



COURSE ANNOUNCEMENT

Lancaster County Emergency Services, in cooperation with Kilmarnock-Lancaster Volunteer Rescue Squad and Upper Lancaster Volunteer Rescue Squad, is offering an Emergency Medical Technician Course.

WHEN: September 5, 2017 through March 31, 2018

*This will be offered as a blended classroom/online program and will meet on selected Saturdays and occasional weekday evenings throughout the course. **Detailed information provided at course orientation on August 31, 2017 at 6:30 PM.***

*Access to the Internet is required to complete course assignments. **Due to the format of this course, time management to complete assignments on-time will be required for successful completion of the program.***

WHERE: Kilmarnock-Lancaster Volunteer Rescue Squad

COST: \$450 (includes textbook and digital access)
• Practical testing fee of \$50 not included

REGISTER: <https://lancasteremt2017.eventbrite.com>

For more information, contact Chief McGregor at tmcgregor@lancova.com.

The Emergency Medical Technician (EMT) certification program is designed to train an individual to function independently in a medical emergency. This course provides the basic knowledge and skills needed to deliver Basic Life Support (BLS) care and is required to progress to more advanced levels of prehospital patient care.

Virginia certification requires successful completion of a standardized cognitive and psychomotor skills examination. This course is designed to train individuals to serve as a vital link in the chain of the health care team. This includes all skills necessary to provide emergency medical care as an attendant-in-charge with a basic life support ambulance service or other specialized rescue service.

Upon successful completion of the training program, the student will be capable of performing the following functions:

- (1) Recognize the nature and seriousness of the patient's condition or extent of injury to assess requirements for emergency care.
- (2) Administer appropriate emergency care to stabilize the patient's condition.
- (3) Lift, move, position and otherwise handle the patient in a way as to minimize discomfort and further injury.

The EMT training program is based upon the Virginia EMS Education Standards derived the USDOT National EMS Education Standards.

MISSION

The Lancaster County Department of Emergency Services is dedicated to ensuring the highest quality, compassionate care to residents, visitors and employees of the County of Lancaster. To that end, we shall:

- promote healthy lifestyles amongst our staff and the public;
- demonstrate a commitment to service excellence;
- provide training and education opportunities to maintain and enhance service;
- maintain a high standard of care through investment in technology and equipment;
- collaborate with other public safety organizations to achieve common goals;
- and, be progressive and dynamic in light of a rapidly changing healthcare system.

VISION

The Lancaster County Department of Emergency Services is committed to the provision of timely, exceptional patient care, with optimal outcomes, while maintaining a safe, productive and comfortable work environment for our staff.

VALUES

The Lancaster County Department of Emergency Services values:

- Compassion – demonstrating sincerity and caring, in all interactions and without judgment.
- Empathy – emphasizing and responding to the concerns of patients and their families.
- Stewardship – maximizing the potential of fiscal, tangible and human resources for the benefit of the public.
- Integrity – instilling trust, demonstrated through action.
- Quality – exceeding expectations through exceptional patient care.
- Respect – engaging interaction, open dialogue and honest communication.



Lancaster County Emergency Services Emergency Medical Technician Course – 2017-2018

Tuesdays & Thursdays 6:00 PM – 10:00 PM — Saturdays 9:00 AM – 6:00 PM

Coordinator: Terrence J. McGregor, NRP, NCEE

(804) 436-3553

tmcgregor@lancova.com

Instructors: Craig Rice, Paramedic, RN
Seth Craig, NRP

quig422001@yahoo.com

scraig@lancova.com

<u>Date</u>	<u>Topic</u>	<u>Chapter</u>	<u>Hours</u>	<u>CE Area</u>	<u>Assignments</u>
8/31/17	Course Orientation				
9/5/17	BLS for Healthcare Providers				
Module 1 - Complete by September 23, 2017					
	EMS Systems	1			
	Workforce Safety and Wellness	2			
	Medical, Legal and Ethical Issues	3			
	Communications and Documentation	4			
	Medical Terminology	5			
	The Human Body	6			
	Lifespan Development	7			
9/23/17	Module 1 Classroom Activities	1 - 7	8	14/15/19/20	
Module 2 - Complete by October 14, 2017					
	Lifting and Moving Patients	8			
	Patient Assessment	9			
	Airway Management	10			
	Principles of Pharmacology	11			
	Transport Operations	37			
10/14/17	Module 2 Classroom and Skills	8-11, 37	8	11/14	



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Module 3 - Complete by November 4, 2017					
	Shock	12			
	BLS Resuscitation	13			
	Medical Overview	14			
	Respiratory Emergencies	15			
	Cardiovascular Emergencies	16			
11/4/17	Module 3 Classroom and Skills	12-16	8	11/12/14	
Module 4 - Complete by December 2, 2017					
	Neurologic Emergencies	17			
	Gastrointestinal and Urologic Emergencies	18			
	Endocrine and Hematologic Emergencies	19			
	Immunologic Emergencies	20			
	Toxicology	21			
	Psychiatric Emergencies	22			
	Gynecologic Emergencies	23			
12/2/17	Module 4 Classroom and Skills	17-23	8	14	
12/5/17			4	14	
12/7/17	<i>Medical Skills Lab (must attend at least two sessions -</i>		4	14	
12/12/17	<i>register in FISDAP)</i>		4	14	
12/14/17			4	14	
1/6/18	Mid-Course Classroom Activities		8		



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<u>Date</u>	<u>Topic</u>	<u>Chapter</u>	<u>Hours</u>	<u>CE Area</u>	<u>Assignments</u>
Module 5 - Complete by January 27, 2018					
	Trauma Overview & Trauma Triage	24			
	Bleeding	25			
	Soft Tissue Injuries	26			
	Face and Neck Injuries	27			
	Head and Spine Injuries	28			
	Chest Injuries	29			
	Abdominal and Genitourinary Injuries	30			
	Orthopaedic Injuries	31			
1/27/18	Module 5 Classroom and Skills	24-31	8	13	
1/30/18			4	13	
2/1/18	<i>Trauma Skills Lab (must attend at least two sessions -</i>		4	13	
2/6/18	<i>register in FISDAP)</i>		4	13	
2/8/18			4	13	
Module 6 - Complete by March 3, 2018					
	Environmental Emergencies	32			
	Obstetrics and Neonatal Care	33			
	Pediatric Emergencies	34			
	Geriatric Emergencies	35			
	Patients with Special Challenges	36			
	Vehicle Extrication and Special Rescue	38			
	MCIM Module I	39			
	Terrorism Response and Disaster Management	40			
3/3/18	Module 6 Classroom and Skills	32-36, 38-40	8	13/14/15/18	



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<u>Date</u>	<u>Topic</u>	<u>Chapter</u>	<u>Hours</u>	<u>CE Area</u>	<u>Assignments</u>
3/6/18			4	13/14/15/18	
3/8/18	<i>Skills Lab (must attend at least two sessions - register in FISDAP)</i>		4	13/14/15/18	
3/13/18			4	13/14/15/18	
3/15/18			4	13/14/15/18	
3/17/18	Skills Lab		8	11/12/13/14/15	
3/20/18			4	11/12/13/14/15	
3/22/18	<i>Skills Lab (must attend at least two sessions - register in FISDAP)</i>		4	11/12/13/14/15	
3/27/18			4	11/12/13/14/15	
3/29/18			4	11/12/13/14/15	

All clinical paperwork due March 30, 2017



Course Information and Expectations

Grading:

Online Assignments	50%
Unit Exams	30%
Final Exam	20%

All online assignments must be completed before attending classroom sessions; students who have not completed the online module(s) prior to class and without prior approval of the course coordinator will not be permitted to attend the classroom session. Failure to attend classroom sessions and make satisfactory progress in skills proficiency will result in course failure.

An overall average of 75% is required to be permitted to sit for the state or National Registry certification examination. Students must pass testing stations three times in class and receive a passing score on the Fisdap Final Exam, in order to be eligible to sit for the state or National Registry certification examination.

Expectations:

1. Comply with all course prerequisites.
2. Comply with all class rules.
3. Satisfy all minimum requirements as set forth in the minimum training requirements as described in the EMT-B: National Standard Curriculum and National EMS Education Standards.
4. Satisfy all requirements as established by the Virginia Department of Health, Office of Emergency Medical Services.
5. Demonstrate proficiency in the performance of all practical aspects of the program and complete 10 patient contacts.
6. Successful completion of above items as evidenced by receipt of a testing eligibility letter.
7. Current CPR certification from an approved course and provide a copy of the card or class roster.



Course Fees

Tuition \$450.00

Payment for the course is due on the first day of class, unless payment arrangements are made with the course coordinator.

Tuition includes the following:

- All course supplies and materials including textbooks and digital access, and excluding:
 - Writing utensils
 - Notebooks
 - Binders
 - Notebook paper
 - Other personal convenience items

Additional Costs

- Virginia psychomotor examination - \$50

Note: the NREMT exam (first attempt) is paid for by the Virginia Office of EMS.



Course Clinical Requirements

1. Prior to beginning any clinical rotations, students must submit a completed Personal Health History Form with evidence of all required immunizations.
2. Students must maintain a passing average (75%) before beginning any clinical rotations. Students whose average falls below 75% will not be allowed to continue clinical rotations until the grade rises above 75%.
3. Students will complete all clinical rotations at an EMS agency approved by course coordinator.
4. All clinical shifts **must** be scheduled through FSDAP Scheduler prior to the shift.
5. Students must document a minimum of 10 patient contacts through FSDAP.
6. All clinical requirements must be completed **no later than** March 31, 2018.



Personal Health History Form

Students will not be permitted to participate in clinical sessions until this information has been provided.

Completely fill out all information below. [PLEASE PRINT CLEARLY]

Last Name	First Name	Middle Name	Social Security No.
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Address	City	State	Zip
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Home Phone	Work Phone	Cell Phone	Pager	Email Address
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Pertinent Health Information

Please list any disabilities, special needs, allergies or required medication that you would like the instructors to be aware of:

The information given on this form is correct to the best of my knowledge. I authorize Gloucester Volunteer Fire and Rescue Squad, Inc. to contact the health professional for verification or clarification of information contained on this form.

Student Signature	Date
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Print Name

******* OVER *** OVER *** OVER *******

IMMUNIZATION RECORD

Date (MM/DD/YY): _____

Complete and return this form. Attach additional sheets of paper if more space is required. Immunization records may be submitted in the absence of the signature of a health care provider if a copy of the medical record documenting each immunization, procedure or titer is attached to this form.

MMR (Measles, Mumps, Rubella)

Immunization Dose 1 _____ / _____
Month Year

Immunization Dose 2 _____ / _____
Month Year

RUBEOLA (Measles) – If given instead of MMR. Check appropriate boxes.

Immunization Dose 1 _____ / _____
Month Year

Immunization Dose 2 _____ / _____
Month Year

Report of immune titer _____ / _____
Month Year

Documentation of diagnosed measles disease _____ / _____
Month Year

MUMPS – If given instead of MMR. Check appropriate boxes.

Immunization Dose _____ / _____
Month Year

Documentation of diagnosed mumps disease _____ / _____
Month Year

RUBEOLA (German Measles) – If given instead of MMR. Check appropriate boxes.

Immunization Dose _____ / _____
Month Year

Report of immune titer _____ / _____
Month Year

VARICELLA (Chicken Pox) – Check appropriate boxes.

Varicella vaccine _____ / _____
Month Year

Serologic evidence of immunity _____ / _____
Month Year

Reliable history of chicken pox _____ / _____
Month Year

TUBERCULOSIS – Required within the past year. Check appropriate boxes.

Result of PPD: _____ mm of induration _____ / _____
Month Year

Results of chest x-ray if PPD is positive – _____ _____ / _____
Chest x-ray may be substituted for a PPD test if x-ray taken within the past year. Month Year

HEPATITIS-B – Check appropriate boxes.

Hepatitis-B Series **Dose 1** _____ / _____ **Dose 2** _____ / _____ **Dose 3** _____ / _____
Month Year Month Year Month Year

Has not completed Hepatitis-B series.

Health Officer Signature

Name (Print), Credential

Address