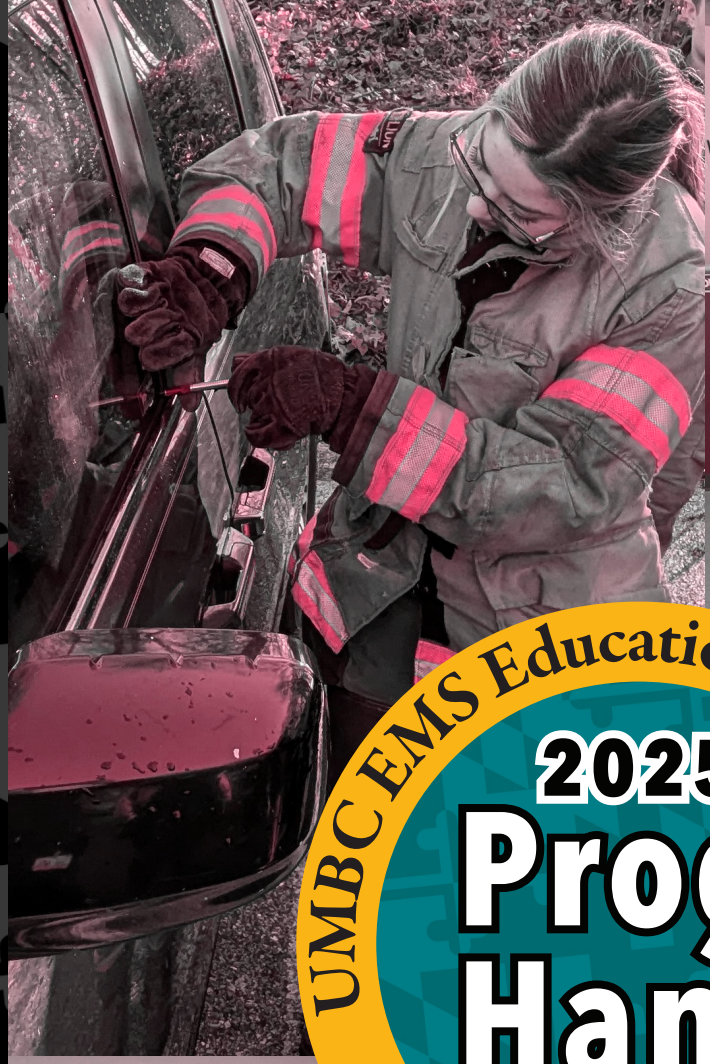


UMBC EMS Education

2025 Program Handbook 2026

DEPARTMENT OF EMERGENCY AND DISASTER HEALTH SYSTEMS

Paramedicine

Scope of Handbook

This handbook outlines expectations, policies, and procedures for students enrolled in clinical-track courses within the Department of Emergency and Disaster Health Systems. It applies to all students participating in EMT and Paramedic clinical experiences. While many policies—such as attendance, professionalism, and affective evaluations—are shared, certain requirements (such as advanced psychomotor skills, terminal evaluations, and field internships) apply specifically to Paramedic students. These distinctions are noted where relevant.

Acceptance/Adoptive Statement:

This edition of the UMBC Department of Emergency and Disaster Health Systems Handbook for the Paramedic Concentration is current for the 2025–2026 academic year.

Updates

2025 July 1
- Updated layout
- Additional of a program roadmap

Additions

Program Orientation

The Paramedic Profession

Getting Started at UMBC

Paramedic Program

Curriculum and Academic Expectations

Program Policies and Student Conduct

Clinical and Field Requirements

Health, Safety, and Infectious Disease Control

Welcome

I want to welcome you to the Paramedic Concentration within the Department of Emergency and Disaster Health Systems 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 and Disaster Health Systems.

The UMBC Department of Emergency and Disaster Health Systems 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 EDHS 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 EDHS 200, Introduction to Emergency and Disaster Health Systems, and EDHS 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 EDHS Management courses and additional faculty members to teach these courses in 1981. The University elevated the EDHS 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 EDHS 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 EDHS Master's degree program in 1986.

The UMBC EDHS 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 EDHS 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 EDHS 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.

The history of the UMBC EDHS department includes many success stories among its graduates. EDHS 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 EDHS 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 and Disaster Health Systems 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 and Disaster Health Systems 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 and Disaster Health Systems 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 and Disaster Health Systems also prepares graduates for advancement to graduate and professional studies.

Your Roadmap to Paramedic

This roadmap is designed to help students understand the general sequence of requirements and milestones throughout the Paramedic Concentration. It aligns with both university and program expectations.

Year 1: Foundations and Prerequisites

- Enroll at UMBC as an Emergency and Disaster Health Systems (EDHS) major with the Paramedic Concentration.
- Complete general education and prerequisite courses:
  - » ENGL 100: Composition
  - » PSYC 100: Introduction to Psychology
  - » BIOL 101 or 141: Biology
  - » CHEM 120/124L or 101, 102, and 102L
  - » EDHS 115: Medical Terminology
  - » EDHS 200: Concepts of Emergency and Disaster Health Systems
  - » EDHS 202: EMT I
  - » EDHS 203: EMT II
- Begin satisfying General Education Program (GEP) requirements (Arts/Humanities)

Year 2: Core Courses, Pre-PA Preparation, and Paramedic Program Application

- Continue required coursework:
  - » BIOL 251/251L: Anatomy & Physiology I
  - » BIOL 252/252L: Anatomy & Physiology II
  - » PSYC 285: Abnormal Psychology
  - » STAT 121 or 350: Statistics
  - » EDHS 340: Cultural Diversity in Healthcare
- Continue fulfilling GEP Arts & Humanities and language requirements as needed to remain on track for graduation.
- If pursuing the Pre-PA track, consider:
  - » BIOL 273/273L: Microbiology with Lab
- Apply to the Paramedic Program (application opens in January):
  - » Must hold a state EMT certification or currently be enrolled in an EMT course.
  - » Meet 2.5 GPA minimum.
  - » Have or be working towards 100 patient contacts as a primary provider
  - » Complete background check and drug screening.
  - » Participate in multi-panel interviews and entrance exams.

Year 3: Paramedic Core (Didactic Phase)

- Begin paramedic-specific coursework:

- » EDHS 301: Managing Emergencies and Crises
- » EDHS 460: Applied Pharmacology
- » EDHS 461: Paramedic Operations I
- » EDHS 462: Cardiology
- » EDHS 463: Medical Emergencies I
- » EDHS 464: Medical Emergencies II
- » EDHS 465: Trauma Emergencies
- » EDHS 466: Paramedic Operations II
- » EDHS 481: ALS Field & Clinical Experience I
- » EDHS 482: ALS Field & Clinical Experience II

- Participate in skills labs and simulation.
- Begin clinical rotations at affiliated hospitals.

Year 4: Clinical / Field Internships and Capstone

- Complete advanced coursework and field experiences:
  - » EDHS 351: Financial and Personnel Management
  - » EDHS 423: Public Health Emergency Preparedness
  - » EDHS 430: EDHS Epidemiology & Health Research Methods
  - » EDHS 467: Introduction to Trauma Emergencies
  - » EDHS 468: EMS Capstone Experience
  - » EDHS 470: Emergency Response to Crisis
  - » EDHS 483: ALS Field & Clinical Experience III
  - » EDHS 484: ALS Field & Clinical Experience IV
- Pass cumulative skill evaluations.
- Pass the Terminal Competency Exam
- Prepare for the NREMT Cognitive Exam
- Graduate with a B.S. in Emergency Health Services.

Faculty and Staff

Department Chair

Lauren Clay
Associate Professor

900 Walker, Room 113

lclay@umbc.edu

410/455.3223

Education

- Ph.D., University of Delaware 2014
- Master of Public Health, Drexel University 2010
- B.A., 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 Associate Professor
900 Walker, Room 112

KyleDavidBates@umbc.edu

410/45. 3782

Education

- M.S., UMBC 2004
- B.S., Rochester Institute of Technology 1997
- A.AS., 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

Jaeyoung Yang
Visiting Lecturer

900 Walker, Room 112

jaeyang1@umbc.edu

Education

- M.S., UMBC 2021
- Post-Bacc Certificate UMBC 2019
- B.S. 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 EDHS. Jae's academic and research interests include simulation education and policy related to emergency management.

Medical Director

Matthew Levy
Medical Director
900 Walker, Room 113
Matthew.Levy@umbc.edu
410/455.3223

Department Faculty

Gary Williams
Associate Teaching Professor
900 Walker, Room 112
garywil1@umbc.edu
410/455.1659

Education

- M.S,, UMBC 2019
- Graduate Certificate UMBC 2019
- B.S., 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.

Crista Lenk
Clinical Associate Professor;
Director, PACE
900 Walker, Room 110
clenk@umbc.edu
410/455.3781

Education

- M.A., West Virginia University 1999
- B.S., 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.

Farah Nibbs
Assistant Professor
900 Walker, Room 111
nibbs.farah@umbc.edu

Education

- Ph.D., University of Delaware
- M.P.S., SUNY College of Environmental Science and Forestry
- M.A., University of Westminster
- B.A., Peoples' Friendship University of Russia

About

Dr. Farah Nibbs is an Assistant Professor in the EDHS Department at UMBC whose research focuses on the intersection of disasters, climate change, vulnerability, and infrastructure, particularly in Small Island States. With a PhD in Disaster Science and Management, she collaborates with Caribbean disaster agencies and institutions like the Caribbean Institute for Meteorology and Hydrology to ground her work in real-world challenges. Committed to bridging research and practice, Dr. Nibbs develops actionable strategies that strengthen disaster resilience across the Caribbean and similar vulnerable regions.

Ming Xie
Assistant Professor
900 Walker, Room 111
9mingxie@umbc.edu

Education

- Ph.D., University of Nebraska
- Ph.D., Chinese Academy of Social Sciences

- M.A., Chinese Academy of Social Sciences
- B.A., Shanxi University, Taiyuan, China

About

Dr. Ming Xie is an Assistant Professor in UMBC's Department of Emergency and Disaster Health Systems. Her interdisciplinary research focuses on disaster resilience, public health, and refugee integration, with an emphasis on supporting vulnerable communities facing climate and health crises. She is currently leading a community-driven disaster resilience initiative in Maryland and Texas and studying disaster preparedness, climate-related health risks, and the role of community organizations in resilience. Her work bridges public policy, emergency management, and participatory research in collaboration with refugee agencies, emergency offices, and grassroots groups.

Jeffrey Mitchell
Clinical Professor (Emeritus)

900 Walker, Room 111

jmitchell@umbc.edu

410/455.3777

Program Faculty & Instructors

- Nicholas Boer
- Michael C. Elwarner
- Mustafa Sidik
- Casey Ross
- Madison Campos
- Anthony Cavanaugh
- Jack Beauchamp

Staff

Renee Decker
Program Management Specialist/
Grad Program Coordinator

900 Walker, Room 113

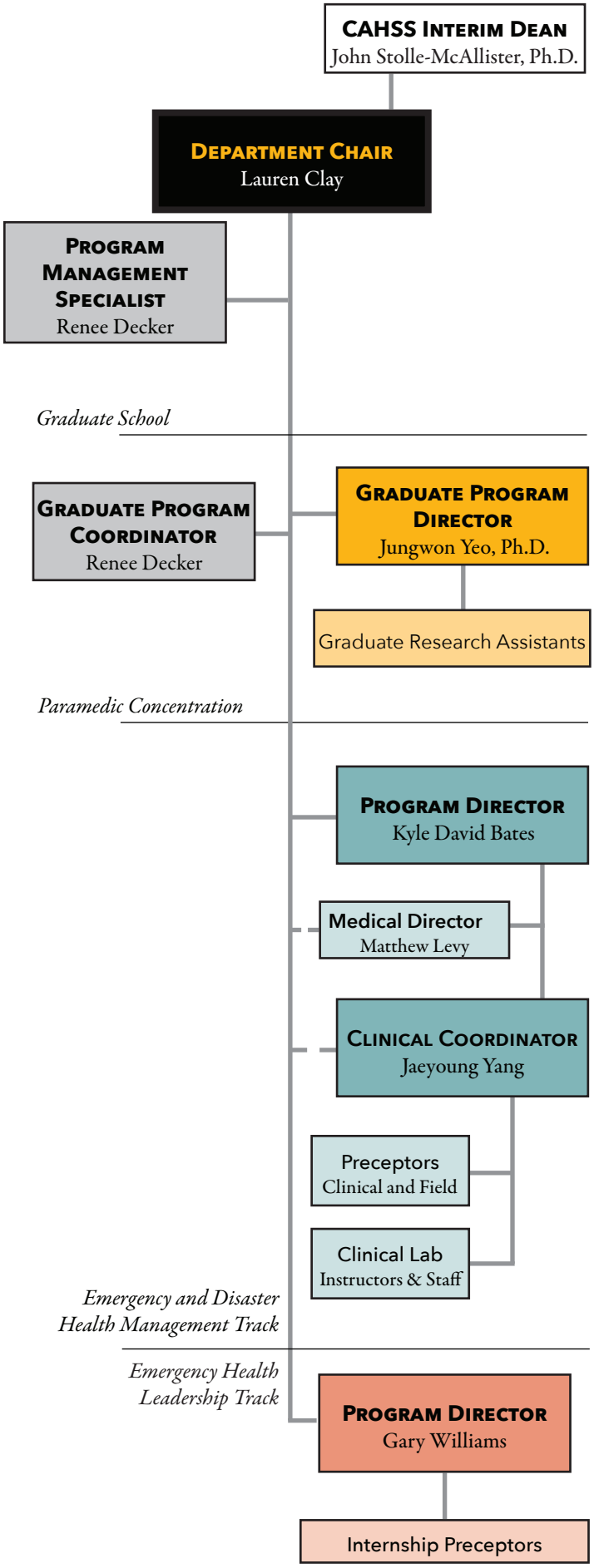
rdecker@umbc.edu

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 and Disaster Health Systems Department.

Organizational Chart



The Paramedic Profession

Overview of the Profession

The Paramedic is a professional clinician of emergency care who must possess the essential attributes demanded by the profession, including general academic ability, physical abilities, interpersonal relationship skills, capacity for appropriate judgment, and orientation toward human services.

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.

Technical Job Description of the Paramedic

The University of Maryland, Baltimore County, Department of Emergency and Disaster Health Systems 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 EDHS 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 EDHS Department and its affiliated clinical and field agencies may identify additional essential functions. The UMBC EDHS 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 physical demands where the paramedic must:

- 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.

The problem solving abilities, data collection, judgment, and reasoning where the paramedic must:

- 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 EDHS Dept. at least 30 days before the beginning of class.

Non-Discrimination Statement

It is the official policy of the UMBC EDHS Department 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 EDHS baccalaureate degree also prepares students for advanced studies in the sciences, medicine, public health, hospital administration, and other health management programs.

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.

Leadership and Mascot

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/.

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/_).

Academic Essentials

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

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

UMBC Policy Disclosures and Student Accommodations

Accessibility and Disability Accommodations, Guidance and Resources

Accommodations for students with disabilities are provided for all students with a qualified disability 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 creates equal access for students when barriers to participation exist in university courses, programs, or activities.

If you have a documented disability and need to request academic accommodations in your courses, please 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 you will be using SDS approved accommodations in this class, please contact the instructor to discuss implementation of the accommodations. During remote instruction requirements due to COVID, communication and flexibility will be essential for success.

Sexual Assault, Sexual Harassment, and Gender Based Violence and Discrimination

UMBC Policy in addition to federal and state law (to include Title IX) prohibits discrimination and harassment on the basis of sex, sexual orientation, and gender identity in university programs and activities. Any student who is impacted by sexual harassment, sexual assault, domestic violence, dating violence, stalking, sexual exploitation, gender discrimination, pregnancy discrimination, gender-based harassment, or related retaliation should contact the University's Title IX Coordinator to make a report and/or access support and resources. The Title IX Coordinator can be reached at ecr@umbc.edu or 410-455-1717.

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

If you are interested in making a report, please use the Online Reporting/Referral Form. Please note that, if you report anonymously, the University's ability to respond will be limited.

Notice that Faculty and Teaching Assistants are Mandated Reporters with Mandatory Reporting Obligations

All faculty members and teaching assistants are considered Mandated Reporters, per UMBC's Interim Policy on Sex Discrimination, Sex-Based Harassment, and Sexual Misconduct. Faculty and teaching assistants therefore required to report all known information regarding alleged conduct that may be a violation of the Policy to the Title IX Coordinator, even if a student discloses an experience that occurred before attending UMBC and/or an incident that only involves people not affiliated with UMBC. Reports are required regardless of the amount of detail provided and even in instances where support has already been offered or received.

While faculty members want to encourage you to share information related to your life experiences through

discussion and written work, students should understand that faculty are required to report past and present sexual harassment, sexual assault, domestic and dating violence, stalking, and gender discrimination that is shared with them to the Title IX Coordinator so that the University can inform students of their rights, resources, and support. While you are encouraged to do so, you are not obligated to respond to outreach conducted as a result of a report to the Title IX Coordinator.

If you need to speak with someone in confidence, who does not have an obligation to report to the Title IX Coordinator, UMBC has a number of Confidential Resources available to support you:

- Retriever Integrated Health (Main Campus): 410-455-2472; Monday – Friday 8:30 a.m. – 5 p.m.; For After-Hours Support, Call 988.
- Center for Counseling and Well-Being (Shady Grove Campus): 301-738-6273; Monday-Thursday 10:00a.m. – 7:00 p.m. and Friday 10:00 a.m. – 2:00 p.m. (virtual) Online Appointment Request Form
- Pastoral Counseling via The Gathering Space for Spiritual Well-Being: 410-455-6795; i3b@umbc.edu; Monday – Friday 8:00 a.m. – 10:00 p.m.
- Women, Gender, and Equity Center (open to students of all genders): 410-455-2714; womenscenter@umbc.edu; Monday – Thursday 9:30 a.m. – 5:00 p.m. and Friday 10:00 a.m. – 4 p.m.

Other Resources

- Shady Grove Student Resources, Maryland Resources, National Resources.
- Child Abuse and Neglect
  - » Please note that Maryland law and UMBC policy require that faculty report all disclosures or suspicions of child abuse or neglect to the Department of Social Services and/or the police even if the person who experienced the abuse or neglect is now over 18.

Pregnant and Parenting Students

UMBC's Interim Policy on Sex Discrimination, Sex-Based Harassment, and Sexual Misconduct expressly prohibits all forms of discrimination and harassment on the basis of sex, including pregnancy. Resources for pregnant, parenting and breastfeeding students are available through the University's Office of Equity and Civil Rights. Pregnant and parenting students are encouraged to contact the Title IX Coordinator to discuss plans and ensure ongoing access to their academic program with respect to a leave of absence – returning following leave, or any other accommodation that may be needed related to pregnancy, childbirth, adoption, breastfeeding, and/or the early months of parenting.

In addition, students who are pregnant and have an impairment related to their pregnancy that qualifies as disability under the ADA may be entitled to accommodations through the Office of Student Disability Services.

Religious Observances & Accommodations

UMBC Policy provides that students should not be penalized because of observances of their religious beliefs, and that students shall be given an opportunity, whenever feasible, to make up within a reasonable time any academic assignment that is missed due to individual participation in religious observances. It is the responsibility of the student to inform the instructor of any intended absences or requested modifications for religious observances in advance, and as early as possible. For questions or guidance regarding religious observances and accommodations, please contact the Office of Equity and Civil Rights at ecr@umbc.edu.

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 based upon a protected status or who have such matters reported to them should use the online reporting/referral form to report discrimination, hate, or bias incidents. You may report incidents that happen to you anonymously. Please note that, if you report anonymously, the University's ability to respond may be limited.

Paramedic Program Admissions

Core Program Admission

Application

Applying to and gaining admission into the Paramedic Program is separate from applying to and being accepted to UMBC. Students typically begin the application process during the spring semester of their second year. Applications are generally available in January and must be submitted electronically by March 1st.

Applicants must submit a completed PDF application form, properly labeled according to the program's instructions. In addition, they must include unofficial transcripts from all colleges and universities attended, including UMBC. Proof of EMT certification or documentation of current enrollment in an approved EMT course is required. Students must also provide verification of at least 100 patient contacts as an EMT (as outlined in Appendix B of the application packet) and submit two required essays: a personal statement and a response to a community needs prompt.

A background check and drug screen are required by all clinical sites and must be completed by March 1st through the program's designated vendor. Failure to complete this requirement by the deadline may result in disqualification from the interview process. Although the deadline is firm, early submission is strongly encouraged to allow time for document processing and reference collection.

Eligibility

To be eligible for admission to the Paramedic Program, students must be admitted to UMBC before the first day of fall classes. Additionally, students must complete all lower-division EDHS paramedic concentration requirements with a grade of "C" or better. These include:

- EDHS 200/200Y – Concepts of Emergency and Disaster Health Systems
- ENGL 100 – English Composition
- PSYC 100 – Introduction to Psychology
- PSYC 285 – Abnormal Psychology
- STAT 121 or 350 – Introduction to Statistics
- BIOL 101 or 141 – Concepts of Biology
- BIOL 251/251L – Anatomy & Physiology I with lab
- BIOL 252/252L – Anatomy & Physiology II with lab
- CHEM 101 or 123 – General Chemistry I
- CHEM 102/102L or 120/124L – General Chemistry II with lab

Candidates must also hold a valid Maryland EMT certification or an EMT certification from another state, or be currently enrolled in an EMT course with an anticipated completion date before June 1st. A minimum cumulative GPA of 2.5 is required at the time of application.

Additional requirements if admitted:

- Paramedic students must purchase malpractice insurance through the university.
- Paramedic 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

Eligible applicants will be invited to participate in Interview Day, typically held in early April. This required in-person event includes multiple structured interviews with panels composed of faculty, alumni, and current students. Each panel will ask prewritten questions or present scenarios to assess the applicant's professionalism, communication skills, critical thinking, and EMS-related judgment.

Candidates will also complete a written examination covering EMT knowledge, general cognitive ability, and basic math. Performance on both the interviews and written exam is used to inform final admission decisions.

Acceptance

It's important to note that acceptance to the Paramedic Program can be competitive. The information gained

through the application and interview process will be thoroughly reviewed and scored. From this, the selection committee will recommend to the faculty which candidates they believe will be most successful in our program.

Admission decisions are typically released in early May. Candidates will receive one of the following decisions:

1. **Accepted:** The applicant meets all requirements and is offered a seat in the incoming cohort.
2. **Conditionally Accepted**: The applicant must complete specified academic or program requirements before admission is finalized.
3. **Waitlisted:** The applicant is qualified, but no seats are currently available. Waitlisted candidates may be contacted if a space becomes available.
4. **Not Accepted:** The applicant is not selected for this application cycle and may be invited to reapply in a future year.

Late Applications

Students who miss the initial application deadline or are interested in transferring into the Paramedic Program should contact the Program Director as early as possible. While late applications may be considered on a case-by-case basis, there is no guarantee of review or acceptance. All required documentation, including a completed application, background check, drug screen, and references, must still be submitted. If eligible, late applicants may be invited to complete the same interview and testing process as the initial applicant pool. However, delays in submission may prevent timely review, orientation planning, or program start in the upcoming academic year.

Transfer of Credit

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

Advanced Placement

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

Experiential Learning

The UMBC EDHS 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.

Finally, there is the Gary G. Rupert Scholarship Endowment. This endowment was established in June 2005 by UMBC to honor Gary G. Rupert for his 27 years of service and dedication to the University and the Emergency and Disaster Health Systems field.

The Gary G. Rupert Scholarship aims to support deserving students pursuing an undergraduate or graduate degree in Emergency Health Services (EHS) with a demonstrated record of community service and leadership. To find out more about this scholarship and other funding opportunities, please refer to our website at https://edhs.umbc.edu/financial-aid/.

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.

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 2022.

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 100%. 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 84.6%.

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
1-800-762-7157
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 Goals

The goals of the UMBC Paramedic Program include:

- To prepare Paramedics who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession.
- To prepare students for excellence as paramedics and active contributors to public health through a rigorous four-year Bachelor of Science program. This curriculum integrates two years of foundational coursework in biology, chemistry, anatomy, and physiology with advanced paramedic training, equipping students to:

1. Demonstrate Clinical Proficiency: Deliver advanced, evidence-based care to needy individuals while addressing broader public health challenges in diverse communities.
2. Exhibit Leadership: Develop confident and capable leaders who excel in emergency and disaster health systems, leveraging evidence-based strategies, effective communication, and a deep understanding of health determinants to address complex challenges, advance equity, and improve outcomes within diverse communities. Graduates

will embody professionalism and adaptability, guided by ethical principles and informed by the legal and policy frameworks that shape their field.

3. Engage in Public Health Advocacy: Identify and address health disparities, contribute to community health programs, and advocate for improved health outcomes on a systemic level.
4. Pursue Research Excellence: Integrate research into practice, advancing the field through data-driven solutions to public health and prehospital care challenges.

Curriculum and Academic Expectations

The UMBC Paramedic Program follows a four-year academic progression that leads to a Bachelor of Science in Emergency Health Services with a Paramedic Concentration. Students also have the option to pursue additional coursework aligned with Pre-Physician Assistant (Pre-PA) preparation. The program totals 121–128 credits and includes classroom instruction, lab and simulation, hospital-based clinical rotations, field internship, and graduation requirements.

Degree Overview

Graduates of the Paramedic Concentration are eligible for certification through the National Registry of EMTs and licensure in the State of Maryland, pending successful completion of clinical and field components and passing the required cognitive and psychomotor exams.

Academic Structure

The program is organized by academic year, with students building foundational knowledge before advancing to core paramedic coursework and clinical application.

Year 1: Foundations and EMT Certification

Students begin with foundational science and emergency health courses and complete EMT certification.

- Fall Semester
  - » EDHS 115: Medical Terminology
  - » EDHS 200: Concepts of Emergency and Disaster Health Systems
  - » EDHS 202: EMT I
  - » BIOL 101 or BIOL 141: Biology
  - » 100 Level language or an Arts & Humanities GEP
- Spring Semester
  - » EDHS 203: EMT II
  - » ENGL 100: Composition
  - » CHEM 120: Introductory Chemistry
  - » CHEM 124L: Chemistry Lab
  - » PSYC 100: Introduction to Psychology

Year 2: Core Sciences and Application Preparation

Students complete anatomy, physiology, and psychology requirements. Those pursuing the Pre-PA option begin upper-level science courses and math.

- Fall Semester
  - » EDHS 340: Cultural Diversity in Healthcare
  - » BIOL 251/251L: Anatomy & Physiology I a
  - » PSYC 285: Abnormal Psychology
  - » Arts & Humanities GEP
  - » Language 102 or 103 or a student option or BIO 273/273L Microbiology
- Spring Semester

During the spring semester, students apply to the Paramedic Program. This includes submission of transcripts and references, completion of entrance exams, and participation in an interview process. Students must hold (or be close to earning) EMT certification and meet GPA and program prerequisites.

  - » BIOL 252/252L: Anatomy & Physiology II
  - » STAT 121 or STAT 350: Statistics
  - » Arts & Humanities GEP
  - » Language 200 or a student option or BIO 273/273L Microbiology

Year 3: Paramedic Didactic Phase

Students begin the core paramedic curriculum, which includes classroom instruction, labs, and early clinical experiences.

- Fall Semester
  - » EDHS 460: Applied Pharmacology
  - » EDHS 461: Paramedic Operations I
  - » EDHS 462: Cardiology
  - » EDHS 463: Medical Emergencies I
  - » EDHS 481 ALS Field & Clinical Experience I
- Spring Semester
  - » EDHS 301: Managing Emergencies & Crises (WI)
  - » EDHS 464: Medical Emergencies II
  - » EDHS 465: Trauma Emergencies
  - » EDHS 466: Paramedic Operations II
  - » EDHS 482: ALS Field & Clinical Experience II

Students participate in supervised clinical experiences and

lab-based simulations that support the development of paramedic competencies.

Year 4: Capstone and Field Internship

Students complete advanced field internships, team leadership responsibilities, and a culminating capstone project.

- Fall Semester
  - » EDHS 423: Public Health Emergency Preparedness
  - » EDHS 430: EDHS Epidemiology & Health Research Methods
  - » EDHS 467: Introduction To Trauma Emergencies
  - » EDHS 483: ALS Field & Clinical Experience III
- Spring Semester
  - » EDHS 351: Financial and Personnel Management
  - » EDHS 468: EMS Capstone Experience
  - » EDHS 470: Emergency Response to Crisis
  - » EDHS 484: ALS Field & Clinical Experience IV

Clinical experiences span EMS systems, emergency departments, obstetrics, pediatrics, intensive care units, operating rooms, and psychiatric settings. Students must complete cumulative skill evaluations and prepare for national credentialing exams.

Academic Expectations and Progression

Students are expected to maintain good academic standing and meet prerequisite sequencing in order to progress through the curriculum. Students who fall out of sequence or encounter academic difficulty are encouraged to meet with the Program Director to develop a plan for re-entry or continued progression.

Clinical hours, lab performance, and affective evaluations are all required components of program completion. Successful graduation requires both academic and clinical completion and does not guarantee certification or licensure until external credentialing exams are passed.

Advising and Support

All students in the Paramedic Concentration are required to meet with the Program Director each fall and spring semester for academic advising, progression tracking, and to release the advising hold on their account. Advising is not available during the summer, as faculty are not on contract during that time. Students should schedule advising early in the semester to avoid issues with registration and to ensure they remain on track for graduation.

Failure to register during the academic year may result in being unable to enroll in required courses. Many courses are only offered once per year and have limited seats. Missing registration windows may delay graduation or progression through the program.

Students register according to their assigned appointment time, which is based on the number of credits earned. Advising clearance must be completed before students are permitted to register. Registration dates and details are published by the UMBC Registrar and can be found at:

https://registrar.umbc.edu/calendars/registration-appointments/

Students following the Pre-PA pathway or considering changes to their academic plan are especially encouraged to meet with the Program Director early in the semester to ensure proper course sequencing and continued eligibility for their goals.

Curriculum

The Paramedic Concentration curriculum at UMBC is a structured, competency-based program that integrates didactic instruction, psychomotor skills, simulation, clinical rotations, and field internship. It aligns with the National EMS Education Standards, CoAEMSP terminal competencies, and Maryland ALS protocols.

Core Components

Prerequisite Coursework

These courses must be completed prior to entry into the Paramedic Concentration:

- Anatomy & Physiology I & II with labs (BIOL 251/251L & 252/252L)
- Introductory Biology (BIOL 101 or 141)
- Chemistry sequence (CHEM 101/102 with labs, or CHEM 120/124L)
- Statistics (STAT 121 or 350)
- Psychology (PSYC 100 & 285)
- Medical Terminology (EDHS 115)
- Intro to Emergency & Disaster Health Systems (EDHS 200)

Paramedic Core Courses (46 credits)

These three-credit courses include didactic and experiential learning modules:

- Applied Pharmacology (EDHS 460)
- Intro to Paramedic Practice (EDHS 461)

- Fundamentals of Patient Management (EDHS 462)
- Basics of Cardiology (EDHS 463)
- Advanced Cardiac & Respiratory Emergencies (EDHS 464)
- Medical Emergencies I & II (EDHS 465/466)
- Intro to Trauma Emergencies (EDHS 467)
- EMS Capstone Experience (EDHS 468)

Field and Clinical Experiences (19 credits)

The Paramedic Program's field and clinical sequence develops the hands-on skills, clinical reasoning, and leadership abilities required for advanced prehospital care. Across four progressive courses, students advance from foundational competencies to high-level field leadership.

EDHS 481 – ALS Field & Clinical Experience I

- Main Goal: Skill Competency
- This course is focused entirely on psychomotor skill development. Students practice and refine procedures such as IV insertion, airway management, and medication administration using skill sheets approved by the Medical Director. All training occurs in a controlled lab setting under faculty supervision, emphasizing consistency, accuracy, and safety.

EDHS 482 – ALS Field & Clinical Experience II

- Main Goal: Clinical Introduction and Judgment
- Students begin their clinical and field internships while also being introduced to low- to mid-complexity simulation. With direct guidance from faculty and preceptors, they perform basic assessments and interventions, begin recognizing patterns in patient presentations, and engage in structured case-based learning to support emerging clinical reasoning.

EDHS 483 – ALS Field & Clinical Experience III

- Main Goal: Integration and Independence
- This course challenges students to integrate knowledge, protocols, and psychomotor skills in dynamic scenarios. Simulation becomes more advanced, mirroring real-world complexity. In the field, students are expected to contribute meaningfully to patient care, demonstrate sound judgment, and take initiative while still under preceptor supervision.

EDHS 484 – ALS Field & Clinical Experience IV

- Main Goal: Field Leadership and Capstone Preparation
- Students assume the role of team leader during supervised 911 calls, coordinating care, making clinical decisions, and managing scenes. Simulation is used to prepare for the Terminal Competency Exam. Preceptor evaluations during this course are critical for confirming the student's readiness for independent practice as an entry-level paramedic.

Simulation and Clinical Integration

Simulation begins in EDHS 482 and becomes a key component in 483 and 484. Each scenario is designed to assess clinical judgment, teamwork, and communication, aligned with Maryland ALS protocols and NREMT competencies. Clinical rotations occur in a variety of settings, including emergency departments, labor and delivery, intensive care, pediatrics, and psychiatry, ensuring a well-rounded experience.

Terminal Competency Exam

The Terminal Competency Exam is the final performance-based assessment in the UMBC Paramedic Program. It is designed to evaluate whether a student is ready to operate independently as an entry-level paramedic. This comprehensive exam replicates high-acuity, real-world scenarios that require clinical leadership, sound decision-making, and clear communication.

Each student must complete two live scenarios: one adult medical and one pediatric trauma. These scenarios include four phases—pre-arrival oral board, on-scene simulation, patient transport, and a structured handoff with debriefing. The exam challenges students to manage dynamic scenes while demonstrating safe practices and accurate clinical judgment.

Performance is scored across four weighted categories: pre-arrival planning (10 percent), initial scene assessment and intervention (40 percent), resuscitation or critical care (40 percent), and post-scene handoff (10 percent). A minimum overall score of 76 percent is required to pass. Critical failures, such as unsafe actions or failure to perform lifesaving interventions, result in an automatic failure of the attempt.

Students are allowed up to three attempts, with required remediation between each. Failure to pass after the third attempt results in dismissal from the Paramedic Program.

This exam is the final step in the curriculum. It reflects the integration of classroom knowledge, simulation training, and clinical experience to assess each student's readiness for the workforce.

Integration and Progression

The curriculum is scaffolded to promote increasing clinical complexity, with each semester building upon prior content.

Assessment strategies include exams, skills checkoffs, reflective journals, and simulations with debriefing.

All components are mapped to:

- CoAEMSP outcomes
- NREMT cognitive/psychomotor domains
- Maryland ALS protocols
- UMBC undergraduate academic standards

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 EDHS Paramedic Program.

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

Laboratory Skills	Number of Peer Evaluations	Number of Instructor Evaluations
Junior Year – Fall Semester (EDHS 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 (EDHS 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 (EDHS 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
EDHS 482 – Junior Year - Spring	4
EDHS 483 – Senior Year - Fall	8
EDHS 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 (EDHS 482). In addition, the student must complete no less than 76% of their total number of formative simulations in EDHS 482.

Summative Simulations

Students must complete an array of summative simulations during their simulation lab experiences in their senior year during EDHS 483 and EDHS 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 EDHS 482, EDHS 483, and EDHS 484. In addition, students must meet these evaluations before the start of the field internship during EDHS 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 and/or Mercy Adult ED (8 hr)	10
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
Anatomy Gift Registry (5 hr)	1
Field Site	**Minimum # of shifts**
Various Field Partners	10
Carroll County Department of Fire and EMS Baltimore City Fire Dept Howard County DFRS Queen Anne's County EM	
Johns Hopkins Lifeline - Out-house (12 hr)	
Baltimore Running Festival (14 hr)	1
Field Internship	**Minimums**
Carroll County Department of Fire and EMS*	30 calls *20 must be ALS patients*
Howard County DFRS (12 hr) *	
Queen Anne's County EMS (12 hr) *	
* Student needs to complete their field internship at one (1) of the locations listed above during the month of April in their senior year.	

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 EDHS 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 EDHS 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

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: EDHS 481, EDHS 482, EDHS 483, and EDHS 484.

Program Hours

Students roughly attend 1,531 total clock hours in the core Paramedic Program. The overall breakdown of these 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.

Curriculum and Academic Expectations

The UMBC Paramedic Program follows a four-year academic plan that includes foundational sciences, general education, EMT certification, paramedic coursework, clinical rotations, and a capstone internship. The curriculum integrates didactic instruction, psychomotor skill development, and affective domain evaluation across all phases of the program.

Assessment Methods

Student performance is evaluated in three domains:

- Cognitive: Written exams, quizzes, case analyses, and assignments measure knowledge and clinical reasoning.
- Psychomotor: Skill performance is assessed using approved checklists during lab sessions, simulations, and clinical rotations.
- Affective: Students are evaluated on professionalism, teamwork, communication, and emotional intelligence using the program's Affective Assessment Tool.

Affective Assessment

Being a paramedic student involves more than mastering clinical knowledge and technical skills. It means learning to serve with professionalism, self-awareness, and emotional resilience. Our program emphasizes the development of these affective domains, which are essential to patient care, team dynamics, and long-term success in EMS.

We use a structured, behaviorally anchored rubric to evaluate affective behavior in all learning environments: classroom, lab, simulation, and clinical settings. This rubric aligns with accreditation requirements from CoAEMSP and NREMT, and is a required component of course evaluation.

Areas of Assessment

Students are evaluated across four overarching domains:

1. Professionalism
   - Integrity (15 points)
     - » Honest in all settings; admits mistakes; protects confidentiality; completes accurate documentation.
   - Accountability (15 points)
     - » Meets deadlines; accepts feedback; initiates follow-up; completes tasks without reminders.
   - Appearance and Personal Hygiene (5 points)
     - » Consistently maintains professional dress and grooming.
2. Interpersonal Communication
   - Communication (10 points)
     - » Clear, respectful communication in writing, speech, group work, and patient interaction.
   - Respect (10 points)
     - » Courteous and professional with peers, faculty, and patients.
   - Teamwork and Diplomacy (10 points)
     - » Works constructively with others and supports group success.
3. Emotional Intelligence
   - Self-Confidence (5 points)
     - » Trusts own judgment, asks for help appropriately.
   - Self-Motivation (5 points)
     - » Shows initiative, seeks feedback, and engages in learning.
   - Empathy (5 points)
     - » Responds to others' emotional cues in all learning environments.
   - Compassion (10 points)
     - » Demonstrates concern and support for patients and peers.
4. Cultural and Ethical Awareness
   - Cultural Competency (5 points)
     - » Engages respectfully with diverse populations.
   - Patient Advocacy (5 points)
     - » Protects patients' rights, dignity, and confidentiality.

Each domain is scored on a four-point scale:

- Exemplary (4)
- Meets Expectations (3)
- Needs Development (2)
- Unacceptable (1)

The full rubric is available in the handbook and is used consistently by faculty, instructors, and preceptors.

When and How It's Assessed

Affective behavior is evaluated continuously throughout the program. Students receive formal feedback at least twice per semester, once at midterm and once at the end, along with a scheduled one-on-one review to discuss progress. Additional meetings may be requested by students or faculty at any time.

All evaluators use the same standardized tool to ensure fairness and consistency across courses, instructors, and clinical sites.

Program Expectations

Professional behavior is a critical part of student development. While we expect growth, certain behaviors are non-negotiable and may result in immediate dismissal from the program. These include, but are not limited to:

- Patient or peer abuse

- Gross insubordination
- Falsification of records
- Being under the influence of alcohol or drugs while on duty
- Illegal, unethical, or unsafe conduct

Why This Matters

The demands of EMS extend beyond technical skill. Research shows that paramedic students frequently encounter emotionally intense situations—trauma, death, and suffering—without adequate preparation. Without structured affective development, students may experience reduced empathy, increased distress, or poor emotional regulation under pressure.

This rubric is not a disciplinary tool. It is a framework to help students reflect, grow, and prepare for the full reality of EMS. We are committed to producing graduates who are clinically competent, emotionally intelligent, and capable of serving with integrity and compassion.

Grading

Grading Policy

The Paramedic Program follows UMBC's official grading system, as published in the Undergraduate Catalog:

- A = 4.0 quality points (Superior performance)
- B = 3.0 (Good)
- C = 2.0 (Adequate)
- D = 1.0 (Minimum acceptable)
- F = 0.0 (Failure)
- I = Incomplete
- W = Course withdrawal
- NA = Non-applicable (no impact on GPA)

GPA is calculated by multiplying course credits by the numerical grade equivalent and dividing the total quality points by total credit hours. Grades of "Pass" (except when failed), "Withdrawn," or "Incomplete" are excluded from GPA. Full details are in the UMBC Catalog.

The final grade is determined by the course instructor and posted at the end of the semester. Students can monitor grades via Blackboard.

Pass/Fail Policy

The Pass/Fail option is not recognized for prerequisite or core paramedic courses. All program courses must be completed with a letter grade.

Incomplete Grades

Incomplete grades require a formal plan with the course instructor and are approved only in exceptional cases. Students with an unresolved incomplete in any core paramedic course may not proceed to the next semester and will be removed from the program. These students should refer to the Program Separation Policy.

Grade Changes

Grade changes within the UMBC Paramedic Program follow the university's official policy and process. They are only permitted in cases of documented error or exceptional circumstances.

- Within one year of the original grade posting deadline: A grade change must be initiated by the original course instructor and approved by the department chair.
- More than one year after the grade posting deadline, after graduation, or when the original instructor is no longer available: Additional approval is required from the Vice Provost and Dean of Undergraduate Academic Affairs.

Students are expected to track their academic performance throughout the semester. If a student believes a grading error has occurred, they must speak with the instructor before the end of the semester to resolve the issue.

For complete details on the university's grade change process, visit the UMBC Registrar's Office at:

https://registrar.umbc.edu/grade-change-requests/

Allegations of Arbitrary and Capricious Grading

In accordance with University System of Maryland (USM) Policy III 1.20, UMBC has established procedures to ensure due process for students who believe their final course grade was awarded in an arbitrary or capricious manner. These procedures are designed to provide a timely, fair, and non-adversarial review process for undergraduate students.

This process applies only to allegations that a final course grade was assigned without consistent or reasonable academic judgment. It is not intended to address general complaints about instructional style, teaching philosophy, course content, or other academic disagreements.

Students seeking to appeal a final grade under this policy should refer to the full procedures outlined by the university:

https://registrar.umbc.edu/grade-appeal/

Credentialing and Certifications

The UMBC Paramedic Program prepares students to test for national certification but does not issue licensure or

certification directly.

Students will graduate eligible for the National Registry Paramedic (NRP) exam through the NREMT.

In addition, students will receive the following certifications during the program:

- American Heart Association (AHA) Basic Life Support (CPR)
- AHA Advanced Cardiac Life Support (ACLS)
- AHA Pediatric Advanced Life Support (PALS)
- International Trauma Life Support (ITLS)

Program Completion and Credentialing Eligibility

This section outlines the academic, clinical, and professional benchmarks required to successfully complete the UMBC Paramedic Concentration and become eligible to test for national certification. While completion of the program meets requirements for the NREMT Paramedic exam and Maryland licensure, students must also fulfill all university graduation requirements to earn a UMBC degree.

Curriculum Development and Competencies

The UMBC Paramedic Program is structured around the National EMS Education Standards, the National Registry of EMTs (NREMT) psychomotor and cognitive domains, and the accreditation requirements set forth by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP). The curriculum integrates didactic instruction, lab-based skills development, simulation, clinical experiences, and field internships. This structure supports students in building competence and confidence as entry-level paramedics.

Program Completion vs. Graduation

To be considered eligible for graduation from the Paramedic Concentration, students must complete all didactic, lab, clinical, and field requirements as outlined by UMBC and the Maryland Institute for Emergency Medical Services Systems (MIEMSS). Program completion includes successful performance in all required courses, meeting skill minimums, and demonstrating terminal competencies.

Completion of the Paramedic Program alone does not ensure graduation. Students must also meet all UMBC degree requirements, including any remaining general education courses, by the university's stated deadlines. For more information, visit the UMBC Registrar's Office: https://registrar.umbc.edu/services/degree-requirements/

Checkoff Tool

Students are required to complete and maintain a structured checklist that tracks skill acquisition, medication administrations, clinical procedures, and minimum patient encounters. All items must be verified prior to being eligible for the Terminal Competency Exam.

Terminal Competency Exam

The capstone assessment evaluates student readiness to function independently in high-acuity, prehospital care scenarios. Students must demonstrate clinical decision-making, communication, leadership, and safe patient care. For a detailed description of the Terminal Competency Exam's structure, evaluation domains, and scoring, see the Core Components section of this handbook.

Final Considerations

Successful completion of the Paramedic Program qualifies students to sit for the NREMT Paramedic certification exam and meet Maryland licensure requirements. However, completion does not automatically confer a university degree. Students must ensure all degree and administrative obligations are met to graduate from UMBC.

Advising

Advising and Academic Support

Students enrolled in the Paramedic Concentration are required to meet with the Program Director each semester for academic advising, progression tracking, and to have their advising hold released for course registration. Advising is not available during the summer months, and failure to register during the designated academic advising periods may delay program progression and graduation.

Incoming students are encouraged to contact the Program Director prior to orientation to discuss their goals and the Paramedic pathway. During orientation, students meet with a general academic advisor to plan their first semester. Afterward, students should reconnect with the Program Director, who will serve as their primary advisor for the remainder of the program.

Students pursuing dual tracks (e.g., Pre-PA) will work with both the Paramedic Program Director and the appropriate pre-professional advisor. Registration advising appointments are typically offered mid-semester. Students will receive email notifications with scheduling instructions. Students cannot register for courses without completing the required advising meeting.

For additional university advising resources, students may visit the Office for Academic and Pre-Professional Advising

at:

https://advising.umbc.edu/academic-advising/

Course Load

UMBC considers 12 or more credits per semester full-time. However, students must average at least 15 credits per semester (30 per year) to graduate in four years. Those seeking to enroll in more than 19.5 credits (fall/spring) or more than the session maximum in summer/winter must submit an Excess Credit Form with advisor approval. For details, visit:

https://registrar.umbc.edu/forms/enrollment-forms/

Accommodations

Students seeking accommodations must contact the Office of Student Disability Services (SDS) and follow the intake process at:

https://sds.umbc.edu/getting-started/

Please note: accommodations granted by UMBC do not automatically apply to the National Registry of EMTs (NREMT) exams. Students requiring accommodations for the NREMT exam must request them directly via:

https://www.nremt.org/Policies/Examination-Policies/ADA-Accommodations

Program Costs

Tuition and Fees

The university sets the tuition and fees for the program. Please refer to the UMBC Student Business Services website at https://sbs.umbc.edu/tuition-info/ for current tuition and fees.

Testing

The UMBC Paramedic Program prepares students to sit for the paramedic written examination administered by the National Registry of Emergency Medical Technicians (NREMT). The cost of these examination is the responsibility of the student.

The NREMT sets the cost of the written examination and, as of the publication of this manual, is $175.

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.

AHA Advanced Cardiac Life Support	Included
AHA Pediatric Advanced Life Support	$40
International Trauma Life Support	$25

Digital Resources

EMCE	$120
LC Ready	$39

Textbooks

To help reduce costs to students, UMBC participates in the Course Materials Initiative , or CMI. Students may learn more about CMI by referecing the UMBC Bookstore's website at https://bookstore.umbc.edu/CMI

Nancy Caroline's Emergency Care in the Streets 9th Edition – *CMI*	$175
Pharmacology for the Prehospital Professional – *CMI*	$53
Arrhythmia Recognition: The Art of Interpretation – *CMI*	$86
12-Lead ECG Art of Interpretation – *CMI*	$72
Understanding Pathophysiology – *CMI*	$100
EMS Dosage Calculations	$27
AHA Advanced Cardiac Life Support	$65
AHA Pediatric Advanced Life Support	$78
International Trauma Life Support – *CMI*	$38

Uniforms

Scrub top & bottom, Program Polo shirt	$76
Approved EMS footwear (boots/shoes)	Varies
EMS pants	Varies
Program Picture ID	Included

Equipment

Stethoscope	Varies

Medical

Background, Health, and Drug Screenings	$75/yr
Medical and Physical	Varies
Vaccinations	Varies

Miscellaneous Expenses

Skill laboratory fee – Junior Year	$150
Skill laboratory fee – Senior Year	$200
Malpractice Insurance	$18
Travel, tolls, parking	Varies

Program Communication and Student Information Access

Department Website

Include information about https://edhs.umbc.edu, noting it as the primary source for department updates, contact info, and faculty details.

Department Listservs

Students in the Paramedic Program are automatically added to EDHS-specific listservs. These email lists are the primary way the department communicates important information such as course announcements, deadlines, job opportunities, and special events.

If you are not receiving these emails, contact Renee Decker at rdecker@umbc.edu to confirm your enrollment in the appropriate listserv.

Social Media

In addition to the website, the Department of Emergency and Disaster Health Systems shares important updates, program highlights, and announcements through social media. Follow us on:

- Facebook: facebook.com/UMBCEDHS
- Instagram: instagram.com/umbc_EDHS

These platforms are a great way to stay connected and engaged with the EDHS community.

Blackboard Use

Blackboard is the official learning platform for all EDHS courses. Students are expected to log in regularly to access grades, course materials, assignments, and announcements. Many program-related documents—including course syllabi, clinical handbooks, and important forms—are also posted here or linked through individual course pages. Instructors may use Blackboard for quizzes, discussion boards, and supplemental content. Students should ensure they receive notifications and check Blackboard frequently to avoid missing deadlines or updates.

Student Affairs

UMBC is committed to supporting student success both inside and outside the classroom. The Division of Student Affairs (https://studentaffairs.umbc.edu/) offers a wide range of services, programs, and resources designed to promote wellness, engagement, and community among students.

Students are strongly encouraged to explore this site for information on academic support, health services, counseling, diversity programs, and more.

The Campus Life page (https://campuslife.umbc.edu/)—also part of Student Affairs—highlights UMBC's many student organizations, leadership development opportunities, and campus events. Whether you're looking to get involved, find support, or attend social or cultural activities, these resources help create a well-rounded and rewarding college experience.

Program Policies and Student Conduct

Academic Integrity

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

Attendance

Absences

Attendance policies for individual courses are outlined in each course syllabus and are determined by the course instructor. Students are expected to follow those guidelines, including requirements for on-time arrival, participation, and communication regarding absences.

While occasional absences may be unavoidable due to illness or emergencies, students are responsible for any missed material and assignments. Instructors are not obligated to provide make-up opportunities unless otherwise stated in the course syllabus.

Importantly, students who are absent from class—whether excused or unexcused—may not attend clinical or field experiences scheduled for that same day. Attendance in class is a prerequisite for clinical and field internship participation to ensure students are prepared, current on required knowledge and skills, and in compliance with safety protocols.

Persistent or unaddressed absences may result in academic counseling, affective evaluation consequences, or further disciplinary action as outlined in program policies.

Punctuality

Punctuality is a core professional expectation in both education and healthcare. In EMS, arriving early is standard practice. It ensures smooth shift changes, allows time for preparation, and reflects a strong work ethic. The same applies to your education.

Students are expected to arrive before the scheduled start time so they are seated and ready to begin when class starts. Walking in right as class begins—or after—disrupts the learning environment and shows a lack of respect for the instructor and classmates.

Whether attending in person or online, students should be fully prepared with the necessary materials, free of distractions, and mentally focused.

Tardiness

Students who arrive late may be marked tardy or absent, depending on the instructor's policy. Chronic tardiness may impact the student's affective evaluation and lead to academic counseling.

Each instructor sets their own expectations regarding lateness, including consequences for missed participation or quizzes. These expectations will be clearly outlined in the course syllabus. Students are responsible for reviewing and adhering to those policies.

Technological Failures

Students are expected to have reliable access to the technology required for participation in courses. If there is a technical failure, such as loss of internet connectivity, the student should contact the instructor immediately—preferably by text message if attending class virtually. Every effort should be made to rejoin class as soon as possible, as the student is responsible for all missed content. If these issues become frequent, the student must secure access to a more reliable internet connection or device.

Students are also responsible for ensuring their device is functional and properly set up prior to scheduled exams. If a personal computer fails during an assessment, the student must notify the instructor right away. UMBC provides multiple campus computers with LockDown Browser in the library and computer labs, and students are encouraged to familiarize themselves with these resources in advance. Personal device issues are not guaranteed grounds for a make-up exam. The decision to offer an alternate testing opportunity will be made by the instructor.

For help with technology resources, students should visit UMBC's Division of Information Technology Student Resources page:

https://doit.umbc.edu/students/

Background Check and Drug Screening

All students enrolled in the Paramedic Program must complete an annual background check and drug screening as required by clinical and field internship sites. These screenings are a mandatory component of the program and are necessary to participate in hospital rotations, field internships, and other patient-care activities.

Students must complete the background check and drug screening through the approved vendor, currently Viewpoint Screening. Instructions and deadlines will be provided by the Program Director each year. It is the student's responsibility to initiate and complete these screenings on time. Students may access the system at https://www.viewpointscreening.com/umbc and select the Paramedic program option.

Failure to complete either the background check or drug screening by the established deadlines may result in removal from clinical sites, course withdrawal, or dismissal from the program. Fees for these services are the responsibility of the student and are not included in tuition.

Students are expected to report any criminal charges or drug-related incidents occurring after admission immediately to the Program Director. Ongoing eligibility for clinical participation may be impacted by any changes in legal or health status, and decisions will be made in consultation with clinical partners and the Program Medical Director.

Class Cancellations and Emergency Closures

In the event of inclement weather, instructor illness, or other emergencies that impact scheduled in-person instruction, the course may transition temporarily to remote delivery. Faculty will communicate updates and expectations to students via email and/or Blackboard.

If the university announces a closure or delayed opening, students should refer to official UMBC communications for guidance. Whenever possible, instructors may reschedule or convert missed sessions to virtual platforms such as Webex to ensure continuity of instruction.

Students are expected to monitor their UMBC email and course announcements regularly and to take initiative in reviewing any revised materials, assignments, or session plans.

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.

Confidentiality

Students in the Paramedic Program will be exposed to sensitive information during their classroom, laboratory, clinical, and field experiences. This includes patient medical history, family and social background, agency operations, and peer or faculty communications. Maintaining confidentiality is not only a professional and ethical expectation but also a legal requirement under state and federal law, including the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA).

Patient Information

Students must understand that patient medical or non-medical information belongs to the patient. Access to this information is granted solely for the purposes of clinical education and patient care. Students are strictly prohibited from sharing, discussing, or disclosing patient information outside of a professional context. This includes any form of written, verbal, or digital communication, whether in person, via text, email, social media, or any other platform.

Academic and Peer Information

Students are expected to respect the privacy of their peers and instructors. This includes refraining from recording, photographing, or distributing information without consent, and upholding standards outlined by FERPA.

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.

Photos, Videos, and Recordings

Students are strictly prohibited from taking photos, videos, or making audio recordings of patients, patient care activities, medical records, or agency operations. This includes content captured during clinical or field experiences, inside healthcare facilities, or while on EMS calls. Unauthorized photography or recording is a serious breach of confidentiality and may result in disciplinary action or removal from the program.

Community Service

Paramedic students will participate as care providers during the Baltimore Running Festival on a designated October Saturday. We will provide students with more information as it becomes available.

Counseling

For the purpose of this policy, counseling refers to formal communication between the Paramedic Program Director, Medical Director, and other program faculty regarding concerns about a student's performance, conduct, or progression. It does not refer to routine academic advising or informal feedback, which are addressed elsewhere in this handbook.

Counseling sessions may occur when a student exhibits deficiencies in one or more learning domains (cognitive, psychomotor, or affective), engages in unprofessional behavior, or otherwise fails to meet program expectations. These meetings are designed to address concerns, outline corrective actions, and support student success.

Each counseling session will be documented and include:

- Date of the session
- Reason for the meeting
- Summary of the discussion
- Any corrective action and associated timeline (if applicable)
- Outcome or decision of the session (if applicable)
- Signature of the faculty member(s) conducting the session
- Student's response (if applicable)
- Student's signature acknowledging receipt of the counseling form (if applicable)

All program-related counseling records will be maintained in the student's digital departmental file. If a counseling session relates to a university policy or student conduct issue, the university may also retain an official record.

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

Students in the Paramedic Program will engage with individuals from a wide variety of backgrounds, perspectives, and lived experiences, both during their education and in the field. As part of their training, students will participate in discussions that may challenge their personal, political, cultural, or clinical beliefs.

All members of the learning environment are encouraged to share their insights, ask questions, and offer alternative viewpoints. These conversations promote deeper understanding and foster critical thinking, which are essential skills in healthcare.

Disagreement is a natural and valuable part of professional dialogue. However, all contributions must be expressed respectfully, thoughtfully, and with the intent to learn. The goal is to create a space where diverse perspectives are welcomed and civil discourse is modeled as a core professional competency.

Equipment Damage Policy

Students are expected to treat all training equipment with care and use it only as instructed. Any damage, malfunction, or irregularity must be reported to the instructor immediately.

While normal wear and occasional breakage may occur during regular use, intentional or negligent damage is strictly prohibited. The Department of Emergency and Disaster Health Systems follows the UMBC Code of Student Conduct, Article V.B.5. – Theft or Property Damage, which prohibits acts that result in damage to university property, whether intentional or due to carelessness. This includes, but is not limited to, theft, vandalism, misuse, or destruction of department equipment.

Students who intentionally or negligently damage equipment may be held financially responsible for repair or replacement costs. In addition, they may face disciplinary actions under the UMBC Code of Student Conduct, which could include reprimand, probation, suspension, or dismissal.

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.

Flexibility

While every effort is made to follow the published schedule, changes may be necessary due to instructor availability, clinical partner adjustments, weather events, or other unforeseen circumstances. Students should be prepared for occasional changes to class meetings, clinical or field rotations, deadlines, or locations.

Flexibility and a willingness to adapt are essential traits in healthcare—and they are equally important in your education. Students are expected to remain professional, responsive, and communicative when such changes occur to maintain a successful and respectful learning environment.

Grievances

Students may occasionally encounter concerns involving a course, faculty member, another student, or the program itself. When this occurs, the Paramedic Program encourages open, respectful, and timely communication to resolve the issue at the lowest appropriate level.

Grievance Procedure

Step 1: Address the Concern Directly

Students should begin by discussing the concern with the individual involved. Many grievances arise from misunderstandings and can often be resolved through honest and professional dialogue.

Step 2: Contact the Course Faculty

If direct resolution is not possible or does not resolve the issue, the student should speak with the course's lead instructor or another faculty member involved with the class.

Step 3: Program Director Review

If the concern involves a faculty member or remains unresolved, the student should contact the Paramedic Program Director, who may facilitate further discussion or help identify appropriate next steps.

Step 4: Department Chair Review

If the grievance involves the Program Director or requires further review, students may request a meeting with the Chair of the Department of Emergency and Disaster Health Systems.

Step 5: University Complaint Procedures

For complaints involving academic policy, discrimination, harassment, or other institutional concerns, students may file a formal complaint with the appropriate university office. UMBC provides a centralized resource for student complaint resolution, including academic and non-academic concerns. For details, visit:

https://enrollment.umbc.edu/student-complaint-resolution/

Non-Retaliation and Confidentiality

Students will not face retaliation for bringing forward a grievance in good faith. All concerns will be handled as discreetly as possible, and efforts will be made to resolve issues constructively and professionally.

Health Requirements and Clinical Clearance

Initial Health and Physical Examination

Prior to the start of classes, all students must complete a health and physical examination form, including documentation of required immunizations. This ensures that students are mentally and physically capable of performing all duties required of an EMT throughout the 21-month program. Proof of health insurance is also required and must be maintained for the duration of the Paramedic Program.

Students who do not have insurance coverage are encouraged to consider Aetna Student Health Insurance through UMBC. More information is available on the Retriever Integrated Health website:

https://health.umbc.edu/coverage-and-costs/aetna-student-health-insurance/.

Injuries or Illness During Program-Related Activities

If a student is injured or becomes ill during a clinical rotation, field internship, lab session, or any other school-sponsored activity, they must immediately notify the supervising instructor or preceptor and seek appropriate medical care. The student must also notify the Clinical Coordinator as soon as possible following the incident. A formal incident report may be required. Return to participation in program activities will require written clearance from a licensed healthcare provider.

Injuries or Illness Outside of the Program

If an injury or illness occurs outside of program-related activities, the student must notify the Program Director and Clinical Coordinator before returning to any clinical or field site. A written medical clearance from a licensed healthcare provider is required prior to resuming participation.

Students may not attend clinical or field activities while experiencing symptoms of illness, including but not limited to fever, vomiting, diarrhea, eye infections, or respiratory

symptoms. Students who miss class due to illness may not attend clinical or field experiences within 24 hours of the absence. If a fever was present, students must be fever-free without the use of medication for 24 hours before returning.

Immunization Requirements

Students must remain current on all required immunizations, including the annual influenza vaccine and any additional vaccinations required by UMBC or clinical affiliate sites. Students are responsible for any costs related to vaccines and medical care.

Requests for medical or religious exemption must be submitted in writing to the Clinical Coordinator. These requests will be reviewed and must be approved by the Program Medical Director before any exemption is granted.

Legal Situations

Students are required to notify the Paramedic Program Director in writing of any legal incidents that occur after admission to the program. This includes, but is not limited to, traffic violations, arrests, or other legal matters—regardless of the outcome or adjudication.

Failure to promptly and accurately report such events may result in disciplinary action, including dismissal from the program. If a student is arrested, they will be suspended from clinical activities and the program pending resolution of the legal matter. Any attempt to withhold or misrepresent related information will result in immediate removal from the program.

Maximum Recommended Work Hours

The UMBC Paramedic Program is an academically intensive and time-demanding program. Students are expected to balance didactic instruction, lab sessions, clinical and field rotations, and independent study throughout each semester. To promote academic success and reduce the risk of burnout, students are strongly advised not to work more than 10 hours per week while enrolled in the core paramedic curriculum.

This recommendation is grounded in national research showing that academic performance begins to decline when students work more than 10–15 hours per week during full-time enrollment. According to the U.S. Department of Education's National Center for Education Statistics (NCES), undergraduate students working over 15 hours weekly are significantly less likely to maintain strong GPAs and timely progression toward graduation. Similarly, the American Council on Education notes that students working beyond this threshold face greater academic stress and reduced engagement with coursework.

While we recognize that many students must work to support themselves, we urge careful planning and open communication with faculty when outside responsibilities begin to conflict with program expectations. Students are also encouraged to work or volunteer as EMTs, as this experience can enhance field readiness and reinforce classroom learning. However, students must ensure that external employment does not interfere with mandatory attendance, clinical preparation, or academic performance.

Every student handles workload and time management differently. Faculty remain available for guidance and support and encourage early conversations if a student is feeling overwhelmed.

Personal Grooming and Appearance

As future healthcare professionals, students in the Paramedic Program are expected to maintain a clean, professional appearance at all times—whether in class, lab, or at a clinical or field site. How we present ourselves impacts the public's perception of our competence and professionalism and reflects on UMBC, the Department of Emergency and Disaster Health Systems, and our clinical partners.

Classroom and Lab Attire

Students should wear business casual attire or the EDHS-approved uniform unless otherwise directed by the instructor. Acceptable business casual options may include slacks, collared shirts, blouses, or modest-length skirts. Scrubs may be worn with instructor permission.

The following clothing is not permitted in classroom or lab settings:

- Flip-flops, slides, or open-toed shoes
- Clothing with holes
- Shorts or skirts that are too short
- Tank tops or strapless shirts without a cover-up
- Shirts exposing the midriff
- Inappropriate graphics or text
- Pajamas or sleepwear

Dress violations may result in dismissal from the day's class and affect the student's Affective Evaluation.

Grooming and Hygiene

Students are expected to be well-groomed with clean clothing, hair, and nails. Hair must be styled in a way that is appropriate for patient care, secured back if long, and

must be a naturally occurring color. Facial hair must be neat and in accordance with safety policies. Excessive makeup, perfume, or jewelry is not permitted, especially in patient care areas.

Hair

- Long hair must be restrained above the shoulders or secured between the shoulder blades.
- Hair must not obstruct vision or pose safety risks.
- Hair color must be natural; extreme colors (e.g., pink, green) are not allowed.
- Fad or unprofessional hairstyles are prohibited.

Facial Hair

- Sideburns must not extend below the ear.
- Mustaches must be conservative in style; beards and goatees are not permitted unless required for religious or documented medical reasons.

Nails

- Nails must be clean, trimmed to less than 1/4 inch, and uniform in color.
- No acrylics, gel, or elaborate nail designs are permitted.

Makeup

- Subtle, professional makeup is acceptable. False lashes and bright colors are prohibited.

Jewelry

- Earrings are limited to one stud per ear.
- No hoop or dangling earrings.
- One ring per hand (wedding/engagement set counts as one).
- Necklaces must be worn under clothing.
- Visible facial or body piercings are not permitted.

Tattoos and Body Modifications

- Tattoos must be covered if deemed objectionable or unprofessional.
- Tattoos on the face, neck, hands, or ears are not permitted.
- Body modifications such as split tongues, subdermal implants, gauged ears, and decorative dental caps are prohibited.

Clinical and Field Uniform Guidelines

Students must wear the official UMBC EDHS uniform when participating in clinical or field experiences:

- Shirt
  - » EDHS polo, tucked in at all times. Acceptable undershirts are black or gray, crew or V-neck.
- Pants
  - » Navy or black EMS or work pants, clean and pressed, with a black belt.
- Footwear
  - » Black boots or work shoes, in good repair.
- Outerwear
  - » EDHS-issued job shirt (optional).
  - » EDHS-issued jacket with patch (optional).
- ID
  - » UMBC-issued ID badge with appropriate backer must be worn and visible.
- Hair
  - » Secured as described above.

Jewelry and grooming: Must follow all safety and professionalism standards outlined above.

Instructors or preceptors may dismiss students from class or clinical sites if their appearance does not meet these expectations. Uniform and grooming standards are part of the student's Affective Evaluation and are required by many clinical and field partners.

Photography and Video

The use of photography or video during any part of the UMBC Paramedic Program is subject to strict regulation.

Unauthorized photography or video recording in clinical sites, field internships, labs, simulations, or classrooms is prohibited. This includes any image or video involving patients, clinical settings, equipment, simulation scenarios, or classmates without explicit permission. Capturing or sharing such content may violate HIPAA, patient privacy laws, and program confidentiality policies.

Violations of this policy may result in disciplinary action, including possible dismissal from the program. These actions may also constitute a breach of the Confidentiality Policy and may be subject to reporting requirements under institutional and legal guidelines.

In classroom, lab, or simulation environments, photography or video recording may only occur with instructor permission and the consent of any individuals appearing in the media.

The Department may request the use of student-approved images or recordings for official use in marketing materials,

social media, or program publications. Participation in such media is voluntary, and students must provide explicit approval before any such use.

Professional Conduct in Online Spaces

Social Media and Online Presence

As future EMS professionals, students must maintain professionalism both in person and online. Social media platforms are widely used for communication, but content posted online, even if deleted, can be accessed by employers, clinical partners, faculty, and peers. Posts that appear unprofessional or violate privacy expectations can seriously impact your academic standing and future career.

Students are strictly prohibited from posting any patient-related information, even if anonymized. This includes images, test results, and narratives that could identify individuals or clinical sites. Students must also avoid commentary about classmates, instructors, or the program that could be perceived as disrespectful or defamatory. Posts depicting illegal activity, substance use, or other unprofessional conduct may result in disciplinary action, including dismissal from the program.

Always assume your online presence is public and permanent. Represent yourself—and the program—with integrity and good judgment.

Digital Communication Etiquette

Whether emailing a professor, contributing to a discussion board, or sending a group message, students are expected to communicate clearly, respectfully, and professionally. Avoid informal language, sarcasm, or excessive abbreviations, which may cause confusion or seem dismissive. Use complete sentences, review your tone, and proofread before sending.

Online communication lacks the cues of face-to-face conversation, so misunderstandings can happen more easily. Approach disagreements respectfully, assume positive intent, and contribute constructively. Practicing professional communication now will serve you well throughout your education and EMS career.

Program Separation

Program separation applies only to students currently enrolled in the core Paramedic Program, typically third- and fourth-year students. Separation may be initiated by the student or by the program and generally results in a pause in progression for the remainder of the academic year.

Student-initiated reasons for separation may include:

- Financial hardship
- Physical or mental health challenges
- Emotional stress
- Personal or family obligations

Program-initiated reasons for separation may include, but are not limited to:

- Earning less than a "C" in any core paramedic course
- Failing to maintain a "C" average overall
- Unacceptable affective behavior
- Violations of university or program policies
- Academic dismissal
- Criminal charges or convictions that impact clinical eligibility

Following separation, the student must schedule a meeting with the Paramedic Program Director. This meeting will review the circumstances and discuss options, which may include:

- Registering for non-core paramedic courses
- Exploring a change of major
- Identifying campus resources to support academic and personal success

All students review and acknowledge the Program Re-Entry Policy during orientation.

Re-entry Policy

In the event that a student separates from the Paramedic Program during either the junior or senior year, whether for personal, medical, psychological, academic, or other reasons, the following policy governs eligibility for re-entry:

1. Re-entry Request and Timeline
    a. The student must submit a written request for re-entry to the Program Director within 30 days of separation.
    b. Requests submitted after 30 days will not be considered for the next available cohort and may require the student to submit a new application for a future cohort.
2. Review Process
    a. The Program Director and Medical Director will review the student's request to determine eligibility based on:
        i. Academic standing at the time of separation
        ii. Professional behavior and affective evaluations
        iii. Clinical and field performance
        iv. Nature and reason for separation

v. Available space in the program

3. Re-entry Examination
    a. If deemed eligible, the Program Director will assign a re-entry examination consisting of both written and psychomotor evaluations.
    b. A letter will be sent to the student outlining the didactic and practical material to be reviewed and tested.
4. Written Exam
    a. Covers content from any successfully completed EDHS 460–468 courses.
    b. Material from any failed or withdrawn course will not be tested.
    c. A minimum score of 70% is required to pass.
5. Practical Exam
    a. Assesses skills from successfully completed EDHS 460–468 and 481–484 courses.
    b. Scenario-based testing may be utilized as determined by the Program Medical Director.
    c. All assigned stations must be passed. Failure of any component results in failure of the full evaluation.
6. Medical and Psychological Clearance
    a. If the separation was due to medical or psychological reasons, a letter of clearance from a licensed healthcare provider or mental health professional may be required.
    b. The Program Director and Medical Director will make this determination based on the nature of the separation.
7. Outcome and Limitations
    a. Re-entry will only be granted upon successful completion of all re-entry requirements.
    b. Students are only permitted one re-entry opportunity. Failure results in ineligibility for further re-entry.
    c. Students may submit a new application for a future cohort, but all previously completed courses will be forfeited and the full program must be repeated.
8. Final Determination
    a. All re-entry decisions by the Program Director and Medical Director are final and non-appealable, except in cases of administrative or grading error.
9. Student Acknowledgment
    a. Students will review and sign the Re-entry Policy during orientation, confirming their understanding that re-entry is not guaranteed and is subject to the process described above.

Record Keeping

The Department of Emergency and Disaster Health Systems maintains digital student records. These records are accessible only to the Program Director, Clinical Coordinator, Medical Director, Department Chair, and the Program Specialist. Students may request to review their files by contacting the Program Director or following the chain of communication outlined in the Grievance Policy.

Each cohort has a dedicated digital folder. Within it, each student has an individual folder retained under the cohort with which they are currently enrolled or from which they graduated.

Student folders include:

- Academic Pathway/Progression
- Terminal Competency Forms
- Subfolders, labeled and organized by content:
    - » Agreements and MOUs
    - » Certifications
    - » Affective Evaluations
    - » Medical and Background Screenings
    - » UMBC-Related Communications
    - » Clinical Documents
    - » Application Documentation
    - » Disciplinary Records
    - » Course Paperwork

These departmental records are not considered the student's official academic record. Official transcripts and academic standing are maintained by the UMBC Office of the Registrar. Advising documentation is housed digitally within UMBC's Advising Center system.

Recording of Class Sessions

Students may not audio or video record any class sessions, lectures, discussions, or presentations without the instructor's prior written permission. This policy applies to all courses, whether in-person, hybrid, or online.

Unauthorized recording or distribution of class content in any form is strictly prohibited. This includes posting, uploading, or sharing course materials—whether audio, video, images, or written documents—on social media, messaging apps, file-sharing platforms, or any other public or private digital channel.

Students may not reproduce, forward, or otherwise disseminate course content without explicit authorization

from the instructor and the Department. Violations of this policy may result in disciplinary action, including removal from the course or program.

Instructors may choose to record class sessions or specific instructional content for academic purposes. If so, students will be notified when recording is taking place, and the recordings will only be made available through official university platforms (e.g., Blackboard).

Repeating a Course

Students who fail a core paramedic course may not remain in their current cohort. If separation from the program occurs due to a course failure, the student must follow the Re-Entry Policy to return in a future cohort. Upon re-entry, students must retake any course(s) in which they were unsuccessful. Students may also choose to retake other courses in the sequence to support their success.

Per UMBC policy, students may only attempt the same course twice. A third attempt requires a petition submitted through the Academic Success Center. Students are encouraged to speak with the Program Director and Academic Advising to determine the best course of action before registering for a repeat course.

Safeguards

Students Identified as Students

The health and safety of patients, EMS interns, faculty, and all participants in educational activities must be properly safeguarded. EMS interns must be clearly identifiable as students during all clinical, field, and lab experiences. At no time should an intern be substituted for clinical or operational staff. All activities must be educational in nature and directly support the learning objectives of the Paramedic Program.

Clinical Boundaries

EMS interns may only perform psychomotor or clinical skills during scheduled clinical or field rotations arranged through the UMBC Clinical Coordinator. Under no circumstances may an intern perform skills—whether ALS or BLS—outside their current level of certification, or provide care as an EMS intern outside of scheduled, supervised program activities.

Any intern found performing skills outside their scope of practice or representing themselves as a UMBC EMS intern outside of official program rotations will face immediate suspension pending review by the Program Medical Director and Program Director. Consequences may include:

- Dismissal from the Paramedic Program without eligibility for re-entry
- University disciplinary action, including potential expulsion
- Reporting to MIEMSS with possible certification suspension or revocation
- Referral for civil or criminal investigation

Career Exploration

UMBC encourages EMS students to engage in observational opportunities to explore future career paths, including programs offered by services such as Maryland State Police Aviation or other specialty EMS providers. These experiences can offer valuable insights into different roles within emergency medicine, public safety, and allied health professions.

However, students must understand the following conditions:

- These experiences are not part of the official Paramedic Program curriculum and are not coordinated, endorsed, or supervised by UMBC.
- Students may not wear the UMBC uniform, badge, or any clothing that suggests official affiliation with the University during such activities.
- Students may not perform any patient care tasks, regardless of certification level, unless specifically authorized by the hosting agency and functioning within a separate, clearly defined employment or volunteer role.
- Any injuries, accidents, or incidents that occur during these experiences are the sole responsibility of the student and will not be considered part of the student's program enrollment or protected by UMBC liability or health coverage.

Students who wish to pursue these experiences are encouraged to inform the Program Director out of courtesy and for general advising purposes but are not required to do so. Participation is entirely voluntary, and students assume full responsibility for all associated risks.Skills Laboratory

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

Skills Laboratory

In addition to their didactic coursework, all EMS students, including those in the EMT and Paramedic tracks, will participate in required hands-on skill laboratory sessions. For Paramedic students, this includes EDHS 481 in the fall of the junior year.

Students must wear appropriate clothing for participation in the physical activities routinely encountered by EMS professionals. These labs involve lifting, moving, and treating patients and partners, often in realistic scenarios. Any student unable to safely participate in lifting or maneuvering adult-sized patients (including simulated 200-pound patients) should meet with the Program Director to discuss accommodations and continued program participation. Temporary medical limitations must be documented by a licensed healthcare provider and should include the nature and expected duration of any activity restrictions.

To develop both empathy and technical proficiency, students may be required to participate in and receive subcutaneous, intramuscular, or intravenous injections of sterile saline under supervision. These activities are essential to preparing students for real-world EMS practice.

Additionally, students will need to provide access to the chest and torso for airway management, auscultation, and ECG lead placement. For male students, this typically requires the removal of shirts. Female students should wear a sports bra or two-piece swimsuit top that allows access to the area below the left breast for 12-lead ECG monitoring and other thoracic assessments.

If a student has any concerns regarding these procedures, including modesty, religious, or cultural considerations, they should contact the Program Director or Course Instructor in advance so that reasonable accommodations may be discussed.

Social Boundaries with Patients and Staff

During all classroom, clinical, and field experiences, EMS students represent the University of Maryland, Baltimore County (UMBC), the Department of Emergency and Disaster Health Systems (EDHS), and themselves. Students are expected to uphold the highest standards of professionalism at all times.

Students may not solicit or exchange personal contact information such as phone numbers, email addresses, or social media accounts with patients, patients' friends or family members, or staff at clinical or field sites. This includes sending or accepting friend requests or follows on any social media platform, regardless of intent.

Students must not engage in conversations or behaviors that could be perceived as overly personal, intrusive, or inappropriate. At no time should students accept or request gifts, compensation, or favors from patients, families, or staff at affiliated sites.

These boundaries protect professional relationships and maintain the integrity of the student role. Violations of this policy may result in disciplinary action, removal from clinical placement, or dismissal from the program.

Student Conduct

The Paramedic Program fosters a collaborative yet professional learning environment. Students are expected to conduct themselves with maturity, responsibility, and respect for peers, faculty, and clinical partners. This section outlines behavioral expectations and provides examples of conduct that may result in disciplinary action, suspension, or dismissal from the program.

Classroom Conduct

Class sessions—whether in-person or virtual—require full engagement. Students are expected to:

2. Arrive prepared and participate actively.
3. Refrain from disruptive behavior, including sleeping, unrelated assignments, texting, or browsing the internet.
4. Communicate professionally and respectfully with faculty and classmates.
5. Instructors may ask students to leave if their behavior disrupts the learning environment. Repeated issues will negatively impact the Affective Evaluation.

Academic Integrity

All students must comply with UMBC's Undergraduate Academic Conduct Policy. Academic misconduct includes, but is not limited to:

1. Cheating, plagiarism, or fabrication
2. Using unauthorized materials during assessments
3. Submitting another's work as your own
4. Altering or falsifying program or clinical documentation

Violations will be reported through UMBC's Academic Misconduct Database and may result in failure of the assignment, failure of the course, or dismissal from the program.

Behavioral Standards

Students may be subject to disciplinary action for violations of program or university policies, including but not limited to:

Endangering Health and Safety

1. Threatening or endangering the physical safety of others
2. Participating in unsafe or unsanitary practices
3. Being under the influence of drugs or alcohol during class, clinicals, or field experiences

Disruptive or Unprofessional Conduct

1. Disrespectful language or insubordination
2. Excessive tardiness or absences
3. Refusal to follow instructions from faculty, preceptors, or clinical site personnel
4. Use of foul language, disorderly conduct, or fighting

Policy Violations

1. Violation of UMBC's Student Code of Conduct or program policies
2. Misuse or falsification of program records or clinical documents
3. Unauthorized possession, use, or sharing of patient, business, or academic records
4. Theft, vandalism, or destruction of property belonging to the university, clinical affiliates, or others

Ethical and Legal Concerns

1. Violation of patient confidentiality or HIPAA regulations
2. Conviction of a crime while enrolled in the program
3. Misrepresentation of one's status as a student or healthcare provider

Digital and Social Media Conduct

Students are expected to uphold professional standards online. This includes:

1. Avoiding posts that violate confidentiality or reflect poorly on the university or clinical partners
2. Refraining from posting photos or commentary about clinical sites, classmates, or patients
3. Not engaging in disrespectful or defamatory online behavior
4. Violations of digital conduct standards may result in counseling, disciplinary action, or dismissal.

Professional Standards

Students are expected to embody the ethical standards outlined by the National Association of Emergency Medical Technicians (NAEMT) Code of Ethics, including:

1. Respect for human dignity and confidentiality
2. Commitment to continuous professional development
3. Responsibility for one's actions and clinical decisions
4. Ethical collaboration with healthcare teams and the public

A summary of this Code is available at https://www.naemt.org/about-ems/code-of-ethics.

Disciplinary Process

Violations of academic, professional, or behavioral policies may result in:

1. Verbal or written warnings
2. Affective evaluation penalties or course failure
3. Referral to the Program Director or Medical Director
4. University-level disciplinary review
5. Suspension or dismissal from the Paramedic Program
6. Legal or licensure-related consequences

All decisions will be documented and, where applicable, follow UMBC's official grievance and appeals procedures.

Student Assessment

Students enrolled in the Paramedic Program are evaluated each semester across three essential domains of learning: cognitive, psychomotor, and affective. These domains are foundational to the development of competent, compassionate, and safe EMS professionals. Competency in all three areas is required for successful progression

through the program.

Cognitive Domain

This domain includes knowledge acquisition, comprehension, application, analysis, and evaluation of medical concepts and protocols. Students are assessed through written exams, case-based quizzes, homework assignments, and in-class discussions. Mastery of the cognitive material is necessary not only for academic success but also for safe clinical decision-making.

Psychomotor Domain

The psychomotor domain refers to the hands-on performance of skills. Students are evaluated in lab settings, simulations, and clinical rotations using standardized skill sheets and evaluation rubrics approved by the Program Medical Director. These skills include airway management, medication administration, trauma assessments, and other core EMS procedures. Students must demonstrate proficiency, safety, and procedural competence in alignment with current protocols and national standards.

Affective Domain

The affective domain measures behavior, professionalism, and interpersonal effectiveness. This includes communication skills, appearance, punctuality, teamwork, response to feedback, integrity, and respect for patients, peers, and instructors. The affective evaluation tool incorporates the principles of emotional intelligence and is used to identify strengths and areas for improvement in professional conduct. Repeated violations or failure to improve may result in formal counseling, probation, or dismissal from the program.

Failure to meet expectations in any one of the three domains may result in a failing grade, affect progression, or lead to separation from the program. Students are encouraged to take each evaluation seriously, seek feedback regularly, and use available resources to support their academic and professional development.

Students as Victims

Hands-on, peer-to-peer skill development is a critical component of EMS education. Throughout the program, students are expected to serve as simulated patients ("victims") during skills labs, assessments, and scenarios. This participation is essential to learning and cannot be replicated by mannequins alone. Effective skill acquisition—particularly in patient assessment—requires realistic practice on actual individuals, which in this setting means fellow students.

Participation as a simulated patient will occur on a rotational basis, and faculty will make every effort to protect student comfort, dignity, and safety at all times. Expectations for appropriate apparel and conduct will be reviewed before each session. Disrespectful behavior, inappropriate comments, or failure to treat classmates professionally during these activities may result in immediate removal from class and disciplinary action, up to and including dismissal from the course or program.

Although some students may be hesitant to serve as a "victim," full participation is required. Exemptions will only be granted under limited circumstances and must be discussed with the instructor in advance.

Substance Use and Drug Screening Policy

Purpose

As a CAAHEP-accredited educational program, the UMBC Department of Emergency and Disaster Health Systems Paramedic Concentration is committed to maintaining a safe, professional, and compliant learning environment. This includes upholding federal, state, and institutional policies to protect the health and safety of patients, students, faculty, and others involved in educational and clinical activities.

The legalization of recreational cannabis in Maryland on July 1, 2023, has prompted EMS agencies and educational institutions to clarify their stance. MIEMSS, in its July 6, 2023 memo, emphasized that providing emergency medical services while under the influence of cannabis—similar to alcohol—remains prohibited conduct under COMAR 30.02.04.01. Although medical marijuana use may be permitted under Maryland law, federal law (Drug-Free Schools and Communities Act Amendments of 1989) continues to prohibit possession or use on campus. UMBC is required to enforce these restrictions as a condition of receiving federal funds.

Scope

Students enrolled in the Paramedic Concentration are UMBC Paramedic Interns and are subject to UMBC alcohol and substance abuse policies as well as site-specific drug and alcohol requirements during clinical and field placements. Most clinical and field sites explicitly prohibit students from participating in patient care while under the influence of cannabis or other substances, regardless of legality or prescription.

To ensure participation in required rotations and protect patient safety, the UMBC Paramedic Concentration prohibits the possession or use of illegal drugs or illicit

substances, including cannabis, while enrolled. Alcohol use is also prohibited within eight hours of or during any clinical, field, or lab experience.

Students who cannot meet site-specific requirements due to substance use—including use of medical marijuana—may be unable to progress in the program. Drug screening results are kept confidential and stored separately from academic records.

Drug Screening Procedures

All students must complete a urine drug screen (UDS) through the designated vendor upon application and annually thereafter. Results are reported as "negative" or "non-negative."

A non-negative result may arise from:

- Presence of drugs or metabolites without valid explanation
- Dilute or substandard samples (e.g., improper temperature or creatinine levels)
- Refusal to test, missed test appointments, or sample tampering

If a test is non-negative, the student will be suspended from clinical and field activities pending review. A Medical Review Officer (MRO) may contact the student to determine whether a valid prescription caused the result.

Random Screening and Suspicion-Based Testing

The Program Director and Clinical Coordinator may require immediate drug screening if a student:

- Displays signs of drug or alcohol use
- Possesses drugs or alcohol
- Behaves erratically or inconsistently
- Is reported by a credible source for policy violation
- Tampers with a sample
- Is involved in incidents involving controlled substances at a site

Refusal to comply with drug screening will be treated as a policy violation.

Violations of Policy

Students found in violation will be counseled and may be subject to further review. They may not attend clinical or field activities during the review. If findings are upheld, students may be subject to fitness-for-duty evaluations, suspension, or dismissal. Students dismissed for drug-related violations are ineligible to reapply.

Students permitted to continue may be required to:

- Undergo randomized testing at intervals based on prior findings
- Meet with a substance use counselor (Retriever Integrated Health or outside provider)

UMBC and the Paramedic Program are not obligated to refund tuition or accommodate students found ineligible to complete required rotations due to failed screenings.

If applicable, the Program Director may be required to report violations to MIEMSS. Students are encouraged to self-disclose substance use concerns. A one-time leave of absence may be granted to seek treatment, with confidentiality maintained in accordance with the law. Upon return, students must follow re-entry protocols including background and drug screening.

This policy is subject to revision based on changes to federal or state law, institutional policy, or clinical site requirements.

[1] Fitness for Duty Evaluation: Evaluates the intern's physical, cognitive, psychomotor, affective, and social abilities that are required in unique combinations to provide safe and effective emergency medical care. It is performed by the intern's physician using the UMBC Paramedic Program EMS Job Functions Requirements form.

Transportation

Field trips, skills sessions, and clinical or field internships are an essential component of the Paramedic and EMT programs. Students must have reliable transportation to participate fully, as some clinical and field sites may be up to 90 miles away. Students are responsible for all costs related to travel, including tolls, parking, fuel, and vehicle maintenance.

In limited cases, the EDHS Department may coordinate group travel using UMBC's College of Arts, Humanities, and Social Sciences (CAHSS) passenger vans. Participation in these activities requires students to sign the official CAHSS Waiver of Liability and Hold Harmless Agreement, which outlines the responsibilities, risks, and legal protections for all parties involved. Students will be informed in advance if this mode of transportation will be used.

Regardless of transportation method, students must arrive on time, prepared, and dressed appropriately for the scheduled activity.

Trauma-Informed Pedagogy and Mental Wellness in EMS

As both an academic and pre-professional program, we recognize that the mental and emotional demands of EMS education extend beyond typical classroom stress.

Paramedic and EMT students are exposed to real-world emergencies, critical patients, and death—sometimes for the first time. These experiences, combined with the intensity of coursework and the high standards of clinical performance, can contribute to both critical incident stress and cumulative stress over time.

It is not uncommon for students in EMS training to experience feelings of anxiety, overwhelm, emotional exhaustion, or even burnout. These are valid responses to challenging and often emotionally charged situations. Developing emotional resilience and seeking support when needed are essential parts of becoming an effective healthcare provider.

UMBC promotes trauma-informed teaching, which values safety, empathy, and inclusion. We encourage students to speak with faculty or advisors if mental health concerns are affecting their academic or clinical performance. These conversations will be treated with respect and discretion. Faculty are committed to supporting students within the scope of program expectations.

In addition, UMBC's Counseling Center offers cost-free and confidential mental health services for students coping with personal, academic, or profession-related challenges. Support is also available for students experiencing trauma, loss, or emotional distress stemming from field and clinical experiences.

UMBC Counseling Center

Location: Student Development & Success Center (between Chesapeake and Susquehanna Halls)

Phone: 410-455-2472

Hours: Monday–Friday, 8:30 AM – 5:00 PM

Website: https://counseling.umbc.edu

For more information on trauma-informed teaching at UMBC, visit:

https://calt.umbc.edu/teaching/trauma-informed-pedagogy

You are not expected to navigate this journey alone. Taking care of your mental health is not only encouraged—it is essential to your success in this program and in your career as an EMS provider.

Use of Artificial Intelligence

Artificial Intelligence (AI) can be a valuable resource for enhancing your academic experience. When used responsibly, AI tools can support research, aid in brainstorming, assist with skill development, and help clarify complex concepts. Students in the Paramedic and EMT programs are encouraged to use AI to generate ideas, draft early versions of assignments, and strengthen their understanding of course content. However, it is your responsibility to verify any information generated by AI tools against credible sources and to cite substantial contributions appropriately.

Acceptable uses of AI include:

- Research and Information Gathering
  - » Use AI to find information, generate ideas, or conduct preliminary research. Always verify the accuracy of AI-generated content.
- Drafting and Brainstorming
  - » AI may assist in creating outlines, summaries, or the first draft of written work.
- Learning Enhancement
  - » AI can provide practice questions, tutoring-style explanations, or support studying.

Unacceptable uses of AI include:

- Plagiarism and Academic Dishonesty
  - » Submitting work generated entirely or predominantly by AI as your own is not permitted.
- Exams and Assessments
  - » Use of AI during quizzes, exams, or other assessments is prohibited unless explicitly allowed by the instructor.
- Misrepresentation
  - » Using AI to impersonate others or produce misleading work violates academic integrity.

If an AI tool contributes significantly to an assignment, include a clear acknowledgment such as:

- "This summary was generated with the assistance of ChatGPT."
- "Initial draft aided by AI tool XYZ."

Students should not input private or sensitive personal information into AI tools. Always review the privacy policies and terms of service before using any platform. Misuse of AI tools is subject to disciplinary action and may be considered a violation of UMBC's academic integrity policies. When in doubt, ask your instructor.

Instructors will provide assignment-specific guidance regarding acceptable AI use and may offer feedback on whether AI tools were used appropriately. For further guidance, students are encouraged to consult the UMBC Division of Information Technology's AI resource page: https://doit.umbc.edu/ai/academic-ai

By using AI tools thoughtfully and responsibly, students can enrich their learning while maintaining the highest

standards of academic and professional conduct.

Variance Event Policy

Purpose

Occasionally, events may arise that appear to deviate from established policies, procedures, guidelines, or accepted practices. The purpose of this policy is to provide a structured process to investigate these occurrences—referred to as Variance Events—without presuming fault or misconduct until the facts are reviewed. This process ensures fairness, promotes accountability, and protects the integrity of the program.

If a deviation is confirmed, the investigation will determine when, where, and why it occurred, and whether any disciplinary action is appropriate. It will also identify strategies to prevent similar events in the future.

Definition of a Variance Event

A Variance Event is any situation that may represent a departure from the program's current standards or expectations, as defined by policy, procedure, or professional norms. These may include but are not limited to breaches of clinical protocol, unprofessional behavior, or failure to follow safety practices.

Reporting

- Any person associated with the program—faculty, staff, students, or clinical partners—may report a Variance Event.
- Reports must be submitted in writing, either physically or digitally.
- Upon receipt, the Paramedic Program Director (or their designee) will determine whether the event requires further investigation.

Investigation Procedure

If further investigation is warranted:

1. The student may be temporarily suspended from field or clinical assignments, depending on the severity of the incident.
2. The Program Director or designee will contact the student via phone or in person to inform them of the suspension and upcoming meeting. The nature of the complaint will not be discussed at this time.
3. A full investigation will be conducted, including:
   a. Gathering written statements from the complainant, the student, and any witnesses
   b. Reviewing relevant documentation or other supporting evidence
4. A formal written report will be generated, outlining:
   a. The nature and findings of the investigation
   b. Any recommended disciplinary actions
   c. Recommendations to prevent similar events in the future

Outcome and Communication

- The Program Director will meet with the student to discuss the investigation's outcome and any required actions.
- The complainant, upon request, may be informed whether disciplinary action was taken, but will not receive details about the findings or sanctions.
- If the event potentially violates university or legal standards, the Program Director will immediately notify the appropriate UMBC office and/or external authorities.

Clinical and Field Requirements

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 and Disaster Health Systems. In the field environment or optional sites (911 center, Poison Control, etc., students will wear a UMBC EDHS 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 EDHS 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 are required to "clock in" and "clock out" for each clinical or field shift using the EMCE system. To be considered on time, students must clock in and out upon arrival and departure from their assigned site. EMCE uses GPS tracking, failure to clock in or out properly from the correct site location may result in an unexcused absence, late arrival, or early departure, and may lead to 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 (EMCE 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

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.

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		

Carroll County Department of Fire and EMS

Uniform

- UMBC field uniform
- UMBC Paramedic Student Picture ID

Points of Contact

- First – FF/PM Anthony Cavanaugh, 410-596-5371, acavanaugh@carrollcountymd.gov
- Please call/email if you expect to be late or miss the shift. Voicemail is acceptable if phone call is not answered
- Second – DFEMS on duty Battalion Chief Shift Commander – 410-386-6823

Stations

Co. No.	Address/Location	Phone
Station 1 M18 & M19	Mt. Airy Fire Department 702 N Main St, Mt. Airy, MD 21771	(301) 829-0100
	Parking is on the side of the station adjacent to N Main St	
Station 2 M28 & M29	Hampstead Volunteer Fire Company 1341 N Main St, Hampstead, MD 21074	410-239-4280
	Parking is in the upper lot, entrance adjacent to Upper Beckleysville Rd	
Station 3 M37, 38, 39	Westminster Volunteer Fire Engine and Hose Company No. 1 28 John St, Westminster, MD 21157	410-848-1800
	Parking is to the rear of the station on 32nd St	
Station 4 M49 & EMS101	Manchester Volunteer Fire Dept. 3209 Main St, Manchester, MD 21102	410-239-2286
	Parking is to the rear of the station off of Long Ln	
Station 5 M58, M59 EMS102	Taneytown Volunteer Fire Company 39 E Baltimore St, Taneytown, MD 21787	410-756-6253
	Parking is to the rear of the station	
Station 6 M69	Pleasant Valley Community Fire Department 2030 Pleasant Valley Rd S, Westminster, MD 21158	410-848-1977
	Parking in front of the station	
Station 7 M79	Lineboro Volunteer Fire Department 4224 Main St, Lineboro, MD 21102	410 374-2197
	Parking to the rear of the station accessible via a lane to the right of the station	
Station 8 M89	Union Bridge Fire Department 8 W Locust St, Union Bridge, MD 21791	410-775-7422
	Parking to the left of the station accessible via Whyte St	
Station 9 M99 & M99	Reese Volunteer Fire Company 1745 Baltimore Blvd, Westminster, MD 21157	410-848-7172
	Parking in upper parking lot accessible via Old Westminster Pike or Reese Rd DO NOT cross the median in front of the station from the westbound lanes of Route 140. Multiple legal turnarounds are available less than 1 mile ahead to access the eastbound lanes.	
Station 10 M109	New Windsor Volunteer Fire Co. 101 High St, New Windsor, MD 21776	410-635-6373
	Parking available in the front of the station	
Station 12 M127, 128, 129	Sykesville Freedom District Fire 6680 Sykesville Rd, Sykesville, MD 21784	410-795-9311
	Parking to the rear of the station accessible via Freedom Ave	
Station 13 M139	Gamber & Community Fire Co. 3838 Niner Rd, Finksburg, MD 21048	410-795-3445
	Parking is to the right side and rear of the station accessible via Niner Rd	
Station 14 M149 EMS 103	Winfield & Community Fire Co. 1320 W Old Liberty Rd, Sykesville, MD 21784	410-795-1333
	Parking is in front of the station on the right side, or to the left side, or rear.	
The most up-to-date list of medic unit locations can be found by going to : http://fire.baltimorecity.gov/fire-stations		

Howard County DFRS

Uniform

- UMBC field uniform
- UMBC Paramedic Student Picture ID

Stations

Co. No.	Address/Location	Phone
Station 1	Elkridge Volunteer Fire Department 5700 Rowanberry Drive Elkridge, MD 21075	410-313-4901
Station 2	Ellicott City Volunteer Firemen's Association, Inc. 4150 Montgomery Road Ellicott City, MD 21043	410-313-2602
Station 3	West Friendship Volunteer Firemen's Association, Inc. 12535 Old Frederick Road Sykesville, MD 21784	410-313-5403

Station 4	Lisbon Volunteer Fire Company, Inc. 16104 Frederick Road Woodbine, MD 21797	410-313-5404
Station 5	Fifth District Volunteer Fire Department, Inc. 5000 Signal Bell Lane Clarksville, MD 21029	410-313-7305
Station 6	Savage Volunteer Fire Company, Inc. 8521 Corridor Road Savage, MD 20763	410-313-4426
Station 7	Banneker 5815 Banneker Road Columbia, MD 21044	410-313-7307
Station 8	Bethany 9601 Old Frederick Road (Route 99) Ellicott City, MD 21042	410-313-2608
Station 9	Long Reach 5950 Tamar Drive Columbia, MD 21045	410-313-7309
Station 10	Rivers Park 10155 Old Columbia Road Columbia, MD 21046	410-313-7310
Station 11	Scaggsville 11226 Scaggsville Road Fulton, MD 20723	410-313-3791
Station 12	Waterloo 7645 Port Capital Drive Jessup, MD 20794 410-313	410-313-7312
Station 13	Glenwood 14620 Carrs Mill Road Woodbine, MD 21797	410-313-0513
Station 14	Merriweather 6025 Symphony Woods Road Columbia, MD 210	410-313-3414
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

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

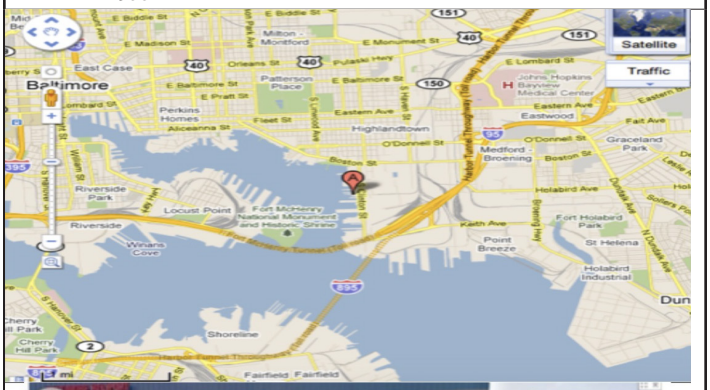
- Blue UMBC scrubs with closed-toed shoes
- UMBC Paramedic Student Picture ID

HopComm: 410-614-7777

Station No.	Address/Location	Phone
Out-House	1800 S. Clinton St Baltimore, MD 21224	

Codes

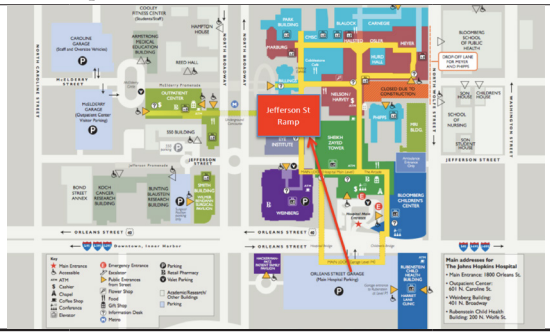
- Gate – 0984
- Door – 1533



In-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

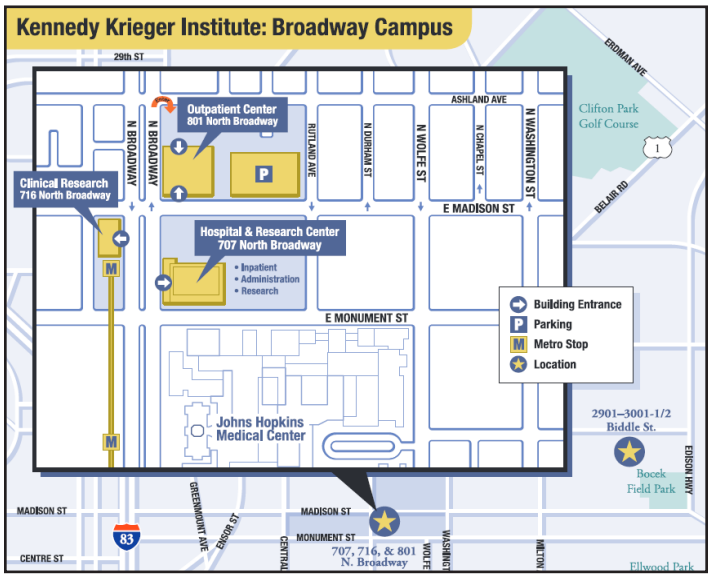
- Blue UMBC scrubs with closed-toed shoes
- UMBC Paramedic Student Picture ID

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.

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.

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

EMCE

What is EMCE?

EMCE (Electronic Medical Clinical Evaluations) is a digital platform used by EMS programs across the country to track student performance, log skill competencies, and manage clinical and lab evaluations. It replaces paper logs and manual tracking by centralizing everything in one app. At UMBC, all EMT and paramedic students are required to use EMCE to document their clinical, field, and lab progress throughout the program.

Why We Use It

EMCE helps ensure that each student meets program expectations and national standards. It gives instructors real-time insight into student performance, supports accurate record keeping for graduation and certification, and provides students with a clear view of their clinical development. Your documentation in EMCE is a key part of your academic record and may affect your ability to progress through the program.

Getting Started with EMCE

All students must download the EMCE app, create an account, join the correct cohort, and purchase the required subscription level (EMT Pro or Paramedic Pro, depending on your program). The app is compatible with iOS, Android, and desktop browsers.

Step-by-Step Setup Instructions

1. Download the App:
   - » iOS: Search for "EMCE" in the App Store
   - » Android: Search for "EMCE" in Google Play
   - » Mac: Available on the Mac App Store
   - » Web version: https://app.emce.help
2. Create Your Account:
   - » Tap Sign Up and register with your email or link your Apple, Google, or Microsoft account.
3. Join UMBC and Your Cohort:
   - » Tap Join Organization
     - › Search for University of Maryland Baltimore County
   - » Select your correct cohort (e.g., EMT AY 2025–2026 or Paramedic Class of 2026)
     - › Important: If you select the wrong cohort, you must contact EMCE support to be moved.
4. Purchase Your Subscription:
   - » After joining your cohort, you'll be prompted to upgrade to EMT Pro or Paramedic Pro, depending on your course.
   - » This upgrade unlocks skill tracking, evaluation uploads, and instructor review features.

Using EMCE in Class, Lab, and Clinical

- Complete all evaluations and checkoffs on printed skill sheets.
- Take a clear photo of each completed skill sheet and upload it to EMCE.
- Enter all required fields (evaluator name, score, time, etc.).
- Upload your documentation within 24 hours unless otherwise instructed by your instructor.

Course-Specific Expectations

The exact documentation requirements may vary by course, instructor, or semester. Instructors will clarify expectations regarding how to use EMCE, how quickly to submit documentation, and what skills are required at each stage.

Accountability and Professionalism

Students are expected to use EMCE consistently and correctly. Failure to submit required documentation on time may impact your course grade, clinical eligibility, or program progression. If you have any issues with EMCE access or usage, contact your instructor as soon as possible.

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.
- EMCE 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 EMCE forms.) You may NOT copy your preceptor's narrative. You can document your narrative on the PCR or in EMCE, 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 EMCE 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 EMCE is due within 72 hours of the end of a shift. After that, EMCE will automatically lock your shift. Your shift will not be unlocked in order for you to add information to it. If EMCE automatically locks your shift, it WILL affect your grade in a negative way.

Soon you will enter data into EMCE 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.

Health, Safety, and Infectious Disease Control

Purpose

This policy outlines infection control practices and scalable operational guidelines for faculty, staff, and students in the Department of Emergency Health Services (EDHS). It addresses both routine and high-consequence infectious diseases (HCIDs), ensuring the continuity of EMS education while prioritizing safety. The policy supports UMBC guidance and aligns with CDC, MIEMSS, and other public health authorities.

Scope

This policy applies to all EDHS-affiliated instructional, clinical, and simulation activities involving students, faculty, or staff. It governs response expectations and safety behaviors across three tiers of infectious disease impact.

Routine Infection Control Practices (Applies Year-Round)

The EDHS Department expects all faculty, students, and staff to follow standard infection control practices at all times, regardless of outbreak status. These foundational practices are consistent with CDC Standard Precautions and apply to all communicable illnesses.

- Hand Hygiene
  - » Wash hands thoroughly with soap and water for at least 30 seconds after glove removal, patient contact, or restroom use.
  - » Use hand sanitizer when handwashing is unavailable.
- Surface Disinfection
  - » Clean equipment, manikins, and high-touch surfaces at the conclusion of each skill station and lab session using CDC-approved disinfectants.
- Stay Home if Sick
  - » Anyone experiencing fever, cough, gastrointestinal symptoms, or signs of illness must remain at home, notify the lead instructor or Program Director, and follow appropriate medical guidance.
  - » There are no academic penalties for illness-related absence; missed sessions must be made up.
  - » Students not attending class may not attend any clinical or field internships on that same day.
- Glove Use
  - » Gloves must be worn during any lab or clinical activity involving patient care simulation.
  - » Perform hand hygiene before donning and after doffing gloves.
  - » Gloves must be changed between tasks or when visibly soiled.
- Cough Etiquette
  - » Cough or sneeze into a tissue or your elbow.
  - » Dispose of tissues immediately and perform hand hygiene.
- Vaccination and Immunization
  - » Annual influenza vaccination is encouraged.
  - » Students participating in clinical care must provide documentation of Hepatitis B vaccination or a signed waiver.
- Sharps and Waste Disposal
  - » Needles and other sharps must be disposed of in designated puncture-resistant containers without recapping.
  - » Contaminated materials should be discarded in red biohazard bags per standard protocols.

Infection Control Response Tiers

Infectious disease risks vary in severity, transmissibility, and community impact. The following three-tier framework provides clear operational expectations based on the level of concern and public health guidance.

Tier 1: Baseline Prevention – Routine Communicable Diseases

Applies to:

- Seasonal flu, RSV, pneumonia, norovirus, strep throat
- Normal public health conditions with no declared emergency

Requirements:

- Follow Routine Infection Control Practices
- Self-monitor for symptoms and stay home when sick
- Routine environmental cleaning and disinfection
- Clinical and lab activities proceed without restrictions

Tier 2: Heightened Awareness – Local or Regional Outbreaks

Applies to:

- Confirmed outbreaks of common illnesses on campus or in the region
- Public health advisories or UMBC directives short of full emergency declaration

Requirements:

- Continue all Tier 1 measures
- Masking and distancing may be temporarily required
- Symptom screening upon arrival to in-person sessions
- Enhanced disinfection protocols for shared equipment and surfaces
- Faculty flexibility with makeup work and hybrid attendance
- Possible reduction of room capacities or rotation scheduling

Tier 3: Emergency Response – High-Consequence Infectious Disease (HCID)

Applies to:

- CDC-defined HCIDs (e.g., COVID-19 pandemic phase, Ebola, SARS, Mpox)
- Declared campus or state public health emergency

Requirements:

- Full activation of EDHS Infectious Disease Response Plan
- Campus operation restrictions
- Universal PPE use per CDC/MIEMSS guidance (e.g., gloves, N95, eye protection)
- Screening checkpoints with entry denial if symptomatic
- Contact tracing, isolation, and exposure reporting protocols
- Limited access to simulation/lab spaces; remote delivery prioritized
- Clinical rotations may be postponed, altered, or suspended per partner guidelines

Each tier may be adjusted based on updated guidance from UMBC, the CDC, MIEMSS, or local health departments. Tier transitions will be communicated by the Program Director or Department Chair.

Culture of Safety

The Department adopts the principles of the National EMS Culture of Safety. All members share responsibility for:

- Modeling and reinforcing safe behaviors
- Reporting safety concerns without fear of reprisal
- Proactively identifying and addressing infection risks

Our safety practices are guided by the nationally recognized definition of safety culture developed by the University of Illinois, which emphasizes personal responsibility, open communication, and continuous learning. These principles will be adapted as needed to reflect the latest evidence and best practices in EMS education and public health.

Faculty and Student Responsibilities

All EDHS faculty, staff, and students are expected to promote and maintain a safe and respectful educational environment. Faculty members must model proper infection control behavior and ensure policy compliance, while students are responsible for actively participating in safety practices and communicating any concerns.

Key responsibilities include:

- Completing daily self-screenings
- Adhering to PPE and hygiene guidelines
- Reporting any illness or exposure promptly,
- Participating in equipment disinfection
- Making up missed work due to illness or isolation.

These shared efforts protect both individual and community health while supporting uninterrupted educational progress.

Room and Lab Use

Instructional and simulation spaces must be used in ways that minimize infection risk. Room capacity limits are determined by the current operational phase or response tier. Faculty should prioritize longer, consolidated sessions when possible to reduce the frequency of cleaning transitions and room turnovers.

Students should arrive and depart according to scheduled times and use only their assigned instructional spaces. Congregating in hallways, lounges, or common areas is discouraged, particularly during heightened public health conditions. When feasible, elevator use should be limited to one person at a time to reduce shared contact points.

Screening and Reporting

During periods of heightened infectious disease risk, screening measures may be implemented. These may

include symptom self-assessments, daily monitoring forms, or in-person temperature or symptom screening at building entry points. Faculty may conduct screenings for individual sessions when required.

Individuals who are denied entry due to symptoms or screening outcomes must notify program leadership immediately. Any confirmed positive case must also be reported to University Health Services to initiate appropriate follow-up and contact tracing. Timely communication is critical to protecting others and reducing further disruption.

Exposure and Return Protocols

Anyone exposed to or diagnosed with an infectious illness must follow current CDC, UMBC, and program-specific return-to-campus protocols. Clearance to return may require symptom resolution, a negative test result, or written medical clearance from a licensed provider.

There are no academic penalties for illness-related absences. However, students must coordinate with faculty to ensure all required skills, labs, or course content are completed as soon as safely possible. Individuals who develop symptoms within 48 hours of a class session must notify the Program Director without delay.

Phases of Operation (in HCID Activation)

The department follows a phased response structure to guide instructional activity during a High-Consequence Infectious Disease (HCID) event:

Phase I

Campus is closed to the public. EDHS activities are permitted only with special authorization and under strict controls. Courses will be hybrid with lectures and discussions completed via an online platform.

Phase II

Limited campus access is allowed. Classes may be hybrid or remote. PPE and distancing are mandatory.

Phase III

Campus is open with moderate protective measures, including masking and symptom monitoring.

Phase 0

Normal operations resume. Standard infection control precautions remain in effect.

Phase status will be communicated by the Program Director or Department Chair, based on public health guidance.

Personal Protective Equipment (PPE)

The use of PPE is required in accordance with the current response tier and based on public health recommendations. All participants are expected to wear, remove, and dispose of PPE appropriately and to maintain a clean, professional appearance.

- Gloves are required for hands-on lab and clinical simulations and must be changed frequently.
- Masks (surgical or N95-type) may be required depending on activity, tier level, or UMBC directives.
- Eye protection is mandatory during close-contact activities or aerosol-generating procedures.
- Gowns or face shields may be required in specific cases based on MIEMSS or CDC recommendations.

Post-Exposure Procedures

If an individual is exposed to blood or other potentially infectious materials, immediate notification to the supervising faculty, preceptor, or Program Director is required. The individual must follow CDC post-exposure protocols, which may include baseline and follow-up testing.

An incident report must be completed, and the individual should seek medical care through their primary healthcare provider. UMBC and its clinical affiliates do not cover treatment costs. Students are encouraged to maintain personal health insurance throughout the program.

Further information can be found in the Clinical Handbook.

Vaccination Guidance

Vaccination plays a key role in reducing disease spread and protecting vulnerable individuals in both classroom and clinical environments. Students engaged in patient care must either provide proof of Hepatitis B vaccination or sign a formal waiver.

Annual influenza vaccination is strongly recommended, and some clinical sites may require additional vaccines, such as COVID-19 or MMR. Vaccine counseling is available during orientation or by request, to help students make informed health decisions.

Policy Oversight and Review

This policy is reviewed regularly by the Paramedic Program Faculty, Clinical Coordinators, Advisory Committee, and Department Chair to ensure continued relevance and alignment with evolving public health standards.