411 Cape St. Claire Rd Annapolis, MD 21401	N/A	N/A	A19-9
Co-20	Lake Shore Volunteer Fire Dept. 4496 Mountain Rd Pasadena, MD 21122	N/A	N/A	A20-9
Co-21	Harmans/Dorsey Fire Station 1367 Dorsey Rd Hanover, MD 21076	N/A	MU-21	N/A
Co-23	Jones Station Fire Station 960 Ritchie Hwy Severna Park, MD 21146	N/A	N/A	N/A
Co-26	South Glen Burnie Fire Station 7880 South Crain Hwy Glen Burnie, MD 21061	N/A	MU-26	N/A
Co-27	Maryland City Volunteer Fire Co. 3498 Ft. Meade Rd Laurel, MD 20724	N/A	MU-27	N/A
Co-28	Odenton Volunteer Fire Co 1425 Annapolis Rd Odenton, MD 21113	N/A	N/A	A28-9
Co-29	Jessup Volunteer Fire Co. 7891 Max Blobs Rd Jessup, MD 20794	N/A	MU-29	N/A
Co-30	Arminger Fire Station 304 Mountain Road Pasadena, MD 21122	N/A	MU-30	N/A
Co-31	Brooklyn Park Volunteer Fire Co. 5100 Ritchie Hwy Baltimore, MD 21225	N/A	PM-31	N/A
Co-32	Linthicum Volunteer Fire Co. 309 South Camp Meade Rd Linthicum, MD 21090	N/A	PM-32	N/A
Co-33	Glen Burnie Volunteer Fire Co. 9 Central Ave Glen Burnie, MD	N/A	PM-33	A33-9
Co-34	Ferndale Volunteer Fire Co. 4 Broadview Boulevard South Glen Burnie, MD 21061	N/A	N/A	A34-9
Co-40	West Annapolis Vol. Fire Co. 121 Jennifer Rd Annapolis, MD 21401	N/A	MU-40	N/A
Co-41	Avalon Shores Volunteer Fire Co. 6270 Shady Side Rd Shady Side, MD 20764	N/A	N/A	A41-9
Co-42	Deale Volunteer Fire Co. 6007 Drum Point Rd Deale, MD 20751	N/A	MU-42	N/A

Baltimore City Fire Department

Uniform

- UMBC field uniform
- UMBC Paramedic Student Picture ID

Stations

Co. No.	Address/Location	Phone
Medic 8	3130 W. North Avenue Baltimore, MD 21216	(410) 396-0420
Medic 9	430 Maude Avenue Baltimore, MD 21225	(410) 396-1235
Medic 13	5821 Belair Road Baltimore, MD 21206	
Medic 14	2700 Glen Avenue Baltimore, MD 21215	(410) 396-0171
Medic 17	4312 Park Heights Avenue Baltimore, MD 21215	(410) 396-0429
Medic 19	3724 Roland Avenue Baltimore, MD 21211	(410) 396-6221
Medic 21	1908 Hollin Street Baltimore, MD 21223	
Medic 22	1229 Bush Street Baltimore, MD 21230	
Medic 23	Steadman Station 15 South Eutaw Street Baltimore, MD 21201	(410) 396-5167

The most up-to-date list of medic unit locations can be found by going to :
http://fire.baltimorecity.gov/fire-stations

Johns Hopkins Hospital

Pediatric Burn Clinic

Address

- David M. Rubenstein Child Health Building
  200 North Wolfe Street
  Baltimore, MD 21287

Emergency Departments

- Adult
- Pediatric

Uniform

- Blue UMBC scrubs with closed-toed shoes
- UMBC Paramedic Student Picture ID

Parking

McElderly Garage

- 600 North Wolfe Street
  Baltimore, MD 21287

Orleans Street Garage

- 1795 Orleans Street
  Baltimore, MD 21287

Parking costs $11.00/day

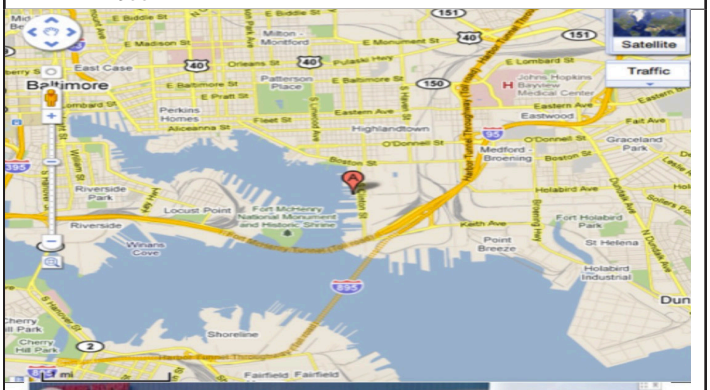
Johns Hopkins Lifeline

Uniform

- Blue UMBC scrubs with closed-toed shoes
- UMBC Paramedic Student Picture ID

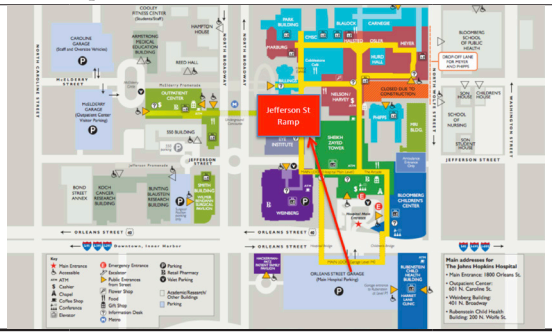
HopComm: 410-614-7777		
Station No.	**Address/Location**	**Phone**
In-House	1800 S. Clinton St Baltimore, MD 21224	

Codes
- Gate – 0984
- Door – 1533



Out-House	1800 S. Orleans St. Baltimore, MD 21287	

Directions to Lifeline from the parking garage:
- Cross Orleans St at street level
- Walk through the garden to the left and look for the pass through between the Zayed and Weinburg Buildings
- You will see Jefferson Street and loading dock area
- Walk down the hill into the loading dock while using extreme caution to not get run over by delivery trucks. You will most likely see Lifeline ambulances parked.
- As you enter the loading dock, look for the pedestrian ramp next to the loading dock past the trash carts.
- Walk up the ramp and take the first door to the right at the top of the pedestrian ramp.



Special Notes to Lifeline Staff from Guy Barber

Team,

As most of you already know, we have been selected as an observation/learning site for the UMBC students. I wanted to clear up any confusion regarding the student experience and Lifeline/LifeStar provider responsibilities.

Appearance:

- *Students should be dressed appropriately with proper attire for the day's weather.*
- *Only UMBC branded attire is permitted while they are assigned to a unit*
- *Student may wear only a UMBC ID badge. All other affiliation reference IDs may not be worn.*
- *Kindly ask students to shut off cell phones tones when committed to a patient care cycle. (this includes headsets, etc...)*

Expectations:

- *This education experienced is an observation opportunity allowing the students to observe interhospital care dynamics. Please include your student in all daily responsibilities such as: unit check, drug check, supply inventory, pre and post transport team briefs, etc... Again, the student is observing and not operating independently or in place of the Lifeline team.*

Patient Care:

- *The students are here to observe the patient care process. They are not counted as part of the patient care team. Students are welcome to observe clinical report and patient assessment- however, they are not to interact directly with the referring hospital staff.*
- *Students may participate in non-invasive patient assessment learning opportunities at the explicit direction and supervision of the Lifeline staff. Specific opportunities include applying the LP12 monitor, listening to lung sounds, manual blood pressure, etc... Administration of medications, invasive procedures (including IV), etc are not permitted at this time.*
- *Students are not to operate the ambulance stretcher (with or without a patient on board). They can assist as a set of hands to manage gear- however, the patient stretcher must only be operated by Lifeline/LifeStar staff.*

It is our goal to provide a rich learning experience for the UMBC student, however- we must continue to be mindful of our primary patient care duties and the safety of the entire team.

Any unusual circumstances and/or questions should be referred directly to LifeLine Admin on Call by way of HopCom as soon as possible.

Sincerely,

Guy Barber, MPH, EMT-P
Operations Manager, Dept of Emergency Medicine
Lifeline Critical Care Transport Team

Kennedy-Krieger Institute

Uniform

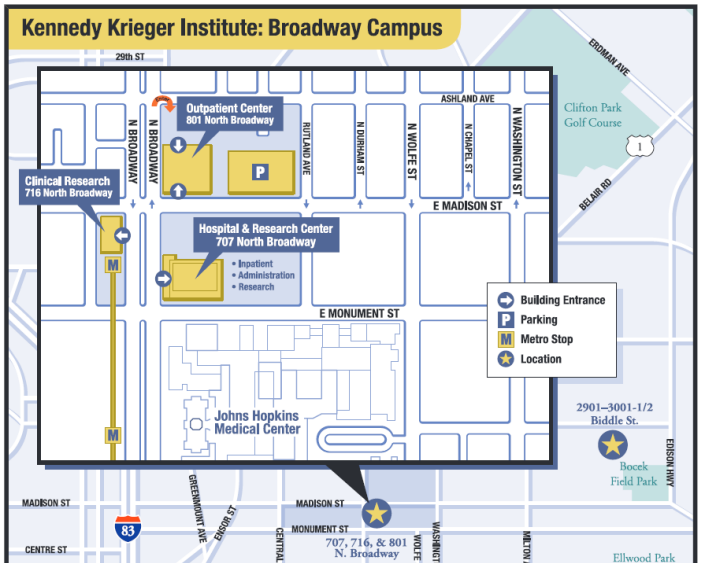
- Blue UMBC scrubs with closed-toed shoes
- UMBC Paramedic Student Picture ID

Address

- 707 North Broadway
  Baltimore, MD 21205

Directions

You will go to 707 North Broadway to the 3rd floor. If you look at the map I have attached here, you can park in the parking garage behind 801 North Broadway and then walk to the building next door. When you go into the 707 building you will check in at Security and let them know you are a paramedic student going up to the 3rd floor and they are expecting you up there. They should let you in with no issues and take the elevators up and once on the 3rd floor check in with the charge nurse.



Mercy Medical Center

Uniform

- Blue UMBC scrubs with closed-toed shoes
- UMBC Paramedic Student Picture ID

Disclaimer

Students and Faculty shall not be entitled to compensation or remuneration from Mercy Medical Center for activities or services performed in connection with the Clinical Rotations. In no event shall any Student or Faculty member be deemed to be an employee, servant, representative, or agent of Mercy Medical Center for any purpose whatsoever, or replace or substitute for an employee of Mercy Medical Center.

Address

345 St. Paul Pl.
Baltimore, MD 21202

Parking

Please park in the "Bunting garage" as this is a 24-hour garage and is adjacent to the ER. The Bunting garage, is the only garage that allows for after-hours parking for late ER shifts.

Parking should be free, just let them know you are a student and again you should not have to pay for your parking.

Poison Control Center

Uniform

- UMBC field uniform
- UMBC Paramedic Student Picture ID

Address

- 220 Arch Street
  Office Level 1 (12th floor)
  Baltimore, MD

Directions

The Maryland Poison Center is located in the Saratoga Garage on the University of Maryland Baltimore campus (building #2 on campus map).

From I-95 North and South:
Take the exit for I-395

Follow the signs for Martin Luther King, Jr. Blvd.

At the 7th traffic light, turn right onto Saratoga St.

If parking in the garage (weekdays only; closes at 10pm, hourly rate):
Proceed 1 block on Saratoga St. Turn right into the Saratoga Garage. Take the elevators to the first floor. Enter the lobby (to the right of the elevators). Take the lobby elevators to the 12th floor (Office level 1). The Maryland Poison Center is to the right of the elevators. (NOTE: the garage

elevators do not stop at the 12th floor. Access is from the lobby elevators only).

If parking elsewhere:
There is on-street parking on Saratoga Street, Pine Street and Lexington Street.

The building lobby entrance is off of Arch Street, on the south side of the garage (between Lexington and Saratoga Streets). Because the building is locked on weekends, visitors must call 410-706-7701 after arriving and ask a poison specialist to let you in the building.

Prince Georges Fire Department

Uniform

- UMBC field uniform
- UMBC Paramedic Student Picture ID

Stations

Medic No.	Address/Location	Phone
Medic 810	7411 Cherry Ln. Laurel, MD 20707	
Medic 812	8115 Baltimore Ave. College Park, MD 20740	301-883-7712
Medic 818	11900 Glenn Dale Blvd. Glenn Dale, MD 20769	301-883-7718
Medic 820	14815 Pratt St Upper Marlboro, MD 20722	
Medic 825	9025 Woodyard Road Clinton, MD 20735	301-883-7725
Medic 829	3900 Old Silver Hill Road Suitland, MD 20748	301-883-7729
Medic 830	Annapolis Road & 68th Avenue Landover Hills, MD 20784	301-883-7730
Medic 844	6330 Riggs Road Chillum, MD 20783	301-883-7744
Medic 846	10400 Campus Way South Upper Marlboro, MD 20870	301-883-7746
Medic 847	10900 Fort Washington Road Fort Washington, MD 20744	301-883-7747
Medic 849	7411 Cherry Ln. Laurel, MD 20707	301-883-7749

Queen Anne County EMS

Uniform

- UMBC field uniform
- UMBC Paramedic Student Picture ID

Stations

Supervisor Phone: 410-758-4500 ext. 1106

Station No.	Address/Location	Phone
Station 100	103 Davidson Drive, Stevensville, MD 21666	**410-604-2877**

- Access Rt. 50 Eastbound via whatever means you see fit
- Cross Bay Bridge (Cash $6.00 headed eastbound, EZPass $2.10 to the left)
- Take first exit (37) for MD-8 Romancoke Rd
- Turn right at end of ramp
- Drive 1.9 miles and turn left on Davidson Drive
- Station is first house on the left – 103
- There is no mailbox but there is a small post with the numbers on it
- Come to door near garage that has the combo lock on it.

Note: Station has fridge, full kitchen, microwave and there are food stores and fast food around to include Taco Bell, McDonalds, Burger King, Food Lion, Safeway, Hardees, Dunkin (very slow), Pizza Hut and some good local joints.

Station 200 EMS 4	110 Wharf Drive Chester, MD 21619	**410-643-5433**

- Access Rt. 50 Eastbound via whatever means you see fit
- Cross Bay Bridge (Cash $6.00 headed eastbound, EZPass $2.10 to the left)
- Take exit 41 for MD – 18/Main Street (Kent Narrows West)
- Turn Left at stop sign (onto MD-18)
- Make first right onto Wharf Drive
- Station is white building on left
- Park to the left side of bay doors or on the street to the right under trees
- Come to door to the left of the bay door

To get home turn Right onto Wharf, Right at stop sign and then Left at signs for 50 West. This will take you under the large bridge and be just prior to the drawbridge.

Note: Station has small fridge (crappy freezer), microwave, snack and soda machines and gets very cold in the winter. Same fast food as 100

Station 300	Queenstown Volunteer Fire Dept. 7110 Main Street Queenstown, MD 21658	**410-827-4357**

- Access Rt. 50 Eastbound via whatever means you see fit
- Cross Bay Bridge (Cash $6.00 headed eastbound, EZPass $2.10 to the left)
- Continue on Rt. 50 to the 50/301 split – keep left onto 301 north
- Take first turn on left MD-18 – Queenstown outlets will be on the right and the golf course will be on the left. Use caution crossing highway.
- Continue on MD-18 until you see the firehouse on the right.
- Turn into parking lot just after the firehouse and proceed towards the back where the chain link fence is. Park there and either go around front or go to the door near the generator.

Station has full fridge, full kitchen, microwave and small vending machine. Subway and Auntie Annie's are the only food places in its first due. (i.e. pack your meals)

Station 400 EMS3	100 Communications Drive, Centreville, MD 21617	

- Access Rt. 50 Eastbound via whatever means you see fit
- Cross Bay Bridge (Cash $6.00 headed eastbound, EZPass $2.10 to the left)
- Continue on Rt. 50 to the 50/301 split – keep left onto 301 north
- Continue to MD – 304/Ruthburg Rd. (Trailways truck stop)
- Turn left onto Safety Dr.
- Turn right after to woods. Complex has one large building, two trailers and a two bay garage. Park in a space that is closest to safety drive and the radio tower (furthest from trailers and bay doors)
- Walk across parking lot to the trailers – EMS is in the one labeled EMS Station 400.
- When you return you have to turn left across 301 – use caution. High speed traffic and MSP Barracks are right there

Station has full fridge, kitchen freezer, microwave and plenty of places to eat in town to include local joints, Subway, Dunkin (rude at this one), Hardees, McDonalds, Acme and Food Lion.		
Station 500	Church Hill Volunteer Fire Dept. 316 Main Street Church Hill, MD 21623	
Station 600	Suddlersville Vol Fire Dept. 203 North Church St., Sudlersville, MD 21668	
• Access Rt. 50 Eastbound via whatever means you see fit • Cross Bay Bridge (Cash $6.00 headed eastbound, EZPass $2.10 to the left) • Continue on Rt. 50, you will make a slight left at Blue Star Memorial Highway/US 301 North • You will go 19.5 miles then turn right onto MD-300 E/Sudlersville Rd • You will go 3.5 miles then turn left at North Church St. • Building should be on your left		

Saint Agnes Hospital

Uniform

- Blue UMBC scrubs with closed-toed shoes
- UMBC Paramedic Student Picture ID

Directions

St. Agnes Healthcare is located at the corner of Wilkens and Caton Avenues. Take Wilkens toward the city and turn right into the parking facility prior to arriving at the hospital. Refer to map for exact parking location.

Sinai Hospital

Uniform

- Blue UMBC scrubs with closed-toed shoes
- UMBC Paramedic Student Picture ID

Address

- Sinai Hospital
  2401 West Belvedere Avenue
  Baltimore, MD 21215-5271

Directions

From downtown Baltimore, take I-83 North (Jones Falls Expressway) to Exit 10, Northern Parkway West. At third traffic signal, take a left onto W. Belvedere Avenue, Sinai Hospital will be on your left.

State Anatomy Board

Uniform

- UMBC field uniform
- UMBC Paramedic Student Picture ID

Address

- Anatomical Facility
  655 W. Baltimore Street, Room B023
  Baltimore, MD 21201

Stat MedEvac (Senior Intern Only)

Uniform

- UMBC field uniform
- UMBC Paramedic Student Picture ID

Address

- State MedEvac 10
  1800 S. Clinton St.
  Baltimore, MD 21224

Union Hospital

Uniform

- Blue UMBC scrubs with closed-toed shoes
- UMBC Paramedic Student Picture ID

Address

- Union Memorial Hospital
  201 East University Parkway
  Baltimore, MD 21218

Directions

From JFX (I-83)

Take Cold Spring Lane East exit. Make a right onto Roland Avenue; stay left as it becomes University Parkway. Cross over Charles Street; make a right at the next light onto St. Paul Street. Make a left (before the light) onto 34th Street. Parking garage A is on the right.

Heading South on I-95

Take I-95 South to 695 West (toward Towson). On 695, take exit 30 (Perring Parkway South). Stay on Perring Parkway as it becomes Hillen Road near Morgan State University. Make a right onto 33rd Street; continue to a right onto Calvert Street. Make a left onto 34th Street and an immediate left into parking garage.

From B/W Parkway (I-295)

Enter Baltimore via Russell Street. Make a right onto Pratt Street. Make a left onto Calvert Street. Drive 3.5 miles to a left on to 34th Street, followed by an immediate left into parking garage.

From I-95 North

Take I-395 N (Exit 53) toward downtown. Merge onto I-395 N; keep left at the fork in the ramp. Make a right onto W. Pratt Street. Make a left onto Calvert Street. Drive 3.5 miles to a left onto 34th Street, and then make an immediate left into parking garage.

From I-70 and points West

Take I-70 toward Baltimore. At the 695 (Baltimore Beltway) intersection, go north toward Towson, to I-83 south. Follow directions from JFX I-83 (above).

Medical Documentation

In medicine, the documentation format of patient encounters can vary depending on the type of call, the patient's age, and the system in which the paramedic works. This program desires to expose the students to different formatting options so they may be able to develop their own documentation skills.

No matter the format the paramedic uses, there are still some standards when completing a patient care report (PCR). The PCR must be:

Accurate

The PCR must be accurate. To achieve this, the paramedic must complete the report in a timely manner. Many agencies and states have requirements when a provider must complete a report because the paramedic may forget details, important information may be left out, or the paramedic may write inaccurate information.

As the human brain may only hold five to seven pieces of information in the working memory, paramedics must take notes or use other methods, such as using a monitor to document times and vital signs. Many of the electronic PCRs allow the upload of data from the monitors. However, if this is not possible, the paramedic will need another method to track this information.

As EMS has moved over to electronic reporting, the day of the handwritten report has waned. However, completing a full report before turning over patient care may not be practical in busier systems or with more complicated calls. For this reason, short, handwritten reports are still in use. These "short forms" or "drop reports" are generally a single-page abbreviated form used as a memory aid during an EMS call. For these to be usable to the hospital and the paramedic, they must be legible.

Complete

Accuracy depends on the paramedic completing the PCR in its entirety. Since moving to electronic PCRs, this is a much easier task as reports cannot close until all required sections are complete. When completing a handwritten form, the paramedic should ensure all sections are completed in their entirety or identified as not being applicable. Leaving blanks not only brings questions about the overall completeness of the report but could allow someone to add information.

The narrative of the PCR is an essential aspect of any report. Although many electronic PCRs have checkboxes and prefilled dropdown menus, they do not clearly depict the patient or the events surrounding them. The narrative must be a detailed account of the patient encounter. This documentation includes dispatch information, scene descriptions, history of the present complaint, a comprehensive patient history including a psychosocial assessment, a physical assessment, treatment supported with sound reasoning, transport, reassessment, and disposition of the patient. The paramedic must be specific in documenting care; sizes of IVs or endotracheal tubes; the dose, volume, and route of medication; consultation information to include time, facility, physician, and orders requested, received, or denied.

The documentation of patient refusals must be sufficient to demonstrate that paramedic provided the patient informed consent to refuse, the paramedic exhausted efforts to convince the patient to be transported, and the refusal was willing and wanted by the patient.

Although the paramedic must be descriptive in their documentation, they must be objective.

Inclusive

Not only will the paramedic document assessment information found, but they are to document that information that they do not find. These pertinent negatives help to support the care that the paramedic did or did not render. It helps to ensure a thorough assessment, both physical and history of present complaint, were completed.

Whenever possible, the paramedic is to use exact quotes from the patient, family, bystanders, or other responders. The report should indicate who made the statement by placing quotation marks around the exact statement. By adding these statements to the report, the paramedic can account for the patient's behavior, the mechanism of injury, and safety-related information such as weapons present at the scene.

Other information that may be useful may be the presence and disposition of valuables, statements of suicidal ideation, or any care rendered before the arrival of EMS.

Professional

The PCR is a part of the patient's medical record. Therefore, it may be referred to by physicians, nurses, billing staff, insurance representatives, detectives, lawyers, juries, and anyone involved in the patient's care. For this reason, the paramedic must present a document that meets professional standards. The PCR should not include jargon, slang, or personal opinions. It should not include libelous statements, only presenting accurate and verifiable facts. As written previously, verbatim comments should include the exact words stated and who said them.

Before submitting, the paramedic should proofread the report for spelling, grammar, accuracy, and proper use of medical terminology. They should also avoid using medical

abbreviations whenever possible to avoid confusion or misinterpretation. Additionally, paramedics should avoid the terms "negative" or "within normal limits" as readers may misconstrue the paramedic never assessed these areas.

Most importantly, the PCR should read as "one voice." This statement means that whoever is to review the PCR will come to the same conclusions as the paramedic who wrote the report. The paramedic should avoid being wordy, thorough, and concise in their documentation.

Private

Most importantly, the PCR must be private. Breach of patient confidentiality is a serious offense that can lead to civil and criminal charges. Paramedics must be sure that all identifiable patient information is protected. Protecting this information may be by keeping notes and copies of short forms secure or not sharing their password for the electronic PCR system.

Standards

There are many formats to document patient encounters, and students are encouraged to try different ones. As the student gains experience, they will develop their own format, but minimally all reports should contain the following information:

Subjective Assessment

Information subject to the patient's interpretation

- Pertinent identifying data (age, sex, race, weight in kilograms)
- Chief complaint (C/C)
- History of present illness (HPI)
  - Onset
  - Aggravating & alleviating factors
  - Quality of pain
  - Location of injury / pain
  - Severity of pain (1-10 scale)
  - "OPQRST"
  - Associated signs and symptoms
  - Pertinent negatives
  - Pertinent social or situational factors
- Medical and surgical history
- Current medications and compliance
- Medication allergies

Objective Assessment

Information that is directly observed

- Level of consciousness
  - GCS or Alert to person, place, and time
- Skin color, temperature, moisture, and capillary refill
- Vital signs
  - Repeat vital signs can go in the Plan section, following an intervention if applicable
- Pulse oximetry
- Examination results by system or by body region
  - Head, neck, chest, abdomen, extremities, back
- Electrocardiogram

Physical Assessment

An assessment (or "diagnosis") of patient illnesses or components of an illness

- General findings of the history and physical
- Summarize significant findings
- Illnesses, possible illnesses, and/or components of illnesses
  - Ischemic chest pain, fluid volume deficit, impaired gas exchange due to pulmonary edema, grand mal seizure activity, hypoglycemia, etc.
- A differential diagnosis if possible

Management

Flow chart to record interventions, information pertinent to interventions, and results

- Vital signs for all patients examined, even refusals of service
  - BP, heart rate, respirations
- IV catheter size, location, fluid type, rate, and volume infused
- Dose, proper medication name, route, rate, and time (24 hour, HR:MIN) for each medication administration
- Time and dose for any electrical therapy administered
- Additional vital signs following any intervention which may affect them
- Desired/undesired effects of interventions
  - Change in LOC, chest pain intensity, etc.
- Indications or contraindications for procedures as applicable
- When recording numbers with decimals, record so that if the decimal is removed (lost or unclear on a copy), no misinterpretation is possible
  - Drop the ".0" when recording while numbers ("2mg" instead of "2.0mg")
  - Use a "0." in front of amounts less than one ("0.25mg" instead of ".25mg")

Clinical Documentation

FISDAP

FISDAP is an internet based software program that tracks paramedic student clinical and field internships. It is the brainchild of a couple of Emergency Health Services instructors at Inver Hills Community College's (IHCC) "EHS Degree Program". Frustrated by the unrealistic hour-based requirements of previous paramedic field internship programs, the IHCC faculty and medical director began seeking objective ways to measure the experiential learning that occurs during ambulance shift ride-alongs. FISDAP is the process by which IHCC has attempted to begin tracking that learning.

The FISDAP process is simple. Every time a paramedic student makes a contact with a new patient (termed a "patient encounter"), that student uses a computer to enter information about the nature of the experience that just occurred. FISDAP tracks the patient's chief problem and demographic information, and the scope and nature of the skills performed by the preceptor, ambulance crew/hospital staff and the student on the particular encounter.

The project began in September of 1996 in San Antonio, at the National Association of EMS educator's (NAEMSE) first annual conference. IHCC staff attending the conference discussed the problems with collecting accurate data on field internships with other educators. In particular, Century College and Northwest Technical College faculty, as well as Youngstown State University faculty were interested in participating and helped create the first data sheets.

The first data began to be collected in September 1996 by using a Microsoft Access database over a Novell network within the IHCC campus. Soon however the IHCC staff had an interest in using the project to collect data from multiple institutions. We wanted to increase the scope of the project to increase its applicability and significance. We also wanted to encourage multi-institutional research by EMS education agencies. This type of research is unfortunately scarce in our profession.

Thanks to a grant from the Minnesota State College and University System (MnSCU) in 1997, IHCC was able to get funding to expand FISDAP via the internet. IHCC teamed up with private Minneapolis based software Development Company called SSESCO. The current release of FISDAP is the result of a strong partnership between SSESCO and IHCC.

Now that the MnSCU grant period has ended, FISDAP has become a fee-for-service system. Student accounts are charged a one-time account fee to cover maintenance and improvements to the system. This is a non-profit, non-commercial service venture for Inver Hills Community College.

If you are interested in learning more about the inner workings of the FISDAP system, please go to our "Help" section. If you are interested in getting your program started with using FISDAP, please refer to the "Instructors" page and the "Getting Started" page.

Dear Student,

Thank you for participating in FISDAP! Your work on this project is crucial to its success and will help shape future EMS internships. You are helping pioneer a unique quality improvement and research effort with a cutting edge technology and participation by students nationwide.

Your instructors have set up some guidelines and instructions so that we can all work together on this very important project. Please read and follow these guidelines and instructions. If you have any questions please contact your instructors directly.

What is FISDAP?

Besides having a bizarre name, FISDAP is an Internet-based program that will help track your experiences during field and hospital internships. For many years EMS programs have measured student progress in numbers of hours. Yet no one has done any formal research on what kinds of experiences occur within those magical hours that you ride-along.

FISDAP will help us learn more about the true nature of what you are learning during clinicals and internships.

Benefits of FISDAP: NOT JUST MORE BUSY WORK!

You will be able to:

1. Get progress reports on skills you have performed and/or observed.

2. Get a print out of your scheduled shifts.

3. Compare yourself to other students (anonymously).

4. Compare your program to other programs involved in the study.

5. Show employers, potential employers, or preceptors your level of experience.

6. Use the Internet to: Exchange email, surf the World Wide Web (WWW), look for job openings, and more!

7. Contribute to the improvement of future EMS internships.

Rules of the Game:

1. BE TRUTHFUL — PLEASE!

Your data is extremely important to future students. If it is incorrect it will skew our results and damage the study.

2. ENTER YOUR DATA PROMPTLY AND BE THOROUGH.

We ask that you try to enter your data within 72 hours

of your call and/or shift. If a computer connected to the Internet is available at the hospital ambulance station/ base, please enter the data immediately following your shift.

Double check your data before you submit it (when the computer gives you the summary of the run you just entered). You will not be able to change the data once it is submitted. (Note: If you later find that your data is incorrect, your instructor will be able to delete the original patient encounter and you will then need to re-enter the entire patient encounter. This is difficult and time consuming for both you and your instructor so please... double check your data before submitting it).

3. PRECEPTOR SIGNATURE

Please make sure you have filled out the FISDAP Verification Form and have your preceptor sign it on every shift even if you did not do any runs or calls.

4. DATA ENTRY IS REQUIRED

Your instructors have agreed to make this portion of your training mandatory. They think it is that important. We know that you are busy with the many requirements of life, school and work. The implications of this project will greatly affect how future students will learn. Your time now is an investment in their future.

In many systems, EMS providers must routinely enter data into a computer. EMS must justify its existence with research if it is to survive and grow as a profession. Consider this a part of your preparation for future employment, and your part in keeping EMS education alive!

Clinical Journals

You will be doing journals from now until you graduate from the paramedic program. I realize that at this moment, they seem overwhelming. By the end of the semester, you will assemble them with ease and speed.

Your journals are due by 1600 (4 p.m.) on Tuesday. They should contain clinical information from the previous clinical week (Sunday through Saturday). Please do not combine weeks. If you have only one clinical shift in a week, then on Tuesday you should turn in the paperwork and journal entry for that one shift.

A clinical journal will contain:

- Your journal entry: a paragraph or two expressing your impressions of the shift, your preceptor, your performance, etc. Comment on any particularly interesting, troubling or confusing calls you had. Pose questions, make suggestions, be thoughtful and thought provoking. This is informal; however, please do not descend into colloquialisms in your writing. Be sure to use the spell check function. Single-spaced, with multiple journal entries per page is acceptable. Remember to include date, location, time.

For a field shift:

- Shift evaluation Form, filled in by you, signed by your preceptor.
- FISDAP date sheet, filled out by you and signed by your preceptor.
- Complete narrative for EACH patient you see (this is on the back of your FISDAP forms.) You may NOT copy your preceptor's narrative. You can document your narrative on the PCR or in FISDAP, one location is acceptable you do not need to put it in both.
- EKG - One (1) for each patient transported. Three lead mandatory, 12 lead optional

For a hospital shift:

- Patient Assessment Form, you must complete one detailed assessment per shift.
- Hospital Paperwork, to be completed by you and signed by your preceptor.
- EKG - One (1) for each patient transported. Three lead mandatory, 12 lead optional

Scan all paperwork for the shift and upload to your FISDAP shift for that day as a .pdf. DO NOT submit pictures of paperwork.

Also, keep in mind, at the end of the shift, your preceptor wants to go home as much as you do. Have your paperwork ready for them to sign. Be familiar with what they need to fill out, and direct them to the appropriate spaces. For field shifts, you might consider bringing your paperwork out 2-3 hours before the end of your shift, to get the process started.

The data entry into FISDAP is due within 72 hours of the end of a shift. After that, FISDAP will automatically lock your shift. Your shift will not be unlocked in order for you to add information to it. If FISDAP automatically locks your shift, it WILL affect your grade in a negative way.

Soon you will enter data into FISDAP with the speed and grace of such fine paramedic interns.

Liability Insurance

While you are a student in the EMS program at UMBC you will be covered by the college's liability insurance while you are attending approved clinical activities arranged by the clinical coordinator for the EMS program. This liability insurance provides for legal expenses (to the limits specified by the coverage) in the event that you are sued by a patient for malpractice or negligence. The liability insurance will cost each student approximately $18.00, which will be billed to the students UMBC account and must be paid prior to attending any clinical. You will be eligible for coverage provided:

- You were performing only those skills and techniques for which you are cleared to perform;
- You are acting within the scope of your abilities;
- You are being precepted at the time the incident occurs.

Liability insurance is not the same as health insurance. It is important for you to understand that UMBC does not carry health insurance for its students. In other words, if you are accidentally stuck with a dirty needle while working in a clinical setting your own health insurance will be used to pay for any testing, treatment and follow-up care. In the event that your personal insurance carrier refuses to pay for some or all of those costs, it will be up to you to bear the remaining costs. UMBC is not responsible for covering your health care or treatment costs.

UMBC will not cover your health care costs. You are strongly urged to have your own health insurance.

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